

The Housing Plus Group Limited

Care Plus

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 ●

Summary of findings

Overall summary

The office inspection activity took place on 14 and 18 December 2017 and we carried out further checks on the service which included telephone calls to people using the service, their relatives and professionals which concluded on 12 January 2018. The inspection was announced. The provider was given 48 hours' notice of our inspection, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location's office when we visited.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and also in specialist housing (retirement living services). It provides a service to older adults. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of our inspection the service provided personal care to 121 people. Most people were living within one of four retirement living schemes, however a small number of people were supported in their own homes in the community.

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 saw that staff carried out support in a safe way whilst maintaining people's independence and dignity. People's risks were assessed, and people were kept safe as staff had a good understanding of the types of abuse and knew how to report suspected abuse.

People received their medicines safely. Medicine records were completed and staff understood the procedures they needed to follow when supporting people with their medicines.

People were involved in their care and consented to their plans of care. Where people were unable to make certain decisions, we saw that these were made in people's best interests when they are unable to do this for themselves.

People told us staff supported them in a caring and kind and respectful way. They told us Staff supported them to make choices about their care.

People told us they knew how to complain and the provider had an effective system in place to investigate and respond to any concerns or complaints.

The provider promoted an open culture. Staff told us that the management were approachable and that they listened to them. People were encouraged to feedback their experiences and these were acted on to improve the quality of care provided.

We found that the registered manager had robust systems in place to monitor the quality of the service provided, and strived for continuous 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 was safe.

People told us that they felt safe. Risks were assessed in a way that kept people safe whilst promoting their independence. Staff and the registered manager understood their responsibilities to protect people from the risk of harm. People were kept safe because there was enough suitably skilled staff available to meet their needs.

Is the service effective?

Good ●

The service was effective.

People told us that they consented to their care. Processes were in place which ensured decisions were made in people's best interests if they needed support to make decisions, and in line with The Mental Capacity Act (MCA). People were supported with their health needs and staff had received appropriate training to carry out their role effectively.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind, caring and respectful. People were treated with dignity as choice was encouraged and staff were sensitive when they provided support. Staff we spoke with told us how they enjoyed supporting people by providing a good quality of care.

Is the service responsive?

Good ●

The service was responsive.

People told us that they were involved in their care and staff provided consistent support. The electronic monitoring system ensured consistency of care, and we found that staff knew people's preferences and were knowledgeable about the support needs of people. People were supported by staff to maintain relationships.

Is the service well-led?

The service was well led.

People told us that they felt the service was well led. There was an open culture and staff were able to approach the registered manager if they had any concerns, and felt supported by them. The provider gained regular feedback from people who used the service and acted on this to make improvements. The registered manager had undertaken audits to monitor the quality of the service and to continually improve the service.

Good 

Care Plus

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.

At our previous inspection in November 2015 we rated the service as good. At this inspection the service remains rated as good. This site inspection took place on 14 and 18 December 2017 and was announced. The inspection was undertaken by one 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 care service. We reviewed information we held about the service. This included notifications of significant events that the manager had sent us, safeguarding concerns and reviewed the information included in the provider information return (PIR).

We spoke with 15 people who used the service and five relatives. We spoke with five members of staff, two care coordinators, the registered manager and the director. We looked at six people's care records, the systems the provider had in place to monitor the quality of the service, staff recruitment files, training records and the electronic monitoring system. These records helped us understand how the provider responded to and acted on issues related to the care and welfare of people.

Is the service safe?

Our findings

People were confident that the staff supported them in a way which helped to keep them safe. Where people needed assistance to move, we saw that risk assessments were in place detailing how they needed to be supported safely. Without exception people told us they felt safe when they received care. One person told us, "I have the same small team of staff. They use a slide sheet with me and they handle me safely with it. Yes, I feel safe ." Another person told us, "I have no worries at all and I definitely feel safe and they do whatever I need them to do, they are very good." People told us they felt comfortable with the care staff and one person told us, "The staff are all lovely and I feel I can trust them "

People's relatives also told us that they had confidence in the care staff to keep their relation safe. One relative said "We used to use another company but the carers never seemed to be able to manage him [relative], but the carers we have now are really good and confident with him and really know what they are doing and I know he is safe". Staff told us that people should only be helped to move in the way that had been assessed as being safe, using equipment that the person had been assessed to use. One member of staff told us, "In the past I've had family members asking me to support their relative differently to how I've been trained and how the person has been assessed. I know what I can and can't do. We have training so we know how to help the person in the right way using the equipment that has been provided."

