

Mrs Lesley Wheeler

A PL+US Caring Service

Inspection report

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Date of inspection visit:
15 May 2018
16 May 2018

Date of publication:
29 June 2018

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

A PL+US is a domiciliary care agency. Care and support is provided to people in their own homes. On the day of our inspection, 15 people were using the service.

When we last visited the service it was rated good. At this inspection we found the service remained good.

People were safe from abuse and bullying. Staff had knowledge of safeguarding and were aware of their responsibilities to report any concerns. The registered manager knew of their responsibilities regarding the Mental Capacity Act 2005.

Risks were assessed and suitable control measures put in place, which still enabled people to maintain as much independence as possible. There were sufficient numbers of staff to ensure that people's needs were met and recruitment practices ensured that staff were of good character and suitable for their roles. People were supported to take their medicines safely, if required. Systems were in place to record when medicines were given and were regularly checked to ensure there were no errors.

Staff received an induction and on-going training to make sure they had the right skills and knowledge to provide people with care in their own homes. Staff were well supported and had opportunities to discuss any concerns and training needs they might have.

People are 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.

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 producing their care plans to ensure that care was provided in the way they wanted it to be. In addition, people and their family members were provided with information about the service and what they could expect from them.

The care plans we looked at were detailed. Staff could describe how individual people preferred their care and support delivered and the importance of treating people with respect in their own homes.

The service worked in partnership with community professionals and the local authorities to meet people's needs.

The provider had a system to regularly assess and monitor the quality of service that people received and identified and acted on areas for improvement.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

A PL+US Caring Service

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 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 2014.¹ This was a comprehensive inspection.

This inspection took place between the 15 and 16 May and was announced. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager can be available. Before the inspection, we asked the Registered Manager to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about their service what the service does well and if there are any improvements they plan to make. A PIR was returned to us.

The service was inspected by two inspectors and one expert by experience. One inspector visited the office the other inspector carried out home visits on the day of inspection. Additional telephone calls were carried out by the expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses a similar service.

We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events, which the Registered Manager is required to send us by law. We also looked at information sent to us from others, including family members and the local authority.

We looked at the care records of four people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents and incidents reports, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the registered manager responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

During the inspection, we visited the agency's office and spoke with the care manager and the office manager. We visited the homes of two people who used the service and spoke with the staff supporting

them on that day. We also spoke on the phone to an additional five people who use the service and two family members.

For a more comprehensive report regarding this service, please refer to the report which was published following our last visit on 28 January 2016.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse and harm and risks to people's safety as at the previous inspection and the rating remains Good.

Staff we spoke with had a good understanding of safeguarding procedures. They told us they had received training on safeguarding procedures and were able to explain these to us, as well as explain the types of concerns they would raise. People that used the service told us they felt safe, comments included, "I feel very safe when they are here. I have known them for so long and they all know what to do", "They are like friends to me I know they would be able to deal with any kind of emergency no matter what", "I feel very safe with the girls. I recently had a key safe fitted which is going well, they always call out when they come in so I know who it is."

Risk assessments and risk management plans were in place, and updated on a regular basis to reduce the risk of harm to people. For example, input had been given by an occupational therapist for a ceiling hoist as a floor standing one was no longer suitable. The care plan had been updated and all relevant staff had been informed.

There were robust recruitment procedures in place to ensure staff were of good character and suitable for their role. There were enough skilled and experienced staff to provide the care people needed. Staff told us they had enough time in-between care calls to be able to get to people on time. People told us that if staff were late they would ring and let them know. One person told us, "Sometimes there are unforeseen circumstances but they do let me know."

There were effective systems in place to administer medicines to people safely. The service had a current medicine policy and, when assessed as required, people received appropriate support to assist them to take their medicines safely. Medicines were only administered by staff who had been trained and assessed as competent to do so. Most people could take their own medication or a relative supported them. We saw systems were in place to monitor medication errors and action was taken to minimise the risk of the error occurring again.

The service had a policy around infection control and staff were aware of this and put it into practice. Gloves and aprons were worn when delivering personal care. Staff told us, "We have plenty supply of gloves and aprons it is never a problem." We observed staff using different coloured flannels to prevent cross infection. One person told us, "The staff always look clean and professional they always wore gloves and aprons and wash their hands."

Is the service effective?

Our findings

At this inspection people continued to be supported by staff that were trained and effective in their role. The rating remains good.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication, food hygiene and dementia awareness. Newly appointed staff completed an initial induction. This included shadowing more experienced workers to learn about people's individual routines and preferences, before working on their own. Staff told us the induction training they received was good and provided them with the knowledge they needed.

People confirmed they thought staff were well trained and competent in their job role. One person told us, "They do understand my condition and support me so well. They will often say, "we have a training session tomorrow."

Staff confirmed that they benefitted from support to understand their roles and responsibilities through regular supervision, on site observations, spot checks and an annual appraisal. Staff comments included, "Managers are really supportive, they are always available to offer support", "We also have meetings and they listen to us," and "I do feel supported, if I have a problem then [named manager] will listen."

