

# Foxenden Healthcare Ltd

# Kare Plus Guildford

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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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

Kare Plus is a domiciliary care agency which is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing personal care to nine people.

This inspection took place on the 6 October 2017 and was announced. We gave 48 hours' notice of the inspection to ensure that staff would be available in the office, as this is our methodology for inspecting domiciliary care agencies.

A registered manager was in post. 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. The registered manager assisted us with our inspection.

People told us they were cared for by staff who were kind and caring. They said they arrived on time, stayed the full time and carried out care for them in the way they wished it.

People and their relatives told us they felt safe with staff from Kare Plus. Staff had a clear understanding of the different types of abuse and the procedures to be followed if they had witnessed or suspected abuse had taken place. The registered provider had followed safe recruitment processes to ensure they only employed suitable staff.

Risks to people were identified and actions taken to help people stay safe. In the event of an accident the agency followed this up.

If an emergency occurred at the office or there were adverse weather conditions, people's care would not be interrupted as there were procedures in place. There was an on-call system for assistance outside of normal working hours.

Staff had received training and supervisions that helped them to perform their duties. They also received spot checks from the registered manager whilst they were working with people. The registered manager understood the Mental Capacity Act 2005 (MCA) and we found that people's consent was sought before the agency provided care to them. People received information on what care the agency could provide to them prior to accepting the care. Staff received induction training when they commenced working at the agency. Mandatory training and other training specific to the roles of staff was also provided.

There were enough staff to ensure that people's assessed needs could be met and all visits could be undertaken in a timely manner. Management of medicines was undertaken in a safe way and recording of such was completed to show people had received the medicines they required.

Person centred care plans were in place for people and included information about how people preferred their care to be provided. Guidance for staff was detailed and there was evidence people were involved in their care plan.

People's nutritional needs were met by staff who would cook meals for those who required this type of support. Healthcare professionals were involved in people's care and staff liaised with them as and when required.

People were supported by staff to remain as independent as they were able. People were encouraged to do things they would normally do such as washing themselves. Where people wished to go to specific events or activities, staff supported them to do this. Such as one person who staff supported to go on holiday.

Quality assurance audits were carried out to help ensure the quality of the care the agency provided met the needs of people. People and staff were involved in the running of the agency and staff told us they felt supported and valued. There was a complaints procedure in place and we found that management responded to complaints promptly. Records were held securely and confidentially. The registered manager was knowledgeable about the service and was able to assist us with the inspection. It was evident they had a good relationship with staff as we saw staff coming in to the office and speaking with them.

## 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.

Recruitment processes for prospective staff were robust.

Risks to individual people had been identified and written guidance for staff about how to manage risks was in place.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

There were enough staff deployed to meet people's needs.

Accidents and incidents were recorded and followed up by staff. There was a plan in place to ensure people's care would continue in the event of an emergency.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

The registered manager had an understanding of the Mental Capacity Act (MCA) and their responsibilities in respect of this.

People were supported with their health and dietary needs. Healthcare professionals were involved in people's care or the agency liaised with them.

### Is the service caring?

Good ●

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were supported to remain independent and make their own decisions.

People were supported to maintain relationships that were important to them.

### **Is the service responsive?**

**Good** ●

The service was responsive to people's needs.

Staff responded well to people's changing needs and care plans were in place for each person.

People were enabled to access the community when they wished.

Information about how to make a complaint was available for people and their relatives.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People were encouraged to give their feedback on the care they received. People told us the office was accessible.

Quality assurance checks were completed to help ensure the care provided was of good quality.

Staff felt supported by management who had an open door policy. Staff told us there was a good culture within the staff team.

# Kare Plus Guilford

## 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 6 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that staff would be available to assist us during the inspection. Due to the size of the service the inspection team consisted of one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We also sent out questionnaires to people, relatives, staff and community professionals prior to the inspection. Of the 33 questionnaires sent out we received nine responses.

We had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because the service had only opened late 2016.

During our inspection we had discussions with the registered manager, the director of the agency, four members of staff, four people who used the service and two relatives. We looked at the care records for four people. We looked at five staff recruitment files, supervision records and training records. We looked at audits undertaken by the provider and a selection of policies and procedures. We had also received some written feedback from people, relatives and professionals involved in the agency prior to our inspection.

This was the first inspection since the service registered with the Care Quality Commission in November 2016.

