

Care Plus Homecare Services Ltd

# Care Plus Homecare Services Ltd

## Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was announced and took place on the 22 and 29 November 2018.

Care Plus Homecare Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses in the community. For example, older people and people living with dementia, a physical disability, learning disability or autistic spectrum disorder or have a mental health condition.

At the time of our inspection, the service was providing 'personal care' to 27 people who were living in their own homes within the Handforth, Wilmslow and Alderley Edge area of Cheshire.

The service is provided by Care Plus Homecare Services Ltd and is coordinated from a business office in the centre of Handforth.

The agency was previously inspected in November 2017. During the inspection we found a breach of the Health and Social Care Act 2006 (Regulated Activities) Regulations 2014. We found that the registered provider had failed to ensure that effective systems were in place to assess, monitor and improve the quality of service. At this inspection, we found that the registered provider had taken action to address the breach and developed a suite of quality assurance checks and records.

The service had 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.

We found that people's needs had been assessed and planned for. However, we have recommended that care plans and associated records are updated to include more information on people's specific needs and the level of support required by staff. This will ensure staff have access to more detailed information to help them understand people's needs when delivering care and support to people.

People were treated with dignity and respect and received care and support that was generally responsive towards their individual needs. People were supported with their medication when necessary and encouraged to maintain good nutritional intake and hydration to safeguard their health and wellbeing.

Sufficient numbers of staff were deployed to provide people's care and support. Robust recruitment procedures had also been established to ensure the suitability of prospective staff was checked prior to employment. For instance, previous employment references, proof of identity and a criminal conviction check had been obtained.

A programme of staff training and development had been established and tracking systems were in place to monitor progress. Training had been booked to provide staff with any necessary refresher or outstanding

training including new courses.

The registered provider had policies and procedures in place relating to the Mental Capacity Act 2005. The registered manager and staff spoken with understood the action that should be taken in the event a person lacked capacity and their duty of care in respect of this protective legislation.

People had been provided with information on the service and a copy of the agency's complaints procedure. People told us that they knew how to complain if they needed to report a concern or make a complaint.

Quality monitoring systems had been established and were subject to ongoing review and revision to improve oversight of the service. This included obtaining feedback from people using the service or their representatives.

## 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.

Policies and procedures were in place to help protect people from abuse and harm.

Systems had been established to protect people from the risks associated with unsafe medicines management.

Recruitment procedures provided appropriate safeguards for people using the service. This helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

Staff were aware of the procedures to follow to prevent and control the spread of infection.

Good 

### Is the service effective?

The service was effective.

People's needs had been assessed to ensure they received care and support that was tailored to their individual needs.

Staff were supported to develop their skills, knowledge and competency by completing induction, mandatory and service specific training.

Staff demonstrated a good knowledge of the requirements of the MCA and procedures to follow in respect of this legislation.

Staff were aware of the need to promote people using the service to have a healthy lifestyle and to liaise with GPs and other health and social care professionals when necessary.

Good 

### Is the service caring?

The service was caring.

People were treated with dignity and respect and staff were mindful of the principles of good care practice.

Good 

### Is the service responsive?

The service was not always responsive.

People received care that was generally responsive to their needs however care plans and associated records were basic and remained in need of additional information.

Systems had been established to manage and respond to formal complaints and concerns.

**Requires Improvement** 

### Is the service well-led?

The service was well led.

The service had a registered manager to provide leadership and direction.

Quality assurance systems had been established and were subject to ongoing review and revision to improve oversight of the service. This included seeking the views of people using the service periodically.

**Good** 

# Care Plus Homecare Services Ltd

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection.

The inspection site visit started on 22 November 2018 and ended on 29 November 2018. It included visiting people with their permission at home and speaking with people who used the service and their relatives via the telephone. We also visited the office location on both dates to see the owner, registered manager, office staff and support workers.

We looked at a range of records including three care files belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. We also reviewed three staff recruitment files, staff training records, complaint and safeguarding information, rotas and visit schedules, policies and procedures and audit documentation.

The inspection team was made up of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service, in this case of people requiring domiciliary care.

