

Art Support Limited

# Kare Plus Newark

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Kare Plus is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were 36 people receiving regulated activity at the time of the inspection.

### People's experience of using this service and what we found

Systems were in place to review and monitor safeguarding concerns, but no information to identify action taken to mitigate risks had been recorded.

Risks were not always identified and assessed. The management team were reviewing all people's known risks and rewriting care plans to incorporate this information.

People received their medicines as prescribed, but some people's levels of support required review. Personal Protective Equipment (PPE) was in good supply, but not always in line with the government guidelines. Staff who were exempt from wearing masks were not always risk assessed to ensure they kept people safe.

We have made a recommendation about the provider reviewing government guidance for staff exempt from wearing masks.

Staffing levels were adequate and recruitment checks were in place to ensure staff were suitably employed, but not all interview notes were completed for the rationale to employ the member of staff.

Improvements had been identified through lessons learnt and monitoring processes following incidents and accidents.

Care assessments did not consider the full range of people's diverse needs. Staff training was in progress and we saw that improvement had been made and staff had participated in face to face training to ensure they fully understood what was required from them as part of their role. Supervision had been implemented and staff felt more supported.

People were supported to maintain and improve their nutrition. Staff were aware of the impact good nutrition and hydration had on people. There were clear systems and processes to refer people externally to other services.

People were treated with kindness and this was reflected in the feedback we received. Staff were given time to develop relationships as care calls had been reviewed and re-developed. People were involved in developing their care and support. Choices and preferences were being adhered to. Care planning was

under review to focus on the individual care needs.

People said the service was not consistently well led, but improvements had been made with a new registered manager in place.

The culture of the service was open and transparent. Quality assurance arrangements were not robust; however, the provider was working alongside the local authority to ensure improvements were being made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 31/07/2019 and this is the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding, medicines documentation, missed care calls, quality of training and care plans not in place. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Kare Plus Newark

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by one inspector and one 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 February 2021 with a visit to the office and ended on 9 March 2021.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We reviewed information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report. We used all this information to plan our inspection.

We spoke with six people and ten relatives about their experience of the care provided. We spoke with five care staff, the providers representative, registered manager, one care coordinator and two care staff. We looked at the relevant parts of the care records of six people who used the service. We also looked at five staff recruitment files and other records relating to the management of the service. This included audits, policies and incident records.

After the inspection.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at improvement plans, the complaint tracker, training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from harm. Some good practice was found for example, the service informed people of fraud scams and how they must be mindful of unknown visitors and who they open their door to. However, the recording process was not robust enough to ensure people would always be protected. The safeguarding log recorded issues and outcomes, but no action was identified how to reduce risk and stop the issue happening again.
- When issues and concerns were clearly identified the provider followed their safeguarding policy and procedures. However, the safeguarding policy stated when an alleged harm was reported an early discussion should take place and report any incidents of abuse to relevant parties.
- We found two incidents recorded that no conversations with relevant professionals had taken place. There had been historic issues where staff had not always reported issues or concerns. The registered manager told us this had been identified and as part of the action plan they had arranged further safeguarding training for staff. They were building staff confidence in reporting and had plans to discuss staff knowledge in this area as part of their supervision process.
- People told us they felt safe with staff. One person said, "They are doing great." A relative said, "I feel that Mum is safe, and the carers are reliable."

Assessing risk, safety monitoring and management

- Risks to people's safety associated with their health conditions were not always effectively assessed. We found not all risks were recorded, for example, a fire risk for a person who used inflammable cream. There had been an email to staff to keep the person away from flame/ fire due to inflammable cream, but no risk assessment on the care file to instruct staff what the impact would be for the person.
- Another person's support plan identified a person required to wear support stockings. There were no instructions for staff how they would put the stockings on. One person who used a catheter and recorded in the care plan tasks that staff were to empty the catheter bag. However, there were no instructions how staff should do this. There was no risk assessment for how staff would care for the catheter when providing personal care. We reviewed this as a recording issue as staff were aware how to address and care for these people
- The registered manager told us they were reviewing risk assessments as part of an improvement plan.

Using medicines safely

- Most people received the right level of support to enable them to have their medicines safely. We reviewed four people's Medication Administration Records (MAR) charts and saw they were completed, and no gaps found on the day of the inspection. One person told us. "The carers give me my medication and sign for it."

One relative said, [family member] had a blister pack, (this is where medicines are already counted out in the prescribed dose) and they [staff] sign when they give them medication."

- Historic concerns were raised by the local authority regarding missed medicines and missed signatures on Medication Administration Records (MAR). The provider were working with the local authority to ensure improvements were made.
- One person identified in their care notes that staff were supporting them with medicines. The record stated, "staff put the medicine on the spoon and put the spoon in my mouth". This meant staff were administering the medicine. There was no medicine care plan for this person.
- The MAR chart audit for ensuring the MAR were current and correct had identified issues and concerns, such as, missed signatures but had not identified relevant action undertaken to mitigate the risk of this happening again. We reviewed this as a recording issue.
- The registered manager told us they had arranged staff to undertake face to face training for administering medicines. Spot checks were in place for field support staff to observe and monitor staff to ensure they were competent in this area. This meant there had been some improvement, but it was too early to know if this would be sustainable.