# Is the service safe?

## Our findings

People told us that they felt very safe with staff who attended to them. One person told us, "Safe, absolutely, yes." Another person said, "I have a key in a box outside. They come in with that key. I feel safe with them." A relative told us, "I trust them 100%."

The registered provider followed safe recruitment practices. Recruitment files included an application form, proof of identity, references and declarations in relation to health. Prospective staff had a Disclosure and Barring Service (DBS) check prior to commencing work at the agency. A DBS determines whether or not a person has a criminal record or is barred from working at this type of service. The registered provider had also checked that staff had the right to work in the UK. A staff member who had recently joined the agency confirmed they had been asked for all of this paperwork before they started.

People benefited from a service where staff understood their safeguarding responsibilities. Staff knew the different types of abuse and the reporting procedures to be followed. Staff stated they had received training and we saw there was a policy in place for staff to follow. One staff member said, "I would raise concerns if I felt someone was not receiving the right care. Our priority is the clients."

People were always introduced to the staff who were going to care for them at the first visit. The registered manager told us they always carried out a 'meet and greet'. This meant people could meet the staff who would be involved in their care and staff were not going into someone's home without knowing anything about them. This was confirmed by staff. Rotas that were sent out contained a person's first name and their postcode only to protect people's confidential information and to help avoid the information being used inappropriately. One person said, "She (the registered manager) originally introduced the staff to me. She sends out an email with pictures of who is coming. It's nice to see the pictures. It helps me remember names." Another person told us, "Care staff, new ones are introduced. She (the registered manager) brings them along."

People were kept safe because assessments of the potential risks of injury to them had been carried out. For example, falls, moving and handling, nutrition and managing challenging behaviours. Risk assessments provided information to staff on how to keep a person safe. Such as one person who required a Zimmer frame to walk with or a wheelchair for longer distances. One person had epilepsy and there was clear detail for staff on what to do if the person had a seizure, which included phoning the emergency services. A staff member said, "I'm always watching to see people are safe. For example, I always make sure [name] holds my arm when we are out."

People's environment was also risk assessed to help keep both them and staff safe. The assessment covered areas such as whether or not a person had smoke alarms, any trip hazards, safe electrical equipment, sufficient outside lighting or level pathways. One person had no smoke alarms installed and we noted that arrangements had been made for the fire brigade to visit to install these. A staff member told us, "If someone has a key safe we are given the number via text (but with no names) and I delete the text afterwards."

People were cared for by a sufficient number of staff. The registered manager told us that staffing levels were determined by the number of people using the service and their needs. The registered manager told us that they had sufficient staff to meet the needs of the nine people they currently provided care to. They said they would always work out the staffing requirements before assessing or accepted someone new. This helped ensure that the agency continued to have sufficient staff cover and that people would receive continuity of care.

People told us that they had never experience a missed call and staff were never late. One person said, "They turn up on time. They stay for the half hour, which is just enough time." Staff told us they always got their rotas in sufficient time and that travelling time was allowed between calls. A staff member said, "We are never rushed. We have time to socialise with people and get to know them." A person said, "If there are changes in times, they let me know." A relative told us, "They have always turned up on time. They have even stayed later if there is an emergency."

People's medicines were managed safely. People received their medicines as required and there were Medicines Administration Records (MAR) in place. MAR charts included the dosage, times of administration and quantities of medicines. There was also information about the person's GP and whether or not they had any allergies. We observed one staff member give a person their medicines. They waited until the person had taken their medicines before signing their MAR chart. We saw that some people's MARs had lines drawn through them on certain days, rather than staff signatures. We spoke with the registered manager about this who told us this was when family administered medicines. The registered manager said they would ask families to write an 'F' on the MAR on these occasions to make it clear that the person had received their medicines from them. Some people had specific details on how they liked to take their medicines written on their MAR. One person told us, "The care staff give me medicines. They give me a small pot of yoghurt to take with it."

Interruption to people's care would be minimised in the event of an emergency. The registered provider had a contingency plan in place for the event of an emergency. The registered manager told us that in the event of a phone, IT failure or adverse weather they could use the provider's Head Office's support to cover any people requiring care. Most people lived with a family member so care would be prioritised to those who lived alone. The registered manager said that one senior staff member lived locally and would be able to walk to people's homes if need be. During out of hours, people and staff could telephone the out of hour's phone number. Staff told us there was always someone to answer the phone and help them at these times. A staff member told us, "I would phone the on-call phone. I am always able to reach someone." Another said, "I always get a response."