Prior to our inspection, we requested the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information which the Care Quality Commission already held on Care Plus Homecare Services Limited such as intelligence, statutory notifications and / or any information from third parties. We also contacted the local authority to obtain their view on the quality of care delivered by the service. We took any information provided to us into account.

During the inspection we spoke with the managing director, registered manager, an office supervisor and six support workers. We contacted 10 people who used the service and nine relatives by telephone. We also undertook home visits by invitation to speak with three more people who used the service to seek their feedback on the service.

# Is the service safe?

## Our findings

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

People spoken with confirmed the service provided was safe and we received comments such as "The service is going very well. I am very happy with the care"; "I have two carers coming three times a day. Very reliable. Never late. I am used to the regular staff" and "I have got to know all the staff quite well. They are very rarely more than five minutes late."

Likewise, feedback received from relatives included: "I am very happy about the service. I would recommend the service to other people" and "They are very kind and don't rush X [a person receiving support from the service]. When they find a bruise, they'll tell me."

We looked at the files of three people who were supported by Care Plus Homecare Services. Basic risk assessment information had been developed for areas such as manual handling (where applicable); environment risk assessments and fire risk assessments. Individual risk assessments had also been developed for other potential risks.

Systems were in place to record any accidents, incidents or near misses that occurred on a form which was stored within an office file. The registered manager maintained a detailed overview of incidents which identified action taken and any lessons learnt to minimise the potential for recurrence and ensure best practice.

A basic 'business continuity and emergency planning' document had been produced which outlined the action that would be taken in the event of late visits; utilities failure; adverse weather; a pandemic and / or a force majeure situation. Furthermore, an out of hours on call service was in operation and employers and public liability insurance was in place.

At the time of our inspection Care Plus Homecare Services was providing personal care to 27 people who were living across the Handforth; Wilmslow and Alderley Edge areas of Cheshire. The service employed one registered manager; an officer supervisor and 16 staff who worked variable hours subject to the needs of the people using the service. The owner / managing director was also actively involved in the operation of the agency and the delivery of care to people.

The service continued to use an electronic database known as CARAS to plan rotas and deploy staff, store client and staff information and to record personal details and notes. We looked at the system with the managing director and sampled some work schedules undertaken by staff. We noted that travelling time had been allocated to staff so that staff had sufficient time to travel in-between visits.

The managing director and registered manager confirmed that the agency had sufficient capacity to meet the needs of the people using the service and that contingency plans were in place to cover vacancies and

staff absences.

Packages of care for people using the service varied according to each individual's need. The registered manager and care coordinator confirmed that wherever possible the service endeavoured to deploy the same staff to support people using the service to ensure continuity of care however this could sometimes change due to annual leave, sickness, staff training or when staff had moved on to new jobs.

The registered provider had a recruitment and selection policy in place to provide guidance for management and staff responsible for recruiting new employees.

We looked at a sample of three staff files. In all the files we found that appropriate checks had been made to ensure that prospective employees were suitable to work with vulnerable adults. Files viewed contained application forms; two references; disclosure and barring service (DBS) checks; proof of identity including photographs, and health declarations. This practice helps the service to make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

The registered provider had a policy on safeguarding and adult protection in place to provide guidance to staff on how to protect people from abuse. A copy of the local authority's safeguarding procedure was also available for reference together with a whistleblowing procedure.

The Care Quality Commission (CQC) had received no whistleblowing concerns in the last 12 months. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

Staff spoken with told us that they had completed safeguarding of vulnerable adults training and demonstrated a satisfactory awareness of the different types of abuse and the action they should take in response to suspicion or evidence of abuse. Staff were also able to explain how they would raise any concerns about the wellbeing of the people they supported.

We viewed the safeguarding records for Care Plus Homecare Services. Records indicated that there had been 11 "care concern" incidents, which had been referred to the local authority by the service during the last 12 months in accordance with local policies and procedures.

Staff responsible for administering medication had access to medication policies and procedures and confirmed their awareness of the procedures. Staff told us that they had completed medication training and had their competence assessed.

Information had been produced on each person's prescribed medication for staff to reference. Likewise, computer generated medicine administration records (MAR) had been produced for staff to record the administration of medication and to record any notes.