Staff had a good understanding of how to safeguard people and they were able to tell us how they would recognise possible abuse or neglect. The staff understood their responsibilities to report any concerns. One member of staff said, "We all get safeguarding training and know if we suspect anything, then we need to report it." We spoke with the care coordinators that are responsible for taking telephone calls from the carers that are out in the community and they told us about safeguarding. One of them told us, "We assess what the carers tell us on the phone then discuss between us if a safeguarding needs to be raised, and I have previously raised concerns with the local authority and would always do this if I thought someone was at risk of any harm." Staff were also able to tell us about the whistleblowing procedure. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from bullying and harassment. One member of staff told us, "We have to protect people from the risk of abuse, even if that means speaking up about other carers or how things are done in the service."

We saw where staff had identified concerns; these had been reported to the registered manager who had liaised with the safeguarding team to ensure these were investigated to protect people from further harm. Where alerts had been made we were notified of these incidents. The registered manager told us, "Our priority is the safety of our service users, all our staff are trained to recognise the signs of abuse and even in my absence, I know that the care coordinators are here and I am confident in their decisions about keeping people safe, and are clear on how they need to act."

People's homes were assessed to ensure people and staff were protected from identified risks. These assessments included details about whether there were any concerns with the home environment such as any pets to be aware of, or any loose fixtures and fittings and also the information to gain entry to people's homes. The staff told us this meant they could reduce potential harm and keep people and themselves safe.

People and relatives told us that staff wore PPE (personal protective equipment) when they were being

supported with personal care. Staff told us they had access to PPE to help reduce the risk of infection. One member of staff told us, "We always get given enough gloves and aprons as we know we need to use these to help stop spreading any infections and for hygiene." Staff were provided with a uniform to wear and one person told us, "I always know it's the girls [care staff] coming as I see the little bit of pink coming up to the door, they always look very smart."

Where people needed support to take their medicines they told us they received their medication as prescribed. People said they received their medicine at the right time or staff reminded them to take them. One person told us, "They always come and are on time. I do my own medication, but they always remind me or check I have taken them." Another person said, "They do my medication and always give it me as they should." We saw that care plans included information about how people received their medicines and the support they needed. Where it was identified that people had either not taken their medicines, or medicine had not been given by staff, systems were in place to ensure staff reported this. One member of staff told us, "We always let the girls in the office know if someone has forgotten to take their pills or they have not been given, then we speak with the pharmacist or call 111 so we know if the person can take them later or if we need to call the doctor." The provider recognised that errors would occur and used these situations to help improve the service.

The registered manager had instilled a culture of transparency within the service whereby staff felt able to disclose any mistakes made and be able to learn from them. For example, we saw that where a staff member had missed giving a person their medication the staff member had immediately called the care coordinators to state which medication had been missed, and appropriate action had been taken to keep the person safe by gaining medical opinion about the missed medication. We saw that following the error there had been an investigation into why the medication had been missed with the registered manager. This focussed on why the staff member thought the mistake had occurred, and turned the incident into a chance for learning rather than being reprimanded. A member of staff told us, "When things go wrong, we do have to explain what happened but not in a way where you feel you are being told off, but more in a way that helps so it doesn't happen again."

We saw that when new staff started working in the service recruitment checks had been carried out to determine their suitability to work with people including police checks, references and identity checks. We saw that the interview stage of recruitment was very thorough with applicants being required to complete scenario based questions about supporting people and providing care.

Where possible, people were supported by a small, consistent team of staff and there were sufficient numbers of staff working within the service to provide their care. People told us that they usually had the same staff to support them. We saw that the registered manager regularly reviewed the numbers of staff who visited people to ensure that they received their care from a consistent team of staff. The registered manager told us that staff recruitment and retention was a priority and this would enable them to maintain a consistent team of staff for people. Staff told us that where possible they were able to support the same people regularly. One member of staff told us, "We always try to get to people on time, with the same carers that they are used to, but sometimes things happen like traffic or sickness and we have to be flexible, but we are always honest with people about what we can do and always let them know if we are running late as it helps stop them worrying or getting anxious."

Is the service effective?

Our findings

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People we spoke with told us they were happy with the support they received from the staff, and stated that the staff always sought their consent before supporting them or carrying out tasks. One person said, "I am happy with the care I receive, they always give me a choice." And another person told us, "The staff are very good with me, they always give me a choice and are really very polite." Where people were no longer able to make decisions for themselves, other people could help them make this decision in their best interests. Documentation needed to carry out assessments was available where these needed to be carried out. The registered manager was aware they were responsible for completing these to ensure decisions were lawfully made, and we saw that other professionals had been involved in this process.