When people had accidents or incidents these were recorded and followed up. The registered manager said they had not experienced any accidents whilst a staff member had been with a person. However, we saw that when one person had fallen during the night whilst with family the registered manager went to see them the following day to check they were okay.



## Is the service effective?

### Our findings

People told us they felt staff were trained and skilled in their roles. One person said, "Staff have the skills." Another told us, "The staff know what needs to be done. Staff are able to meet my needs." A relative said, "They (staff) have the knowledge needed to provide the care to my wife."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff undertook mandatory training such as moving and handling, food hygiene, first aid and health and safety. They also had the opportunity to take training specific to the needs of the people they cared for. One staff member told us, "I've done on-line training courses, such as medicines training or epilepsy." Another said, "I've done epilepsy. It's a huge thing and the training really opened my eyes." A third told us, "The agency is quite good at offering you courses and they encourage you to do a qualification."

New staff were supported to complete an induction programme before working on their own. One member of staff told us that the induction training was good and it helped them to commence their role in a confident manner. A person told us, "At the moment they are training a new girl. She washed me under supervision this morning and gave me breakfast." One staff member said, "I went round with the manager to observe." A third said, "I am just finishing my induction and am starting to do small tasks on my own."

Staff were provided with the opportunity to review and discuss their performance. We saw that supervisions were held between staff and management and that annual appraisals had just commenced. Staff also had regular spot checks undertaken by the registered manager to monitor their work and to provide support and feedback to staff. A staff member told us they had regular supervisions in the office and said they felt listened to by the manager.

People's rights were upheld in line with current guidelines in relation to the Mental Capacity Act (2005) (MCA). The 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 staff had not yet received training in relation to the MCA, this was because people they currently cared for had the capacity to make their own decisions or had a legal representative who could act on their behalf. However, staff told us they would always obtained a person's consent before carrying out any care and that they understood that some decisions may need to be taken in a person's best interest. We also saw that people, or their legal representative had signed their consent to care upon commencing with Kare Plus. One staff member said, "If they can make their own mind up then we let them." Another told us, "I am always seeking people's consent. I am always asking them." A health professional commented in their questionnaire response, 'the agency is client centred and work to ensure the best interests of their clients'. Following our inspection the registered manager confirmed to us that staff had all been booked onto MCA training and a MCA flow chart would be included in each person's care plan,

so a person's capacity could be assessed.

People told us they were happy with the food staff prepared for them. One person said, "Staff cook lunch. I like the lunch the staff cooks." Another person told us, "Staff cook lunch. I always have a proper lunch. I keep things in the freezer. They also make sure I have a drink." People's dietary needs were recorded in their care records, such as one person who required a soft diet and liked fresh fish for lunch.

People had their healthcare needs met. Information in relation to people's healthcare needs were recorded in care plans and included the contact details of the GP and other healthcare professionals who supported the person. The registered manager told us that the responsibility for healthcare needs were mostly with people's families, but staff were available to liaise with and support people to access healthcare appointments if needed. This was confirmed by a relative who told us, "Staff go to appointment with [name] – doctors and hydrotherapy." The registered manager said that if they, or staff, saw a change in a person they would always encourage them to book a doctor's appointment. We noted one person had input from an occupational therapist who provided them with steps to help them get in and out of the bath. Another person had a new Zimmer frame provided to them because their existing one was not stable and they had been experiencing falls.

## Is the service caring?

### Our findings

People told us they were happy with the care they received. They told us they were treated with kindness and respect by staff. One person told us, "I like them." A relative said, "They know their role. [Name] is happy with them." Another told us, "They are quite good overall. [Name] was lovely and we were pleased to have her. She's enthusiastic."

A relative commented in their questionnaire response, 'All staff that care for my mother are kind and considerate and they are very professional on all occasions that I have met with them. My mother cannot praise them highly enough and feels that they have become her friends'.

People received care and support from staff who had got to know them. Staff were knowledgeable about the needs of people they visited. It was clear through discussions that staff had a good understanding of people's needs and their life histories. Staff were able to detail the assessed needs of people and how they liked their needs to be attended to.

People told us they saw consistent staff and we saw that people were provided with information about the staff who would be attending to them in a way they could understand. Such as one person who received their rota with photographs of staff members on it. One person told us, "I see [staff member] most days. She's lovely. I have got to know her. We have a laugh." A staff member told us, "There is continuity of care. This is important to everybody." A second said, "It's mainly the same staff which is what I quite like about this agency."