#### Preventing and controlling infection

- Arrangements were in place for the prevention and control of infection in relation to people's care in the pandemic.
- Staff had received training and understood the principles for infection control. Sufficient supplies of personal protective equipment PPE were used, but not always in line with the government guidelines.

We recommend the provider reviews government guidelines for staff who may be exempt from wearing a mask when providing personal care.

- All people and their relatives told us staff wore PPE when providing personal care and disposed of this appropriately by taking it with them when they finished the call.

#### Staffing and recruitment

- Staff in levels were safe and sufficient. There were no concerns raised regarding staffing levels during our inspection. Staff told us there were enough staff.
- Staff described safe procedures for their recruitment. Staff files we reviewed had related records that confirmed staff had relevant employment checks, which the provider obtained before staff were employed to care for people. However, interview records were not fully completed for four of the staff files we looked at. There was no rationale why the staff should be employed. We reviewed this as a recording issue.

#### Learning lessons when things go wrong

- There was evidence of lessons learned and improvements being made.
- Records we reviewed identified not all staff were confident to report and escalate incidents and concerns. The registered manager was addressing this. Staff had received a memo to highlight the importance of reporting issues and concerns. Safeguarding had been put on supervision discussions as an agenda item. All staff had been booked on a face to face safeguarding training session.
- One member of staff told us they had reported a concern to the manager, which was raised to the local safeguarding team and then investigated. Staff were confident the registered manager would investigate and report any concerns that were escalated.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed before they received care. Care records did not always ensure the consistency and effectiveness of people's care. Not all care files contained information for conditions that may affect their safe care and treatment. We were mindful care plan reviews were in progress. The registered manager told us issues to people's care records had been identified during the review process. They had a plan in place to rewrite all care plans and risk assessments for each person.
- People confirmed they had recently been involved with the process to assess their care needs. The registered manager told us they had created one-page profiles for each person to go into their property until the full care plan had been rewritten.
- Concerns had been raised that people had not always received their care call at the time they had requested. Historically coordination of care calls had been erratic. Staff were working over and above working time regulations. Staff were not having travel time and breaks incorporated in the rota. People told us they didn't know who was attending their care call or when.
- During the inspection we found the staff rotas had been reviewed and restructured. The registered manager identified staff availability and tailored care calls to meet people's needs. People confirmed there had been some improvement.

Staff support: induction, training, skills and experience

- We received historic concerns that staff had not received sufficient training to meet all people's needs. We reviewed the training monitoring system and found 50% of mandatory training and 40% of required training had been completed. The registered manager said they had implemented a time scale for staff to complete relevant training. Staff who failed to meet this deadline will be invited to a meeting to address this.
- Although some staff had received E-Learning training. We received mixed comments from staff regarding their training experience. One staff said, "I have had online dementia training, but had not had any training in a lot of conditions and rely on care plans to deal with this. Another staff member told us they had online training and face to face training this month. One person who used the service said, "I don't know about training – I'm sure [name of the registered manager] is on to it."
- Staff had not always been effectively supervised or supported for their roles and responsibilities. One staff said, "Supervision and team meetings have just started in the last month. The support given is improving but the communication still needs a lot of work." Another member of staff said, "We have supervisions every two months, team meetings I think is six months although this has been hard during the pandemic." The supervision that had taken place was used to check staff knowledge and identify training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain and improve their nutrition when needed. One person told us, "I choose what I want to eat, they [staff] always leave a glass of water nearby."
- Face to face training had been arranged in March 2021 for nutrition and food safety. Staff were fully aware of the importance of following food hygiene training recommendations. One staff told us to prevent food poisoning, ill health, to stop bacteria growing we need to know about cross contamination and the affects it has for people.

Staff working with other agencies to provide consistent, effective, timely care

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff had received training in MCA in February 2021. Staff followed the principles of MCA and obtained people's consent to care and treatment.
- People's care plans showed how individual care was to be delivered, in line with their consent.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain or improve their health. They had access to external health care professionals when needed.
- Where incidents or concerns had been identified regarding people's health relevant professionals were contacted. An advocate told us the agency communicated well to arrange smooth transition from hospital back to the persons home. They said the agency had always gone above and beyond to increase support or to be there at a certain time to sort out transport.
- The service were working with the local authority, following recommendations and good practice to ensure there was consistent effective care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality and diverse needs were assessed when their care packages were devised and agreed with them or their representative.
- People told us staff treated them with respect and dignity. Staff were mindful to ensure people were included and their choices adhered to. One person said, "The care they give is excellent, the care has been very good from the onset, and the organisation is being sorted out." Another person said, "They [staff] always treat me with respect and are polite and most helpful." One relative told us on the whole the staff are caring and compassionate.