People felt the staff were trained and had the skills they needed to provide their care. One person told us, "They seem trained enough for their work, they see to everything I need and they will help me." and another person said, "They are all really good, they seem to be trained as far as I can tell, to do the job." Staff told us, and records showed that when staff first came to work for the service that they worked alongside experienced staff and received training. One staff member told us, "I received lots of training when I started here, plus you get to shadow other staff members to get to know the care plans properly and to meet the people you'll be supporting." Staff were supported to complete recognised vocational training and the care certificate; this sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. We saw that staff were encouraged to extend their learning and some staff were being supported to complete their Level 5 NVQ.

Staff told us and records showed that they were provided with support through regular supervision. Staff said they were encouraged to reflect on how they supported people, any concerns they may have and any areas for further development. One staff member told us, "We get regular supervisions to see how we are getting on as it can be a lonely job; we're always asked how we are and if there are any problems. We get reminded if we need to complete any training and also go through things like safeguarding and other training to make sure we have it fresh in our minds

People told us, and records showed that they were supported to access health care services in the community including GPs, dentists and physiotherapists. One person told us, "If there is ever an emergency or I need to see a doctor then the staff will tell the office who sort it out for me." Staff supported people to maintain their health by identifying where people may become unwell and need to see a health professional. One person told us, "They will call the doctor or district nurse for me and have arranged for me

to see them as quickly as possible if I'm not feeling well." We saw that where one person's physical and mental health was deteriorating, that advice was sought from a Community Psychiatric nurse and also an occupational therapist to assess if any further support was needed.

People told us they had choice and flexibility about the meals they ate and some were responsible for providing the food for staff to prepare. People chose what they wanted to eat and staff helped to prepare this to meet their individual preferences. One person told us, "They help with some meals and they always give me a choice." And another said, "They do my drinks and if I want a freezer meal they will do that too." One member of staff told us why they recorded what people had to eat and drink, they said, "It's really important we write down what some people are having to eat and drink so we know how much they've eaten so we can make sure they stay well. If someone doesn't want it straight away I'd always leave it a few minutes and try to encourage them. If they still hadn't eaten anything then this would be recorded and checked during the next call."

Is the service caring?

Our findings

Without exception people and their relatives told us they were treated with care and kindness. One person told us, "I like my staff, they are all very nice. They chat to me and show an interest in me, they are all lovely." and another person said, "I get on well with the staff, they are lovely, kind girls and we have a laugh and a joke together. They ask what I am doing and how things are and we swap stories about our families and our lives." One relative explained how much of a difference to their lives it had made having support for their relation through Care plus. They told us, "I'm 100% happy with the care the staff provide, they do everything we ask of them, I know I couldn't cope without them. They kind of support me as well as [relative] as they take all the worry away." Another relative said how lucky they felt to have found Care plus to support their family member, they said, "If other people saw the way the carers are with [relative], they would want them to take care of the as well. My friends have relatives who get care from elsewhere and I'm always telling them to get Care plus in." A health care professional told us, "Care Plus are a very supportive and caring agency who like to make sure their client need are met in a timely manner."

Staff were able to tell us about the individual preferences of people that they supported. One staff member told us, "You get to know people over time, and the way they like things doing, even down to their favourite mug, and it may not seem a lot but to them it's really nice if you do those little things for them." People and their relatives told us the staff had developed good relationships with them, and were compassionate. One person said, "They know me so well, I don't have to explain to them what I need as they know, they always check with me though. The carers are all so nice; it's lovely to have them around." One relative told us, "I don't have to worry, I know [relative] is happy with the carers, they've all gotten to know her so well and they always have a laugh and a chat with her when they are there."

All the staff we spoke with were very passionate about their roles. One member of staff told us, "Caring isn't just about doing the tasks that are on the plan, it's so much more than that, it's about spending the time with people where we can, to make them feel important and cared for." and another staff member said, "This job is all about supporting people, and knowing that you are helping them to keep their independence where they can."

People were able to retain their independence. One person told us, "The care has been well thought out. They help me with what I need, but they don't try to take over if I can do it myself." One relative told us, "They support them to carry on doing the things they can do and don't just do things for them. She's still able to be independent, but has the care and support when she needs it." Another relative told us how the staff had worked with her family member whilst there had been on-going issues with some equipment. They said, "They've been trying to help us sort out [relative] equipment, but in the meantime they have been using special cards and writing things down so he can still communicate with them to stop him getting isolated."

