

P C S Care Limited

Kareplus Worcestershire

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

This announced inspection took place on 3 and 8 February 2016. We gave the manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in either their own home or a family member's home as we needed to be sure someone would be available at the office.

Kareplus Worcestershire is registered to provide personal care to people. At the time of our inspection 73 people received care and support.

There was no registered manager in place for this service. A manager was in place and had applied to register with the Care Quality Commission. 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 carried out a comprehensive inspection at this service on 27 and 29 May and 8 June 2015. A breach of a legal requirement was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirement in relation to the breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was due to shortfalls in good governance.

In addition to the breach in Regulation we also found areas where improvement was needed to ensure the service provided support to people to ensure it was safe and met their identified care needs.

At this inspection we found action had been taken to ensure people received a service which met their identified care needs. The provider had taken appropriate steps to improve systems to ensure good governance. Systems were in place to monitor the quality of the service provided and staff were supported in their work.

People and their family members were confident in the service provided. Staff were knowledgeable about how to protect people from the risk of abuse. Care plans and risk assessments had been reviewed and updated to provide staff with the information and guidance needed to care and support people safely.

People told us staff treated them with respect and their privacy and dignity was maintained while care was provided. Staff had knowledge about people's care needs and how these were to be met. People received their medicines as prescribed and staff supported people to have their healthcare needs met.

Before new staff started working for the provider checks were carried out. Induction training was in place to support new staff members. Induction training including spending time with experienced members of staff and getting to know people who used the service was in place.

People's consent was obtained before care and support was provided. People and their family members

were aware of how to raise concerns about the service provided with the manager.

Staff felt well supported and were complimentary about the management. Staff had received training to provide them with the knowledge they needed to support people safely. Meetings were held for staff to discuss the service. Staff attended regular one to one meetings and had their practice checked while they were providing care and support to people.

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 felt safe when they received care and support from staff members and they were aware of who was going to visit them. People were protected from risks of harm as assessments were in place to guide staff. People's medicines were administered as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew how to meet their individual care needs. People received care from staff who were aware of people's rights to make decisions and choices about their own care.

Is the service caring?

Good ●

The service was caring.

People received support from care workers who were caring. People's right to privacy and dignity was respected while they received personal care.

Is the service responsive?

Good ●

The service was responsive.

People had involvement in planning their care and support. People were reassured any concerns they had would be responded to.

Is the service well-led?

Good ●

The service was well led.

We found that action had been taken to ensure people were protected from risk as the manager had systems in place to monitor the quality of the service.

People were complimentary about the management and the service provided. Staff felt well supported and listened to.

Kareplus Worcestershire

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.

The inspection took place on 3 and 8 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

This inspection was carried out to check that improvements to meet the legal requirements planned by the provider after our inspection on 27 and 29 May and 8 June 2015 had been made. We inspected the service against all five of the five questions we ask about service: is the service safe, is the service effective, is the service caring, is the service responsive and is the service well lead. This was because the provider was not meeting one of the legal requirements.

We looked at the information we held about the provider and this service, such as incidents, deaths or injuries to people receiving care, this includes any safeguarding matters. We refer to these as notifications and the registered provider is required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the service provided. The local authority is responsible for monitoring the quality and funding for some people who use services.

We spoke with six people who used the service and three relatives. We spoke with five members of staff, the deputy manager and the manager.

We looked at the records of four people as well as medicine records. We also looked at quality audits completed by the manager and other members of staff as well as staff records.

Is the service safe?

Our findings

At our last inspection in May and June 2015 we found improvement was needed in the management of medicines. We previously found staff were not reporting changes in people's medicines in order for the records and care plan to be amended and updated to ensure these were administered safely. During this inspection we found the provider had made improvements.

Some people who used the service required support with the administration of their medicines and the application of creams. People we spoke with confirmed they received their medicines as prescribed and staff we spoke with were aware of people's needs regarding their medicines. One person told us, "I always receive them (their medicines) and they are always right." Another person told us, "They (staff) make sure I take it (their medicine) as I can't manage it myself. The senior (team leader) got in touch with my GP when one of the tables changed and now the staff administered that one as well."

We were told team leaders went to each person's house every month with new medicine records. During this the medicines were checked to ensure the records held matched what people were prescribed. People and their relatives told us a team leader would amend the medicine records once they were informed of changes to any of the medicines.