We noted that there was no signature of the person who had produced each MAR or evidence that the medication details on MAR had been checked by another competent member of staff to ensure a clear audit trail. We received assurance from the registered manager that action would be taken to include this information to ensure best practice and safe working practices.

Medication administration charts viewed during the inspection were found to be correctly completed. Systems had also been established to ensure medication records were routinely audited.

The registered provider had developed an infection control policy for staff to reference. Staff were supported to complete infection control training and personal protective equipment was available for staff to use in the provision of personal care.

# Is the service effective?

## Our findings

We asked people who used the service or their relatives if the service provided by Care Plus Homecare Services Ltd was effective.

People spoken with confirmed their needs were effectively met by the service and we received comments such as: "They [staff] seem to know what they are doing so I am happy with the care provided"; "I am getting the care I want. I am happy with the service I have had for nearly a year" and "Service has been okay. Timekeeping okay. They treat me well and are very good. I am satisfied at the moment."

Likewise, feedback received from relatives included: "I find the service excellent for X [a person receiving support from the service]. If I need a carer to come at a different time they always oblige" and "The service is very good. Very helpful. X [a person receiving support from the service] has got used to them. I do not want to change. I'd be lost without them."

A registered provider had developed guidance and a programme of staff training and development that covered a range of areas including induction, mandatory and service specific training. The training was delivered via training videos, e-learning resources and face to face training from external training providers and accredited internal trainers.

We looked at training records with the registered manager and supervisor and noted that tracking systems had been established to monitor progress. This enabled the registered provider to review the completion of training and any outstanding training needs of staff. We noted that training had been booked to provide staff with any necessary refresher or outstanding training including new courses such as end of life care and equality and diversity. This remained work in progress at the time of our inspection and progress will be reviewed at our next inspection.

Staff spoken with told us that they had access to policies and procedures and had received induction training, opportunities to shadow experience staff and completed a range of training relevant to their roles and responsibilities. Feedback received from staff confirmed they were happy with the standard of training completed and that they felt they were equipped with the necessary skills and knowledge to care and support people effectively.

Staff spoken with also confirmed that they felt support in their roles and told us that they had attended periodic team meetings and received formal supervision sessions with their manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. The provider information return indicated that none of the people who used the service were the subject of an order by the Court of Protection that resulted in the care provided restricting a person's liberty, rights and choices and this was confirmed during the inspection with the registered manager.

Policies had been developed for staff to reference relating to the MCA and Deprivation of Liberty Safeguards (DoLS). Management and staff spoken with demonstrated a satisfactory understanding of their roles and responsibilities regarding this protective legislation and confirmed they had also completed training in the MCA.

The management team demonstrated an awareness of the need to liaise closely with care management teams, formal appointees and relatives in the event a mental capacity assessment was required for a person using the service.

Documents had also been prepared to enable the registered manager to undertake an assessment of capacity in the event the service had concerns about the wellbeing of a person supported by the agency. Likewise, systems were in place to ensure the holistic needs of people were assessed and kept under review.

We noted that a policy on food and nutrition had been developed to provide guidance to staff and that daily recording notes contained a record of meals and drinks prepared. We spoke with the management team and staff regarding the promotion of healthcare, hydration and good nutritional intake within the context of person-centred care and respecting people's rights to choose what they eat and drink.

Staff spoken with confirmed they promoted healthy eating and monitored any changes in the wellbeing and needs of people they cared for on an on-going basis. Staff understood the need to report concerns to the registered manager and systems were in place to liaise with family members, arrange GP call outs and initiate referrals to health and social care professionals when necessary.

## Is the service caring?

### Our findings

We asked people who used the service or their relatives if the service provided by Care Plus Homecare Services Ltd was caring.

People spoken with confirmed the service provided was caring and we received comments such as "Very caring. Very kind. They [staff] will do anything reasonable. They [staff] will always double check if I am alright. I am perfectly satisfied"; "The staff are very pleasant, helpful and kind. They [staff] treat me very well and will explain before doing anything" and "I get on well with the carers. They are very good in giving me my dignity and give me time to keep my independence."

