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A PL+US Caring Service

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?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 28 January 2016

APL+US Caring Services is a domiciliary care agency providing care and support to people in their own homes. The organisation offers support to people living in Witham and the surrounding area. At the time of our inspection there were 20 people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associate Regulations about how the service is run.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk.

People received care from a consistent staff team who were well supported and trained.

Summary of findings

Care staff understood the need to obtain consent when providing care.

The provider had systems in place to support people to take their prescribed medicines safely.

People were supported with meals and to make choices about the food and drink they received. Staff supported people to maintain good health and access health care professionals when needed.

Assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences. The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

The service benefitted from a clear management structure and visible leadership. A range of systems were in place to monitor the quality of the service being delivered and drive improvement.

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 understood how to protect people from harm and abuse.

There were enough staff to support people in a safe way.

Staff were recruited appropriately within the required legislation.

Staff supported people to take their medication safely.

Good



Is the service effective?

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Good



Is the service caring?

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

Good



Is the service responsive?

The service was responsive.

People had their support and care needs kept under review.

People's choices and preferences were taken into account by staff providing care and support.

Concerns and complaints were investigated and responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Good



Summary of findings

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

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 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 28 January 2016 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service, and the manager is often out supporting staff or providing care. We needed to be sure that someone would be available to speak/meet with us. The inspection was carried out by one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the manager. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

On the day of the inspection we spoke with the registered manager and the care manager at the agency's office. Following the inspection we spoke with seven people who used the agency, one relative and received information from five staff.

We looked at five people's care records and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

Is the service safe?

Our findings

People who used the agency told us that they felt safe when receiving care. One person said, “If anyone new comes they are always introduced and show their badge.” Another person told us, “If anyone is new they come with other staff first of all.” People told us that staff had access to their homes using a key safe system which involved putting a code in a key safe to access the door key, this ensured the staff could enter the home and leave it secure after their visit. They said that staff would only disclose the number in an emergency to health care professionals. “One staff member said, “We try and make sure people feel safe, so they can get on and live their lives without worrying.”

Staff and the manager understood the importance of protecting people and keeping them safe. Staff were able to describe different forms of abuse and were aware of what to do if they felt a person was not safe. Staff said they were confident that any reports of poor practice of potential abuse would be dealt with appropriately by the registered manager.

People’s care records contained clear risk assessments to inform staff on what action to take to minimise risks. These included risk assessments associated with accessing the community safely, risks of burns and scalds and keeping well and healthy.

There were sufficient staff employed to keep people safe. People who used the agency and their relatives told us that there were enough staff to provide their care needs. One person told us, “The staff are really good, they always arrive on time.” A relative said, “They are bang on, they care for [relative] really well if any anomaly happens they work around [relative] it’s all good.” Senior staff told us that people were supported by a regular staff team so that the care and support provided was consistent.

People and their relatives told us that their care visits were usually on time and they were contacted if the carer was going to be late. One relative told us, “They always turn up on time, if there are any changes they let us know.”

The management team told us that all of the staff were flexible and able to cover if necessary, for example if someone was off sick or on annual leave. The manager told us that if staff were unable to provide cover, then they themselves would carry out the care visits. Staff confirmed that on occasion this did happen.

We saw from the recruitment files that the service had a clear process in place for the safe recruitment of staff. Staff confirmed that they had completed an application form outlining their previous experience, provided references and attended an interview as part of their recruitment. We saw that a DBS check had been undertaken before staff could be employed, this was to ensure that the person was not barred from working with people who required care and support.

There were arrangements in place to support people with their medication when necessary. One person told us, “I look after and take my own medication, staff just check I have taken it.” We looked at medication risk assessments and they gave staff detailed information including why the person took the medication and its side effects. All of the agency staff had received training in medication in case they needed to dispense medication at any time. Senior staff carried out spot checks on medication to ensure they were no discrepancies and to observe staff safe practices. Staff told us that if they were concerned about anyone’s medication or noticed any discrepancies they would report these immediately to the office.

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, “I get help when I need it nothing is too much trouble.”

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.

Staff were well supported and monitored. They told us that supervision and spot checks took place regularly, which they found helpful and supportive. Records we saw confirmed that face to face supervisions took place on a regular basis and staff confirmed that any training needs, or areas of concern were discussed and targets were identified for the next three months.

Senior staff explained that they observed staff and supported them as they provided care and support to ensure they were competent in their job role. Staff told us, “The [manager] is always available for advice and support.” One person who received care told us, “When a new worker starts they come with someone else at first until they know what to do.”

People’s consent was sought before any care and treatment was provided and the staff acted on their wishes. People told us the staff asked their consent before they provided any care. Care plans had been signed to give permission for the information in them to be shared with others.

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. The registered manager told us that they were following best practice guidance about mental capacity and best interest decisions. Staff understood their responsibilities under the Mental Capacity Act and what this meant in ways that they cared for people. They said they would recognise if a person’s capacity deteriorated and that they would discuss this with their manager.

Where needed, people were supported to have sufficient to eat and drink and had their nutritional needs met by staff. One person told us, “They always make sure I have a drink and something to eat that I can reach on my table before they go.” People’s records identified their requirements regarding their nutrition and hydration and the actions that staff should take if they were concerned that a person was at risk of not eating and drinking enough. Where people were at risk of losing weight we saw that staff were provided with the information that they needed to make sure people were offered a healthy and balanced diet.