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

- People were involved in reviews of their care and making decisions about their care needs.
- Telephone monitoring calls and quality surveys had been reviewed and implemented. We saw outcomes from the January 2021 quality survey review. One person identified that staff had not been trained in how to put support stockings on. The registered manager was arranging training with a district nurse team. This meant people were being listened to.

Respecting and promoting people's privacy, dignity and independence

- Overall people were satisfied with the care they received. People told us they liked regular care staff attending to their needs. People confirmed staff were caring and polite. One said, "They do seem to be caring and compassionate."
- One relative said, "The carers are caring. Things are going smoothly, we have the same staff they are really good. [Named care staff], absolutely fabulous. They take my [relative] into the bathroom, so that they can do things for themselves, for example, brush her teeth. Staff make sure that she has music on in her bedroom when she goes to sleep."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Overall, people received co-ordinated and personalised care to meet their needs and preferences. People who preferred female care staff were accommodated. One person reported in the provider's quality monitoring survey, "Used to get male carers but this is resolved now." This meant they had made a preference not to have a male member of staff providing their care.
- Staff received regular emails to ensure they were kept up to date with people's care needs while care plans were being reviewed. People confirmed they had been involved with care reviews recently. Staff confirmed they were kept up to date via email and the daily logs kept on the care file in people's home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider was meeting AIS for people's care. One person with a hearing impairment had face to face contact with the registered manager when they needed to discuss care needs or changes.
- People had requested a rota as historic concerns had been raised regarding "I don't always receive a rota." The registered manager told us they had implemented sending people and their family a copy of the weekly rota.

Improving care quality in response to complaints or concerns

- People were informed and supported to raise concerns or complaints about their care. The provider's complaints procedure and monitoring systems ensured complaints were dealt with in a timely manner. People confirmed when they made a complaint the service responded to their concerns and took action if required. For example, one person said, "There was an incident where I had a disagreement with a carer. I have said that I won't have them in the house. I rang the registered manager, and she sorted it out, she was fantastic. When I have a problem, they resolve it as quickly as possible."
- Regular reviews were carried out for complaints and concerns to help improvements to the service and identify lessons learnt.

#### End of life care and support

- There was no one on end of life care at the time of the inspection. However, the registered manager told us end of life training had been arranged. We saw 20 staff had completed face to face training for end of life care. This was also part of the service improvement action plan.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider was not always following their safeguarding policy. We found some issues and concerns had been recorded but not escalated appropriately to ensure people were kept safe.
- MAR chart audit identified issues and concerns, such as, missed signatures, but there was no recorded for what relevant action had been undertaken to mitigate the risk of this happening again.
- Risks that had been assessed were not always recorded to give instructions to staff to ensure they were mitigating all risk for people. The provider was in the process of rewriting care plans and risk assessments and were working to a time scale of five care plans per month this meant people's care risk may not be fully identified in a timely manner.
- Staff interviews had taken place, but the interview notes were not fully completed to give a full picture of why the member of staff had been successfully recruited.

The provider failed to ensure their systems and processes to keep people safe were working effectively and could not assure the Commission they had good governance systems in place. This was a breach of regulation 17 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager in place at the time of the inspection understood their role and responsibilities. They were open and transparent. Staff were confident improvements were being made. One staff said, "I feel a lot of things have changed for the better, the registered manager has made a great impact on running the service."
- People and their relatives gave positive feedback and believed the service had improved. One person said, "Registered manager [Name] has made a difference. They are visiting tomorrow to get facts sorted out and get everything up to date." Another person told us the manager had done so much work to turn the service around. They said they were thinking of leaving, but since all the changes, they had decided to stay. They said, "The service is very good at working with you now, as regards to appointments, and seem concerned about the health and safety of their staff. "
- The management team made a consistent effort to learn from mistakes, they took a proactive approach to address issues and concerns. The registered manager undertook investigations and kept staff informed of any changes that could affect people's care. They led by example.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal

responsibility to be open and honest with people when something goes wrong

- People's care and support were not always effective to ensure they achieved good consistent outcomes.
- There had been historic concerns with the provider in the way the service was run. A significant service restructure was in progress. The local authority had suspended the service contract and were working with the provider to ensure significant improvements were made.
- Additional management support was introduced to help direct the service improvement. However, these improvements were not fully embedded or sustained at the time of our inspection.
- Staff followed the provider's policy and procedures for the safe handling and storage of people and staff confidential information. This was in line with national guidance.

Continuous learning and improving care

- The registered manager was working towards a robust action plan. We could see some improvements had been made, however they were not fully embedded and sustained to ensure care and support would be effective.

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

- People are encouraged to share their views. The provider's representative also had regular meetings with people and helped them voice their opinions. One person told us the senior staff come and ask questions about how they were getting on with the service. A relative confirmed the service completed telephone reviews.

Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to ensure the service people received was person centred.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not operating effective systems and processes to enable them to fully monitor and manage risk to the health, safety and welfare of people who use the service.</p>