

## Careplex Domiciliary Services (Sutton Coldfield) Limited

# Careplex Domiciliary Services

### Inspection report

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Birmingham  
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27 March 2019

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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 ●

# Summary of findings

## Overall summary

### About the service:

Careplex domiciliary services are registered to provide personal care as part of a supported living setting. Staff provide personal care and support to people at pre-arranged times and in emergencies. There was one person receiving care and support on the day of the inspection and because of this and the fact that we want to protect this person's rights to a private life, the report will provide an overview rather than specific examples.

### People's experience of using this service:

- People told us they felt safe with the support of staff. Risks to people had been assessed and staff had a good understanding of these risks and how to minimise them.
- People were supported to receive their medication as prescribed and staff demonstrated a good knowledge of types and signs of abuse and how to report concerns of abuse.
- People were supported by staff who had the skills to meet their needs. People's consent was sought before providing support. Staff demonstrated a good understanding of the Mental Capacity Act 2005 and what this means for people.
- People's nutritional needs were met, and people were happy with the support they received to enjoy a choice of meals and maintain a healthy diet. People had access to healthcare professionals when required.
- People told us staff were kind and caring in their approach and people's privacy and dignity was respected. People's independence was maintained and encouraged.
- People received individualised care and support from staff that demonstrated detailed knowledge of people's individual needs. This person-centred approach had resulted in positive outcomes for people.
- People's needs were assessed and reviewed on a regular basis. People's care records were person centred and included their likes, dislikes and preferences.
- People and relatives felt confident raising concerns should they need to.
- Staff, people and relatives spoke positively about the registered manager and provider.
- The management team had systems in place to monitor the quality of the service that they provided.

### Rating at last inspection:

This was the first inspection since the service registered in July 2013; the service first started supporting people in November 2018.

### Why we inspected:

This was a planned inspection which took place on 27 March 2019.

### Enforcement:

Full information about CQC's regulatory response to the more serious concerns found in inspections is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

# Careplex Domiciliary Services

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Careplex is a domiciliary care service providing personal care as part of a supported living setting, so people can live in their own home as independently as possible. . People's care and housing are provided under separate contractual arrangements. CQC does not regulate premises used for supported living, this inspection looked at personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because it is small service, and the manager is often out supporting people. We needed to be sure that they would be in.

We visited the service on 27 March 2019 to see the registered manager and to review care records and policies and procedures.

#### What we did:

When planning our inspection, we reviewed any information we had received about the service. We also contacted the local authority for feedback about the service. We used this information to help us decide what areas to focus on during the inspection.

During the inspection, we spoke with the registered manager and the care manager. We also spoke with one person who used the service and one relative. We looked at one person's care records to see how their care and support was planned and delivered. We also looked at medicine records, staff recruitment and training files, policies and procedures and the provider's quality monitoring systems.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were happy with the support they received.
- Staff were confident people were treated with kindness and stated that they had not had reason to raise concerns but were able to do so with the registered manager if they needed to. They said they were assured that action would be taken as a result. They were also aware of external agencies they could report concerns to if they needed.
- One staff member also confirmed that the provider had a whistleblowing policy in place.

Staffing and recruitment

- People said that staff were available to them at the agreed and scheduled times.
- The service was a small service with two staff providing care and support. Two weeks prior to the inspection one member of staff had left the provider; therefore, interim actions were in place. At the time of the inspection the majority of support was provided by the care manager and the registered manager provided cover when they were not available. We spoke to people receiving care and they said this was fine as they knew the registered manager well. The registered manager said staff recruitment was ongoing and a new member of staff was in the process of being appointed.
- Staff recruitment records showed that the appropriate checks had been carried out prior to the staff member starting work at the service.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and staff we spoke with were knowledgeable about how to minimise risks to people. One person told us of the safety measures in place to support them and their relative commented, "[Persons name] is absolutely safe."
- Care plans recorded people's risks and were reviewed on a regular basis. Daily notes were recorded to show any changes in people's wellbeing.

Using medicines safely

- People told us they received their medication as prescribed and pain relief when required.
- Staff told us they felt confident providing support with medication and had been trained to do so.
- Guidance was in place for PRN 'as required' medicine. There was also a process in place to record medicines taken when people were away from their home; we saw a record was signed by staff and the person's relative to confirm the amount of medicine.

Preventing and controlling infection

- People were protected from the risk of infection because staff had access and wore personal protective

equipment (PPE). People we spoke with confirmed that staff wore gloves and aprons when required.