Likewise, feedback received from relatives included: "They [staff] are caring but not intrusive. They [staff] have the right attitude"; "The girls [staff] are very kind. X [a person receiving support from the service] has got use to them [staff]. They [staff] are very patient and very helpful. I feel X is being taken care of. I am very pleased with them [the service]" and "They are very caring staff. 100%. I am very satisfied. It [the care and support] is working well. I am happy to have all of them [staff]."

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

However, we undertook home visits by invitation to three people's homes. During home visits we observed staff communicated and engaged with people in a caring, respectful and dignified manner. We saw that staff obtained verbal consent from people before engaging in any tasks and that staff were seen to offer appropriate intervention, explanations and support when required.

We also spoke with an additional 10 people who used the service and nine relatives by telephone. People told us that staff responsible for the delivery of personal care and support were generally kind and considerate, understood their needs, routines and preferences and responsive and attentive in their approach.

Staff spoken with told us that they had completed a range of training to help them understand their duty of care and the value base of social care. Staff demonstrated a commitment to the wellbeing of the people they cared for and the importance of providing person centred care, promoting citizenship and independence and safeguarding and upholding people's dignity, individuality and human rights.

Staff told us they had been given opportunities to work alongside experienced staff to help them get to know people. This included time to read information about people using the service such as their assessments; support plans and timetables and risk assessments.

Records about people using the service was stored securely in the organisation's office and information held on computers was password protected. Prior to our inspection, the registered manager notified us that

there had been an attempt from an unknown source to hack into the agency's computer network. This resulted in the Police, Information Commissioners Office and the Action Fraud Team being informed. At the time of our inspection the registered provider's information technology (IT) infrastructure was in the process of being migrated to a new IT provider to ensure improved data security, storage and back-up facilities were in place.

Staff told us that they encouraged people to store their personal records safely in their homes and that they arranged for records to be returned to the office at the end of each month for safe storage and filing.

Information on Care Plus Homecare Services had been produced in the form of a combined Service User Guide and Statement of purpose to provide people using the service and their representatives with key information on the service. A copy of the document had been stored within each person's home file for reference.

The registered manager told us that the service could signpost people to advocacy services when required. Advocacy services help to provide social inclusion, equality and justice for people who may face discrimination, disadvantage and social isolation.

## Is the service responsive?

### Our findings

We asked people who used the service or their relatives if the service provided by Care Plus Homecare Services Ltd was responsive to their needs.

People spoken with confirmed the service was responsive and we received comments from relatives such as: "The service is working very nice. They [carers] would usually confirm with X [a person receiving support from the service] his needs first then get on with the work. There are two girls [staff] who are exceptional. They respect X and talk to him. They encourage X to do what he can to maintain some independence. Y [the owner of Care plus Homecare Services Ltd drops in often]" and "They [staff] encourage X [a person receiving support from the service] to do what she can, like to walk without help where she can. They treat her well and with respect. I know who to contact if I want to complain."

We requested permission to undertake home visits to three people to view their specific care service files (a file stored at the office and kept within each person's home which contains a range of information relevant to the service provided to each individual by the agency).

Each file viewed contained basic information on each person's assessed needs. For example, a support plan and timetable was in place that included personal and key contact information, medical history, visit schedules, tasks to be completed at each visit and rudimentary care planning information.

Additional supporting documentation was also available for staff to reference. For example, since our last inspection, we noted that specific guidance had been sourced to provide staff with information sheets relating to people's needs - such as catheter care (a soft hollow tube, which is passed into the bladder to drain urine), Parkinson's disease (a long-term degenerative disorder of the central nervous system) or a person with a history of falling. This information helped staff to understand people's needs and to deliver care and support.

Summary visit and communication notes, manual handling assessments, individual, environmental and fire risk assessments and service user agreements were also in place.

We noted that the documentation viewed did not include space for people to sign and confirm their agreement with the information recorded as identified at our last inspection. Furthermore, the information within some files needed review. For example, personalised risk assessments had been introduced since our last inspection however they lacked clarity and contained standardised text on how to control risks.