People and their relatives were happy with the staff that supported them and told us they treated them with dignity and respect. One relative told us, "They are very caring and respectful, the girls [carers] always used to call me Mrs [surname] and I thought that was lovely and respectful, but they all call me by my name now as I said it was ok to."

Staff provided care in a dignified manner. One person told us, "The staff always cover me up when they are helping me in and out of the shower, it makes all the difference."

Is the service responsive?

Our findings

People told us that they received care from staff who they knew, and were usually on time. One person said, "I get a list of who is coming to see me, then if it needs to change they either tell me when they visit, or give me a call to say it will be somebody else. All my carers are nice." And another person said, "They are a big help and they do come on time. I have five different girls and I have got to know them. They always stay for the full time that they should and they always remind me to take my medication. They have got to know me and if I had any worries I could talk to one of them."

People told us they had been involved with developing their care plans and family members had been invited to contribute to this. One relative told us, "We had an initial assessment done prior to [relative] getting support. It was very thorough and we went through everything together so we all knew what to expect." We saw were able, people had signed their support plan to evidence they were involved and agreed with what had been planned. The care coordinators told us about the pre-assessment for people who were interested in getting support through the service, they said, "We go out to see people, usually with their families and we go through the support they need, but also things such as people that are important to them such as loved ones and friends, their religion and also if they have a preference for which staff support them as some women for example feel more comfortable with female staff." We saw that people's daily care records were reviewed and where people's needs changed we saw that they were reassessed.

We saw that some people after an illness required more support when they returned from hospital. For one person the care coordinators had arranged for other health professionals to reassess them and this then led to care staff being more heavily involved in their care and support. A meeting was held with all of the people involved in the persons care and their family members and it was agreed that the person required more care than a domiciliary care agency could offer. This led them to receiving care from a service that provided 24 hour a day care. After another person was reviewed we saw that the care coordinators asked for a reassessment for the person for changing health needs, and also discussed issues around the person and their meals. The coordinators, the person and their family member put together a new meal plan that would give the person more variety, whilst not affecting their health. One relative told us how responsive Care plus had been when their relative started to need more assistance with daily living. They told us, "[relative] was starting to struggle a little as we had no equipment at home. I called Care plus and they were amazing, they started by taking [relative] to one of their services so she could see what was available and started going there once a week. This helped build her confidence and helped her to make friends. After this she moved in and we haven't seen her so happy, she beams a huge smile and is a totally different person and feels part of the community."

The service uses an electronic monitoring system that allows them to check if staff have attended care calls, and enables the service to get real time updates from staff regarding everything from them being late to a call, to them being able to update the system with vital information about the person as it happens. Each staff member has a handset that they use to log in when they get to a person's call and also enables them to update the care coordinators about any information about the person. The handsets also carry information regarding each person's care requirements and also the staff member's rota. We saw the system in action during the inspection and were able to see calls were generally on time and for the agreed length of time.

We also saw the real time alerts in action and saw that where the system flagged up an issue it was quickly dealt with by the coordinators. The coordinators told us, "The system is very good, it will recognise if a carer is late to a call, which means we can call the carer and make sure they are ok, and also inform the person waiting for the call about the delay. We've also had instances where carers have turned up but unable to gain entry to a property, therefore the call isn't logged- we then check with the carer and it usually is someone forgetting they had a call booked for that time." This meant the service was very responsive to people's needs as any issues arising could be dealt with straight away.

There were arrangements in place for people and their relatives to raise concerns and share compliments about the service. People had a copy of the complaints procedure in their home and these were also available in the retirement living services, and were available in different formats on request. People and their relatives told us they knew how to complain if needed, but most had never needed to raise any concerns. One person told us, " It is a wonderful company and nothing at all needs to be improved. There is always someone here if you need help and one day I had to use my pendant, they came so quickly. I am very, very pleased with it here and would recommend it." And another person said. "If I need anything then the company will help sort it out, and I wouldn't suggest any improvements at all." One relative explained that at the start of their family member receiving care there were a few teething problems, they said. "As you would expect, at the start there were a few little things that weren't quite right, but the staff had to get to know [relative] and they had to get to know the staff. We just mentioned a few things to them and it was updated straight away on their handset and then it would be done differently on the next call. And we've never had any concerns since. They do ask us every now and again, but everything is all good." We saw that where a complaint had been made, this was logged onto the monitoring system straight away. A one to one meeting was then arranged to go to speak with the family. The issue was resolved and all relevant documentation had been completed. The care coordinators told us, "After a complaint or concern has been resolved, we contact them a few weeks afterwards to see if they are still happy and nothing has changed."