People who used the service told us they felt safe when they received care and support from staff who worked for the agency. One person told us, "I feel safe with them (staff members). They always double check when the gas is used to make sure it's safe." Another person told us about staff, "I feel safe in their hands." A further person when talking about staff told us, "I feel I am definitely safe with them".

People told us they received care from people they knew and trusted. Although for some people the staff visiting them had recently changed they felt staff were aware of their care needs and that this made them feel safe. We were told people had been introduced to the staff who would be providing their care.

We spoke with some relatives about the care of their family member. One relative told us, "I feel safe to leave [family member's name]. They (staff) will look after [family member]. I feel reassured. Feeling safe is not a luxury it's a necessity". Another relative told us, "I feel [family member] is absolutely safe because of their trust in the staff providing care.

All the staff we spoke with knew of their responsibility to report any concerns they had regarding people's safety such as in the event of suspected abuse. One member of staff told us, "I would inform the office if anyone was abused." Staff we spoke with were aware of other agencies who could be involved in the event of a person being subjected to abuse.

Risk assessments were in place and were reviewed and update. These covered a range of potential risks and included environmental risks within people's homes. Appropriate risk assessments were in place for identified risks, for example, medicines and use of equipment within the home. These risk assessments were relevant to the person concerned and matched information seen within care plans. Where equipment was

to be used detailed guidance for staff to follow was available. Staff we spoke with were aware of the risks and how they were to be managed.

We found the provider had sufficient staff to cover the number of calls they needed to provide. People we spoke with as well as family members told us care workers usually arrived on time. Staff we spoke with believed they had sufficient time to travel between calls. People told us if staff were going to be late they were informed by office staff there was going to be a delay. We spoke with staff at the office who confirmed they expected staff to inform the office staff if they were going to be quarter of an hour late.

The provider had systems in place to ensure visits were made. Staff were required to 'log in' when they arrived at people's homes and 'log out' just before they left. Office staff were able to monitor this and follow up with staff if they appeared to be late for a call.

The provider had completed checks to ensure suitable staff were employed to provide care and support to people in their own homes. They had carried out a Disclosure and Barring Service (DBS) check before staff commenced working at the agency. The DBS is a national service and helps employers make safe recruitment decisions. We spoke with a newly appointed care worker who confirmed they had attended an interview and confirmed they had a DBS carried out before they carried out any visits as part of their induction training.

Is the service effective?

Our findings

At our last inspection in May and June 2016 we found some training was needed for care workers to provide suitable and safe care and support. During this inspection we found improvement had taken place and staff had where needed received specialist training. For example when working with a specific piece of equipment.

People we spoke with told us staff who supported them knew them well and understood their care and support needs. People told us they had found staff to be knowledgeable and understood how to support them to ensure their needs were met. One person told us, "All the staff know what they have to do." Another person described the staff who visited them as, "Effective and they get the job done."

A relative told us, "They (staff members) are trained individually" in providing the support their family member required. They know what they are doing and are aware of any potential problems." All the staff we spoke with told us they received regular training and felt they had the skills to meet people's needs. One member of staff told us "I find the training to be very interesting. Every time we do refreshers I learn something different. I have learnt how to assist people to move safely." Fact sheets covering medical conditions such as diabetes were included in people's care files to remind staff of the training they had undertaken.

A newly appointed member of care staff told us they, "I went around with experienced staff at first and was able to read people's care plans. This was until I felt confident about going out on my own". The same member of staff told us they had attended induction training and had found it to be useful before they commenced work. The staff member said they had received sufficient training before they started work to enable them to provide the care and support people required.

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.

Staff we spoke with had an understanding of the MCA and had received relevant training. People we spoke with told us staff always asked for permission before they supported them. One person told us, "They (staff) always ask permission before they provide my care" and added that staff would not do anything without their permission. Another person told us, "They will do whatever I ask them. They never do anything without checking with me first." Staff we spoke with confirmed they always sought permission from people prior to providing care and support. One member of staff told us people they visited were able to say what they wanted and when they wanted it. The same staff member told us, "I always ask. It's important to offer a choice even if the person always has the same."

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. We checked whether the service was working within the principals of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The manager confirmed they had not needed to make any applications to the Court of Protection for approval to restrict the freedom of people who used the service. The manager told us nobody had any best interest decision regarding the care provided.