We therefore recommend that that the registered provider continues to review, develop and expand the information recorded within care plans and associated documents. Following our inspection, we received examples of new documentation that the provider intended to introduce within the service to improve records further.

The registered provider had developed a complaints procedure to provide guidance to people using the

service or their representatives on how to make a complaint. We viewed the complaints log for the service. This indicated that there had been five complaints from people using the service or their representatives since the service was last inspected in November 2017.

Records were on file which confirmed action had been taken to investigate and respond to concerns and complaints. This confirmed that feedback received was listened to and acted upon. People using the service or their representatives told us that in the event they needed to raise a concern they were confident they would be listened to.

No formal complaints were received during our inspection however four people highlighted individual issues of concern. These related to the appropriate storage of opened food by staff; communicating changes regarding any staff changes during holidays; consistency of staff and differences between the length of time of visit calls and the resultant charges incurred. These were isolated incidents which we raised with the management team. We received assurance from the managing director and registered manager that action would be taken to investigate and address the concerns raised.

We noted that a policy on end of life care had been produced for staff to reference.

At the time of our inspection, none of the people supported by the agency were receiving end of life care. However, the registered manager told us that the agency had recently been approached by the NHS to provide continuing healthcare packages and that this would involve the provision of palliative and end of life care to people.

We spoke with the registered manager and staff regarding this important aspect of care, to ensure systems were in place to support people at the end stages of life to have a comfortable, dignified and pain free death.

The registered manager told us that they were in the process of developing a care plan model to ensure the holistic needs of people approaching the end stages of life were met. Likewise, we saw evidence that staff had been allocated a date to complete end of life training via e-learning training. This will help to ensure staff have the necessary knowledge, skills and competence to deliver personalised care and support to people.

Assistive technology was not used by the agency at the time of our inspection. However, an out of hours on-call system was in operation which people using the service and staff could access in an emergency.

## Is the service well-led?

### Our findings

We asked people who used the service or their relatives if the service provided by Care Plus Homecare Services Ltd was well led. Overall, people spoken with confirmed the service was well led.

The registered provider (Care Plus Homecare Limited) was owned by one individual who was listed at Companies House as the sole director of the company.

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

The registered manager and the managing director were present during the two days of our inspection. They engaged positively in the inspection process and were helpful and transparent when providing information for the inspection team.

At the last inspection in November 2017, we found a breach of the regulations relating to 'good governance'. This was because the registered person had failed to ensure that effective systems were in place to assess, monitor and improve the quality of the service. At this inspection we found that action had been taken to address the breach.

For example, the registered provider had developed a quality assurance schedule and a suite of audit tracking tools and management information. This helped to demonstrate that records and operational matters relating to missed visits; safeguarding; complaints, mental capacity; customer reviews; care files; medication; accidents and incidents; staff files, disclosure and barring checks and staff training were being kept under review and action taken when necessary to drive improvement. The registered manager told us that the frequency and content of auditing was subject to ongoing revision and review to ensure continuous improvement.

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

The registered provider undertook an annual survey to obtain feedback from people using the service or their representatives. At the time of our inspection the registered provider was processing the results of their most recent survey. Therefore, the last annual customer survey results available related to a survey undertaken between October and December 2017. The survey asked a range of questions relating to: the length of time a person had been in receipt of the service; information sharing, assessment and care planning processes; consistency, reliability, competency and conduct of staff and whether people's needs were met.

The results had been analysed and a pie chart had been produced to provide a breakdown of the overall responses. Overall, records indicated that feedback was positive for each question however questions relating to the review of care plans and the arrival time of staff scored lower. Records indicated that an action plan had been developed in response to feedback to ensure feedback was acted upon.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East Council's Quality Assurance Team. This is an external monitoring process to ensure the service meets its contractual obligations. We contacted a representative from the team prior to our inspection and were informed that any actions identified by the local authority following their last in December 2017 had been met.

The registered manager confirmed their awareness of the legal requirement to notify the CQC of certain significant events that may occur in operation of the service. Records of reportable incidents had been maintained and reported to the Commission as required under the Health and Social Care Act 2008.

The ratings from the previous inspection were displayed prominently within the agency's office and on the registered provider's website as required by law.