#### Learning lessons when things go wrong

- At the time of the inspection there had been no incidents at the service. The registered manager, who worked across two services, understood the importance of ensuring lessons were learnt and shared when incidents or errors had occurred. We also saw that a weekly management report was in place to give the provider an update on the service and any incidents. This enabled the provider to keep an overview of the service.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they were in control of their day to day care and staff listened to and acted upon their choices and preferences.
- Relatives had been involved in the initial assessment of people's needs prior to using the service and they told us they were updated with any changes.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs. People and relatives told us they thought staff were competent and supported people safely.
- The registered manager told us staff completed an induction when they first started which included having an introduction session with people they were supporting so they could get to know one another. The induction also included shadowing a more experienced member of staff to ensure they were ready to support people on their own.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their meals and drinks to ensure they maintained a healthy diet. People and relatives told us they were happy with how this worked and did not have any concerns.
- On the day of the inspection we saw staff ask people what they would like for their meal and discuss different choices.
- People and relatives, we spoke with confirmed that staff contacted healthcare professionals when required in support of people's wellbeing.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- We checked whether the service was working within the principles of the MCA. Staff had a good understanding of this legislation and the importance of gaining consent from people before providing support.
- One the day of the inspection we observed staff sought people's consent before providing care and people

told us that staff respected their choices.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with said they were treated with kindness and gave positive feedback about the caring approach of staff.
- Relatives also complimented the approach of staff. One relative said, "Are staff caring? Gosh yes, absolutely."
- Staff told us they enjoyed working with the people they supported. One member of staff said, "I love my role. I treat people as I would want my mum treated. I want them [people] happy and comfortable."

Supporting people to express their views and be involved in making decisions about their care

- People told us that they were given choices and their preferences were known by staff and respected. One relative commented, "[Member of staff] knows how [person's name] likes things. They know [person's name] really well."
- Staff we spoke with demonstrated they understood the importance of ensuring people were able to make their own choices regarding their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff explained how they promoted people's independence by ensuring they were aware of what the person could do for themselves encouraging this and providing support where required. One staff member stated, "I encourage [persons' name] to do as much as they can. It can start with small things and then they are soon doing more and more."
- People and relatives told us that staff respected their privacy and dignity and staff demonstrated they understood how to ensure this was done and the importance of this.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised care and support from staff that demonstrated detailed knowledge of people's individual needs. One member of staff commented, "People's individuality is respect and protected."
- This person-centred approach had resulted in positive outcomes for people, with one relative advising of the improvement made by their family member with the support of staff.
- People's needs had been assessed with the involvement of with them and their relatives. One relative said they were kept informed of any changes and reviews in their family member's care. They said, "Any kind of input always involves me too."
- People directed their care on a daily basis and they told us, staff were responsive to any required changes. Records we viewed showed that care plans were person centred and included people's likes, dislikes and preferences.
- Staff we spoke with confirmed people's care plans were useful and informative and including healthcare guidance to help support people.
- We looked at information made available by the provider to support people and signpost them to other services to see if this information is accessible to the people that use the service. An improvement could be made in ensuring information such as care plans, is provided in suitable formats to support peoples understanding. We discussed this with the care manager, who advised this would be addressed immediately following the inspection.

Improving care quality in response to complaints or concerns

- People and relatives told us they had not needed to make a complaint or raise concerns but knew how to and would feel comfortable doing so.
- The registered manager told us as a small service they were on hand and would deal with any issues as they arose. We saw that the service had received no written complaints, but the provider had a system in place to ensure any complaints received would be logged, investigated and responded to and any learning used to improve the service provided.

End of life care and support

- The service was not currently supporting anyone who was receiving end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in place who was also the registered manager at the providers care home located next door. Services at Careplex were co-ordinated by a care manager with the support of the registered manager who retained overall responsibility for the service. People and staff said the registered manager was always on hand and popped in to check on things and lend support.
- The care manager told us they felt listened to and supported by both the registered manager and the provider. They commented, "I can't fault [registered manager's name] they are always there for support and advice. [They are] very supportive."
- Staff we spoke to told us that they had regular supervisions.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service promoted person centred and high- quality care. One person told us they were, "In charge," of their care, which reflected their daily choices.
- People and relatives spoke positively about the service, explaining they felt it was well-led and would recommend the service.
- Staff told us they felt supported in their role and found the registered manager and registered provider helpful and approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- As a small service staff were able to engage with people on a daily basis and were flexible to any changes required or requested.
- A residents and relatives questionnaire had been completed in December 2018 and we saw the provider had received positive feedback on the service.
- The provider looked to include people using the service in staff recruitment, so they took part in and informed the staff selection process.
- The provider told us as the service developed to support more people they planned to implement residents' meetings.

Continuous learning and improving care

- The management team had systems in place to monitor the quality of the service that they provided. This included regular checks of the medicine administration records and reviews of the care and support people

received.

- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included attending training sessions, local authority managers meetings and accessing on-line guidance and information, for example, the CQC website.

Working in partnership with others

- The management team had established and maintained good links with local community groups and healthcare professionals, which people benefited from.