People were supported to maintain good health and have access to healthcare service. One person told us that staff would, “Call a doctor,” if they are not well, and also let their family know. Relatives told us, where applicable, that staff were very good in keeping them updated and alerting them to any health issues. One person’s relative gave us an example where care staff had taken prompt action to ensure the person’s safety and health needs were met in an emergency situation.

Staff understood what actions they were required to take when they were concerned about people’s wellbeing. Records showed that where staff had concerns about a person’s wellbeing they would contact health professionals, with the consent of the person involved. This included specialist nurses and occupational therapists. When treatment or feedback had been received this was reflected in people’s care records to ensure that other professionals’ guidance and advice was followed, to meet people’s needs and to ensure consistency in the care provided.

Is the service caring?

Our findings

People told us that the staff always treated them with respect and kindness. One person said, “They are wonderful, all lovely and they most certainly respect my privacy and dignity, they are so helpful.” Another person said, “I am so pleased with everything, they are very good listeners, if only all care agencies were the same it would be a wonderful world.”

People told us that their visits were not rushed and that the staff took the time to chat to them about everyday things, one person told us, “They always have a chat never rushing off I do like to talk.”

Other people we spoke to confirmed their privacy and dignity was respected at all times. Staff understood the importance of respecting and promoting people’s privacy and dignity and gave examples of how they did this by ensuring curtains and doors were closed before delivering personal care. Staff knew about people’s individual needs and preferences and spoke to us about the people they cared for in a compassionate way.

The manager told us that people did not have specific named carers as they were only a small company, as she felt this could cause a problem if the carer was on annual

leave or off sick, therefore each person got used to all of the care staff and she felt this was a positive decision. People told us, “I don’t know who I am going to have each day, but it is not a problem they are all very nice.” Another person said, “I have a mix of care staff but it’s not a problem they all know me, there is not a big turnover of staff.”

People’s care records identified people’s specific needs and how they were met. The records also provided guidance to staff on people’s preferences regarding how their care was delivered these were all person centred and detailed for example, personal care action plans described that people liked to have talcum powder applied after their bath and in what order they liked their personal care to be delivered. People had their own communication books which enabled staff to pass on relevant information to each other which meant that staff had the information to provide continuity of the care.

People told us that they felt the staff listened to what they said and acted upon their comments. Records showed that people and where appropriate relatives, had been involved in their care planning and they had agreed with the contents. Reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

Is the service responsive?

Our findings

People told us the service was responsive to their needs for care, treatment and support. One person told us, “I have been with them a long time they used to look after my [relative] now they look after me.” Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to be cared for.

People were assessed prior to receiving a service from the agency to determine whether the service could provide the necessary required support. Assessment meetings were used as an opportunity to discuss and record people’s needs and wishes about their care. A support plan was then developed from the conversation which outlined their needs. People had support plans in their homes and a copy was held in the office. Support plans were regularly reviewed and updated to reflect people’s changing needs. One relative told us, “They go over and above supporting [relative], they attend meetings with the GP every month because [relative] medication changes all the time and the side effects, and they are always at the appointments to ensure they are up to date with everything.”

We saw that where people required social interaction to reduce their feelings of isolation, this was also included in their care plans. Some care provided by the agency included hours outside of the home for example, to go out shopping, or to be taken to appointments or out for lunch.

People told us they were involved in the compilation of their support plan and they had involvement in it being reviewed and updated. People told us that they were happy with the care and support they received from staff. One person told us, “I would ring [manager] if I had any problems [manager] regularly contacts me to make sure I am happy with everything.”

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. People’s preferences were listened to and acted upon. For example, one person told us how they had changed the time of their morning visit in the winter months because they liked to lay in bed longer.

The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in information left in their homes. People we spoke to told us, “I know how to complain but I have never had the need to, I have nothing negative to say.” Another person said, “I have their numbers if I need them, they always listen I have had no reason to complain.”

Is the service well-led?

Our findings

The agency had a clear management structure in place. The registered manager had support from the care manager who co-ordinated the care packages provided. They were both based at the office. The manager and the care manager were able to demonstrate a good understanding and knowledge of the people who received a service from the agency as well as the staff team.

The registered manager told us they had taken the decision to limit the numbers of people they provided care for as they wanted to provide a personal service. At the present time they felt they were able to do this which if they expanded this would not be possible.

Staff told us the service was well organised and they enjoyed working at the service. Comments included “[manager] is very supportive and is always available if we need them.” They also told us that they were treated fairly, listened to and that they could approach the manager at any time if they had a problem. Staff told us that each week they all met at the office to go over their rotas for the coming week. This time also enabled them to discuss any concerns they may have or any changes to anyone’s care package for the following week. We also viewed the minutes of the team meetings which were a more formal get together, this was a time where new care packages were discussed and any other issues that had arisen.

Quality audits were completed to identify where any necessary improvements were needed. For example, completed daily records including medication charts, were brought back to the office each month to be audited and then archived. This was to ensure that staff completed them thoroughly if any discrepancies were found then the manager would action this by having a discussion with the staff member and taking any necessary action to improve the service.

The provider used a range of ways to seek the views of people who used the service. As well as talking to them on a regular basis they sent surveys to relatives and professionals to seek their views and opinions. We saw the latest questionnaires which had been sent out to people asking them if they felt their privacy and dignity was being maintained and if they were happy with the care staff. People made positive comments about how the service they received was managed. One person had commented, “I have regular visits to check I am happy with everything.” The manager told us they listened to people’s feedback and looked at ways they could make improvements. Although there were no significant complaints, they took minor concerns seriously, acted on them promptly and used them to improve the service.

Care files and other confidential information about people kept in the main office were stored securely this ensured people’s private information was only accessible to the necessary people.