People were treated with respect and dignity by staff. We read in one person's care plan that they liked to be called by a different name to their given name. We heard staff refer to this person by that name. This same person's records recorded, 'likes to wear a hat and silk scarf everyday'. We saw when we visited them that they had a hat on. One person said, "I am perfectly happy with everything they do for me. I know I have fallen on my feet. They are so nice." A staff member told us, "I will always listen to people and take them to a quiet place if they need assistance or wanted to talk." Another said, "I always ask people if everything is okay. I ask them if they wish to do something for themselves or they wish me to do it for them."

People were supported to express their views and to be involved in making decisions about their care and support. One person said, "They ask if there is anything else I would like to be done." Another told us, "I can tell them (staff) what I want. If I don't want something I say so and they listen."

People's independence was promoted and respected by staff. One person liked to go to the agency's office each day to 'help out'. Staff told us they welcomed and encouraged this. We spoke with the person during our inspection who appeared happy and relaxed in the office. This same person liked shopping and staff supported and enabled them to go into town most days, providing guidance for them when they purchased items. A staff member said, "Everyday she is learning." This was reiterated by this person's relative who told us, "[Name] is choosing to have carers rather than go to college. She does shopping, she pays for her shopping with support and she orders her own dinner. She learns more about society."

People were enabled to retain close relationships with people who were important to them, such as their families. Staff told us they went to some people in order to give their family members some time to themselves and this helped relationships in the home. A relative said, "The carers get on with the family. They have just slotted in." One staff member said, "We are there to support the family as well and we interact with them."

## Is the service responsive?

### Our findings

People and, when appropriate, their relatives were involved in developing their care, support and treatment. People knew they had a care plan and they were able to make changes to this if they wanted to. One person regularly reviewed their care plan with staff and liked to be involved in it. Pre-admission assessments were undertaken for each person before they commenced using the agency and the care plans were produced from these. This helped ensure the agency could meet the needs of a person before they started with the care. One person said, "[Registered manager] did an assessment. She wouldn't have known what I needed without involving me. We put a care plan together. The staff use the care plan. I feel in control of what's being provided."

Care plans were detailed and provided clear guidance to staff about how people wanted to be supported. Such as one person's which stated, 'sit and have a chat – it breaks up my day'. Care plans were held in a written format in people's homes as well as the office and they included information in relation to the person's background, allergies, medicines, personal care needs and how to access people's homes. Where one person had some behaviour that challenged staff there was a clear care plan in place on how staff should address these. Another person felt the cold and their care plan was clear in how staff should provide personal care to ensure they kept warm. A third person disliked having personal care and there was a note, 'staff to check [name] skin for sores – they relate this to washing and dressing so will let you carry out personal care then'. Care plans were reviewed on a regular basis. Staff told us they got to know people's likes and dislikes through talking with the person and reading their care plans. Staff said that any change to a person's needs was notified to them by the office and the care plan updated. Likewise when staff felt a person's needs had changed they said management would listen to them and meet with the person to discuss whether or not their care package needed to be changed. A staff member said, "The care plans are easy to follow." Another told us, "I read the care plans, but people are well enough to tell you what they want and how they like it."

Staff were responsive to the needs of people. One person told us, "They come in the mornings. They help with bathing and dressing. I have a compression sore and they check the dressing so I can report to the nurses. The carers have had to learn how to put stockings on and they check the dressings on my legs too." One person had become very unwell and as such required additional care. We heard the registered manager liaising with outside agencies to help ensure this person received the most appropriate care possible whilst they were unwell. The registered manager told us they would be visiting the person and their family later that day to review the person's needs and increase the visits. Another person liked to go out during the day and they found that one staff member supporting them did not always meet their needs. We noted that the agency had increased the staffing input and the person now had two staff members to support them which made them feel more confident. A care professional told us, "I work for a client with complex needs. Kare Plus picked up the case quickly as the other care package broke down. They responded efficiently and effectively to put in a care package as quickly as possible over the Christmas period which is never easy. They have been responsive to day to day issues on the package and communicate well with both the family and other professionals involved in my client's care, acting on their recommendations. I would recommend Kare Plus."