Staff told us they supported some people with the preparation of meals. People we spoke with were happy with the arrangements and confirmed staff provided the required assistance they needed to ensure they received food and drink. One person told us staff, "Always ask if I want breakfast and offer a choice of tea or coffee with it." Another person told us they were confident staff would be able to assist them with meals if they needed assistance at some point in the future.

People we spoke with told us they received support with their healthcare needs if needed. One person told us, "I have to go to the GP tomorrow and feel I need help as not up to going on my own. They (member of staff) are going with me. Staff we spoke with confirmed either they or other colleagues had in the past contacted the emergency services or healthcare professional either directly or by contacting the office if they had come across someone who was unwell.

Is the service caring?

Our findings

All the people we spoke with were complimentary about the staff who provided their care and support. One person told us, "I feel I am well looked after. They (staff) provide a good service to me." The same person added, "I am lucky to have found them." Another person told us, "Staff are always so pleasant and positive with me. They are good with my pets and that is important to me." A further person told us, "They get me up and dressed and always have a smile on their faces." The same person also told us staff, "Make a difference to my life. I was poorly but now feel I can rely on them. They are brilliant."

A member of staff told us, "I would recommend the care provided. The staff I have seen have all been very caring and do a good job." Another member of staff told us, "I want to make sure people have the care they should have."

People told us they received care from a regular number of staff and that this was important to them. Some people who used the service had recently had a changed to the staff who supported them. People told us they were introduced to the staff who were going to provide their care. One person told us, "I have never come across a bad one (staff member)."

People told us they were listened to by staff who supported them and were involved in the care provided for them. One person told us staff encouraged them to participate in their own care and that staff would assist them as needed. For example when they needed additional support in meeting their personal care needs. A relative told us staff had, "Brought in the outside world" as staff regularly discussed outside interests with their family member. The same relative told us their family member was pleased to be involved in discussions because it gave them, "Self-worth." We were also told us they and their family member were involved in the care provided and felt confident in the care received and their ability to request a different member of staff if they did not get on with an individual.

People we spoke with confirmed to us staff who visited them were respectful at all times and maintained their privacy and dignity. People told us staff members took steps to ensure their dignity was maintained. For example people told us that staff always shut their bedroom door and curtains before they provided any personal care. One person told us, "They are very good in my experience when dealing with my dignity." Another person told us, "Staff never rush me" and, "They have a very good system in place to afford dignity" mean staff always ensured their dignity was respected. A relative told us, "I am happy with the way the staff maintain the privacy and dignity for my [family member]".

We spoke with staff and they were able to tell us how they ensured people's privacy and dignity was upheld. Staff were aware they were working in people's own homes and understood how they needed to be mindful of this while providing care and support.

Is the service responsive?

Our findings

At our last inspection in May and June 2015 we found improvement was needed to ensure care plans were reviewed and reflected people's care needs. This information needed to be available to staff to ensure they were able to meet people's needs. We found improvements had been made.

People we spoke with told us care plans were available in their own homes. People confirmed they were consulted about their care plan and felt they had an input into the contents. We found people's care plans had been reviewed since our last inspection and further updates had been recorded to reflect the changing needs of each individual. We saw care plans were amended when people's needs changed and were reviewed to evidence no changes were necessary with the current plan. Staff told us they were involved in reviewing care plans to ensure they contained the correct information about how people's needs could best be met.

We spoke with staff and they were able to describe the care and support people required. Staff confirmed they were informed of changes in people's care needs by team leaders and were able to read the amended care plans. Staff told us they informed colleagues at the office if they identified a change in people's needs so a team leader could make the amendments to the care plan or reassess people's needs.

People told us they were cared for by staff who responded to their individual needs. The manager told us they tried to ensure consistency in the care and support provided to people by ensuring the same staff visited people where possible. One person told us they liked the, "Respect they had for the staff who visited them and had built up a relationship with them. Another person told us, "I more or less get the same person every day" meaning they received consistency in the staff who visited them. A relative told us they were pleased as their family member was receiving care from, "More regular" staff.

People and their family members confirmed staff arrived on time and remained for their full allocation of time. One person told us, "Staff are rarely late and I know what time they are coming more or less". People we spoke with said when new staff did start they were regularly introduced to them by existing staff such as a member of staff from the office. A newly appointed care worker told us, "I met everybody before I started work on my own." People also told us they were informed of changes in who was supporting them. For example if a member of the care staff was absent from work for a while.