People were supported to stay in touch with family and friends, and some staff supported people with their personal care to enable them to attend events and go on trips. One staff member swapped their shift so that they could support a person with their personal care and ensure they were dressed appropriately so that they could go on a day trip.

Is the service well-led?

Our findings

There was a registered manager in post. The registered manager understood their responsibilities. Notifications were received promptly of incidents that occurred at the service, which is required by law. These may include incidents such as alleged abuse and serious injuries. The registered manager was open and transparent in sharing information about these incidents.

People and their relatives told us they felt the registered manager was approachable and responsive. One person told us, 'I know the manager and I can always call them about anything. It is a good company-there is nothing bad about it at all. I can't think of anything that needs to be improved upon.' And a relative said, 'I know who the manager is and it is a well-run company, I would happily recommend it to others'.

The staff told us that the registered manager was supportive. One member of staff told us, 'I feel more supported in the past year than I think I've ever felt, the manager always asks what we think-it's never about us being told what to do-we're always involved.' Another staff member told us about the supervision process, they said, 'We get regular supervisions, the manager always asks us how we are doing before we talk about anything else. She's all about education, she likes us to think things through ourselves to see if we know why something went wrong, or how we might improve something and helps us to learn from any mistakes.'

People were consulted about the quality of the service and the provider reviewed the content within their satisfaction surveys. We were provided with the last survey results that showed that the majority of people were either very happy or happy with the quality of the service. Questionnaires were also sent out to people as part of our PIR process, and the results of these were also mainly positive.

The registered manager had systems in place to monitor and improve the quality of care and support that people received. We saw that the registered manager used the electronic monitoring system to keep an on-going oversight of the service. We saw that robust auditing processes are in place for every aspect of people's care, including support plans, service user reviews, call times and medication. For example, Team leaders and coordinators complete audits and these are all checked by the registered manager where she will add any actions such as implement a spot check on a specific person's medication or on a specific staff member. The registered manager told us, 'The care staff aren't medical professionals, we know that errors can happen that's why we use the spot-checks and our audits, and try to make sure we encourage staff to be open and honest when mistakes have been made. We can then support them through training to reduce the risk of it happening again. I'm very much about using mistakes as a chance for learning rather than a disciplinary issue wherever I can.'

The provider maintained an oversight of the quality of care people received. For example, the service commissioned an independent firm of auditors who undertake audits of their management systems and processes. The service also reports quarterly to their board members with their performance against set against CQC standards and contracts. The business improvement team set standards for the service that they use to plan training or peer mentoring. The registered manager also attends meetings within the retirement schemes so that people and their families are aware of who to give feedback to.

We saw that there was emphasis on developing the service for the benefit of the people who used it, and the registered manager was striving to improve the business. A development program was in place for all staff, whereby the supervisions they receive early on into their careers are used to plan their future development needs. We saw that appraisals take place as soon as staff have passed their probationary period in the service to encourage staff to remain within the care sector, to feel valued and to see where there are opportunities to turn it into a career. Some staff told us they are completing a course in team leading, and also that the registered manager had secured a budget to fund staff to gain their vocational qualifications. One staff member said, "The manager is always pointing out your positives, and encouraging us to do more learning if that's what we want to do, I never thought I'd be doing an NVQ level 5."

The registered manager told us that they are also planning to introduce a bi yearly customer newsletter that we will be used to keep people updated with any changes that are occurring within the social care sector. This will also help provide them with information about other organisations that they may be interested in within their local area.

The registered manager told us, and we saw that the care and support team have been finalists in some national awards, and the registered manager was awarded the homecare manager of the year at the Great British Care Awards. The registered manager is also educated to NVQ level 5 and is an I Care ambassador, these are care workers who deliver activities and talk about what it's like to work in social care, and she is also a Dementia Friends champion, this is a volunteer who encourages others to make a positive difference to people living with dementia in their community. The service is rolling out a dementia awareness strategy in 2018 to make all employees dementia friends. This will include any housing officers and repair operatives and they will be able to recognise where people may need more support and this can then be arranged. This will then be extended to family members and other members of the local communities.

A bid has also been put in by the service for some Carer support groups in the County, whereby relatives can access the retirement living schemes to gain support from other people and use the facilities on site.

The registered manager told us that she is supported by the director, she told us, "He is very approachable, supportive and very good at listening to my ideas or any concerns I might have. We are both very passionate about improving the lives of people that use our service, but also about helping support their families where we can. I share my ideas about the service with him, and decide ways how best to take things forward. I have felt more secure in this role in the past 12 months than I ever have"