People's likes, dislikes and how they liked to spend their time was recorded in their care records. One person's care plan stated, 'likes singing' and it recorded their favourite songs. Staff were aware of this and their relative told us, "[Staff member] joins in with [name's] singing." Another person was recorded as, 'likes reading about the Royal family'. Staff had enabled one person to go on holiday with their support. One person told us, "They (staff) know my likes and dislikes. I don't go for having tea all the time. I have tea at tea time and that's it." Although staff did not organise activities for people they enabled them to participate in their preferred pastimes. One person told us, "They (staff) take me out." They told us staff took them to the office each morning and to the library which they enjoyed. A relative said, "They might cook, do writing, pamper sessions and they take [name] for a haircut. They also do her nails."

Complaints and concerns were taken seriously. The provider had a complaints procedure that was available to people and their relatives. This document included the timescales for the provider to fully investigate the complaint. It also provided the details of the independent ombudsman should they not be satisfied with the outcome of the investigation of their complaint. We read that one complaint had been received by the agency. We saw this had been responded to by the director who fully investigated it. One person said, "I haven't had to complain, absolutely not. I would complain to (the registered manager). She's my point of reference." A relative told us, "I have never complained. If I needed to I would be straight down to the office. I would voice my concerns if I needed to." A staff member said, "If someone had a complaint I would advise them to phone the manager or the director."

## Is the service well-led?

### Our findings

People and their relatives felt the agency was well managed. One person said, "The man on the phone sounds nice. He's very helpful. He always has the answers." A second person told us, "I see [the registered manager] most days. I have her phone number if I want anything." A relative said, "We had carers who [name] did not bond with. There was no problem (from the office) with changing them. The office is always accessible. There is an out of hour's phone for emergency."

People, their relatives and stakeholders were encouraged to give their feedback about the service. We noted one relative had rated the agency as 'excellent' across the board. Where another person had commented they would like their rota emailed to them, this had been responded to on the same day. One person told us, "I have had a survey."

Staff were also asked to fill in a staff questionnaire and we read that of the two that had been completed, they stated they enjoyed the role, felt there was enough training and communication was good. They felt listened to and had enough travel time allowed. One staff member had commented that the uniforms were hot in the summer. We saw that new lighter uniforms had been ordered.

People's experience of care was monitored through regular spot checks. Spot checks included monitoring how a staff member interacted with a person and carried out their role. They covered areas such as whether a staff member was wearing their uniform, being respectful to a person and was responsive to the person's needs. Where the registered manager identified any shortfalls, such as not completing daily records in an appropriate way, they addressed this with the staff member.

Quality assurance systems were in place to monitor the quality and running of service being delivered. Records were maintained at the office and included spot checks, records of supervisions and other contact with people, MAR records, training needs and daily notes. MAR charts were sent in to the office on a monthly basis and reviewed for errors or gaps by the registered manager. The registered manager told us that in order to be more robust in relation to these records they had recruited a staff member who was a nurse and they were going to take over this role.

Weekly timesheets were sent in by staff and these were reviewed by the agency's director. We noted that these had usually been signed by the person receiving the care as their agreement to the times a staff member had attended to them. Where people could not sign, the director told us that weekly invoices (with timings) were sent out to people which gave them the opportunity to review and raise any queries.

The registered manager promoted a positive culture. Staff told us the registered manager had an open door policy, was approachable and they could talk to her at any time. Staff told us they felt supported by the registered manager, and the director. One staff member said, "I feel fully supported and there is an open door policy." Another told us, "I think the agency is well led. I like the fact that we can just come in like now." A third told us, "I feel supported and have been made to feel very comfortable (in this role). It's a really nice staff team."

There was a management structure in place that included the director, the registered manager and a fieldworker that supported staff in their roles. One staff member said, "The best thing about this agency is that we listen and we meet people's needs. We bend over backwards for clients. (The manager) is very hands on and does more than people realise." Another said, "There is good communication between the office and people."

Staff were involved in the running of the service. Staff met in the form of peer review groups where they discussed all aspects of the service and shared ideas with each other. We read that meetings had discussed areas such as daily logs, medicines, timekeeping, training and appraisals. We noted the registered manager had stated they wished staff to get to the stage of all completing the care certificate (a set of nationally recognised modules for staff working in care). The registered manager told us that staff had commented that they would like to know the office had received any text messages they sent. As a result staff at the office sent a 'thumbs up' emoji to show they had received the text, even if they were not able to respond fully straightaway.

People records were held securely and confidentially and the registered manager was aware of their role. We saw care plans were neat and organised and stored in a way that protected people's personal information. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager was aware of which events they should inform us of.