People and their relatives felt the manager and office staff had responded well to their requests to changes in the care provided such as changes to the timing of their visit. For example one relative told us staff at the office, "Have altered the schedule to accommodate me."

People we spoke with were happy with the service they had received from the provider. People knew they could contact staff based at the office in the event of them having a concern about the care and support they had received. One person told us, "I am sure they would listen and would go out of their way to sort any problems." A relative told us, "I can't fault them" however they were confident they could raise concerns about the service if they needed to do so. We saw were the manager had received complaints these had

been taken seriously and the matters were addressed to prevent further incidents happening in the future.

Is the service well-led?

Our findings

At our inspection in May and June 2015 we identified shortfalls in how good governance was managed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the registered provider what actions they were going to take. We received an action plan telling us of the actions they had undertaken and continued to take. At this inspection we found these actions had been completed and improvements had been made.

The manager was aware improvements had been identified following the previous inspection to ensure people received a quality service. Since our last inspection the audits carried out on documents completed by staff had increased. Systems had been introduced to audit the care records and medicine records on a monthly basis for everybody who received care and support. We were informed that records are returned to the office during the first week of each month. Audits took place to ensure staff had recorded the care they had provided as well as monitor for any changes in people's needs. This was to ensure care plans and risk assessments were an accurate reflection of people's needs and to ensure safe care was provided.

People we spoke with were aware of the manager and told us they had found her to be approachable when they had spoken on the telephone. They told us they were able to contact the office and speak with staff when they needed. People we spoke with were confident they could make changes in the arrangements regarding their calls and the package of care provided for them. One person told us, the staff at the office are, "Very good". Another person told us, "The office staff are helpful and kind" and "Very good".

The manager had a good knowledge of the care needs of people who were in receipt of care and support from staff. During the inspection we heard the manager on the telephone discuss people's care and make arrangements to make changes where needed. We found they were able to describe people's care needs and were aware of the number of calls each person received on a daily basis. This provided the manager with an overview of the services they managed to make sure people received a good standard of care.

The manager understood their responsibilities in reporting incidents which potentially placed people at risk of harm. In addition to this the manager had taken action to make sure the risks to people were reduced with their safety promoted, such as, making sure staff competencies were regularly checked and any further training they needed to enable them to fulfil their roles was arranged.

Staff we spoke with told us they enjoyed working for the registered provider and confirmed they felt supported. One member of staff told us, "I enjoy working for them". Another staff member told us, "I am quite happy here" and told us they had no plans to leave. Staff we spoke with felt reassured they would receive support and guidance at a time they needed it. They were all complimentary about their colleagues who worked in the office. One member of staff told us, "I can't fault the management. Another member of staff told us, "I feel I can come into the office at any time to discuss any concerns or worries I have about people I visit." Staff confirmed they were able to attend meetings at the office. As part of these meetings staff were made aware of any outcomes from audits and where improvement was needed including strategies to bring these about. Staff told us they were able to add items to the agenda and were able to

raise matters and discuss them together to benefit staff and outcomes for people who used the service.

Staff told us they knew about the provider's whistleblowing policy and procedure. They spoke highly of the manager and felt confident about reporting any concerns to the manager. One member of staff told us they were, "Relieved" when they heard the manager intended to stay working for the registered provider. Another member of staff told us they found the manager to be, "Very Approachable" and if they had any problems they could discuss these with her. Another member of staff told us they were confident the manager would deal with any concerns raised while a further member of care staff told us the manager was, "Always available for guidance".

The manager assured themselves people were satisfied with the quality of their care and support by asking people for their views in a number of different ways, such as care plan reviews and assessments. People we spoke with confirmed checks were undertaken by office staff to ensure staff provided the care and support identified within their care plan. One person told us, "These checks reassure me" because the care provided was monitored by senior staff. The same person told us they could comment on their care if needed and it gave them a chance to raise any worries they had. We were told by one person that we should have no worries about staff because they had, "A good set of people working for them." Staff we spoke with confirmed unannounced checks (spot checks) to make sure care staff delivered the service as agreed to make sure staff delivered the service people needed as agreed. They valued these checks and the feedback given as this helped them improve their practices to benefit people who received services.