The provider was working within the principles of the Mental Capacity Act (2005) when supporting people to make decisions about their care. Care plans were signed by the person to confirm their agreement related to the care and support provided. The registered manager liaised with other professionals whenever they identified a concern related to capacity and consent. Staff understood the importance of consent and explained to us how they gained people's consent to their care and helped people to make choices on a day to day basis.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual needs. Whilst some people lived with family members who prepared meals, other people required more support. On visits to people in their own homes, we observed staff asking people what they would like for lunch. One person told us, "They always ask me what I want for lunch I am always give a choice."

Information reviewed during the inspection showed the involvement of health and social care professionals. Advice and guidance provided by external health and social care professionals were reflected in people's care records. This meant staff had the correct information available to work with professionals to ensure the individual needs of the people were met.

Is the service caring?

Our findings

At this inspection we found people were still happy with the service provided to them and the rating remains good.

People told us that staff were kind and caring, comments included, "They are like part of my family we have lovely chats and they know all about me", "They always have a chat to me." Relatives we spoke to told us, "They are all very personable, quite exceptionally so. They all explain what they are doing, they really do have a genuine affection for [name of relative]."

Relatives and people told us that they and their family members were involved in making decisions and planning their own care as much as they were able. People and their representatives had the opportunity to discuss their care and support during the review of their care. All the staff we spoke with were able to demonstrate a good knowledge of how people wished to be supported. One relative told us, "We have a really good relationship with carers and the service and communicate well. I am happy as they always let us know if there is a problem."

People's privacy and dignity was respected. Staff demonstrated a good understanding of privacy and dignity and described how they protected and respected people's dignity such as closing doors, shutting curtains and covering people. We observed staff protecting people's dignity ensuring the curtains were closed and the person was covered at all times. One person told us, "My carer is absolutely wonderful, and very respectful of my privacy and dignity. They make sure I am covered and close the door. They never discuss details of anyone else they visit."

The staff told us they had when possible regular schedules so that they saw the same people and this enabled them to build up positive relationships. One person told us, "It is really nice to have the same carer so I get to know them." Staff told us they tried to accommodate people's needs as much as possible. For example, if a person was going out and required an earlier call in the morning to help get them ready this was normally possible.

The service supported people to be independent. Relatives told us that staff encouraged their family members to be as independent as they could be according to how they felt on a daily basis. They told us that care staff never left until people were comfortable and had all they needed until the next visit.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

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 care plan clearly recorded what support the person needed and their background, likes, dislikes, hobbies, interests and religion. Regular reviews of people's care were held to ensure it was still meeting their needs. One person told us, "They come out every 6 months and go through my care plan. They have not really needed to change anything on the care plan but they always go through it with me and make sure I am happy with it."

A full assessment of people's needs was carried out before the agency agreed to take on a care package. One person told us, "I consider us extremely lucky to have found this agency. When [name of person] left hospital I phoned six agencies and some of them didn't even want to come out to assess [name of person] before taking the package on. A PL+US were very clear they would need to do a full assessment and check that we were happy with them and they were happy to take us on. They have been absolutely excellent."

Staff knew people well and one person told us, "I have the same carers every morning." Relatives also confirmed that care was provided by regular care workers and this meant that they knew people well and understood their preferences, likes and dislikes. A relative told us, "[family member] mainly has the same carers."

People told us they knew the procedure for making complaints and said if they had any concerns they would feel comfortable raising them with the appropriate staff. Comments included, "I would contact [registered manager]", "I know everyone in the office", "I am visited regularly to ask how I feel about things and sometimes I complete a form."

Daily records were well written by staff and contained a good level of detail about the care that had been provided and any issues that other members of staff needed to be aware of. Staff we spoke with were able to outline the needs of the people they were supporting and explained how they would check the support plan to see if there had been any changes since their last visit.

Is the service well-led?

Our findings

At this inspection we found the service was as well-led as we had found during the previous inspection. The rating continues to be Good.

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.

People we spoke with told us they felt the service was well managed. Comments included, "It is excellent and I would not change it", "The manager will come and carry out care calls sometimes." A relative told us, "The staff are all happy and that is a good thing, I think they are well supported by the manager."

Staff told us they felt supported and valued and enjoyed working at the service. Comments included, "I like going to work, we all try to help each other out and work as a team," "I feel valued by the service, it is a small company and things get done quickly," and, "We give good care, people come first and foremost for all of us."

The care manager told us that they wanted to remain a relatively small care agency to enable them to offer a personalised service. The registered manager had clear oversight of the day to day running of the office and all people spoken to were able to tell us the registered managers name. Staff confirmed that the registered manager was always available and took part on the on call rota. Comments included, "There is always someone at the end of the telephone to ask for advice or support", "[Name of registered manager] knows each client and is always happy to help."