

Alcedo Blue Limited

Kare Plus Southport

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 15 and 16 October 2018 and was announced.

This was the first inspection of Kare Plus (Southport) since it was registered in December 2017.

Kare Plus (Southport) operates as a franchise of Kare Plus. It provides care and support to people in their own homes including; companionship, home help and personal care. This report focuses on the experiences of people who received personal care as part of their support package. The people currently using the service are older people, some of whom are living with dementia.

At the time of our inspection Kare Plus (Southport) was providing a service to 35 people. There were 23 people receiving the regulated activity of personal care.

The service had a registered manager in place at the time of the inspection.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People received personalised care which was responsive to people's needs and wishes. Staff were knowledgeable regarding people's support and how they wish to be treated in their own home.

People had a plan of care which was centred around their individual support needs. This included some information about their routines, likes, dislikes, preference and choices to enable staff to deliver this how they wished. We found some inconsistencies in the detail recorded and we discussed with the registered manager way of improving these records to provide more individualised care records.

Risks to people's health and risks identified within people's homes were identified during an initial assessment and control measures were put in place to minimise these risks to provide safe care.

People and relatives were complimentary regarding the caring and polite attitude of the staff. Staff respected people's right to privacy and to be treated with dignity.

The registered manager ensured a consistent staff team to support people in their own home.

Communication between relatives, people being supported, staff and senior management was effective.

Staff members we spoke with fully understood the importance of acknowledging people's diversity, treating people equally and ensure that they promoted people's rights.

People who required support with their medicines received them safely and the staff had completed training in the safe administration of medicines, which included observations and competency assessments. Medicine audits were completed to look at errors and lessen the risk of re-occurrence.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Staff had received training in the protection of adults and knew what action they should take if they suspected or witnessed abuse.

The provider understood the legal requirements of the Mental Capacity Act 2005 (MCA) and took the necessary action if they had concerns about people's capacity. We spoke with the registered manager regarding better recording of outcomes from the mental capacity assessments to ensure people were fully protected.

People were very much encouraged to have choice and control of their lives and were involved with decisions about their support. Their consent was sought around day-to-day decisions.

Staff received regular support and training to keep up to date with best practice. Staff told us the training programme was good and provided them with the skills to support people safely.

We saw liaison with community based professionals to support people in their own home thus maintaining their health needs and independence.

People were fully supported to follow their chosen interests and maintain relationships with relatives and friends that mattered to them.

People had access to a complaints procedure. Complaints received were logged, investigated and responded to. No one at the time of the inspection raised any concerns, all the feedback we received was very positive.

Quality assurance processes were in place to monitor standards and lead on improvements. This included quality checks on how the service was delivered and seeking people's views about the agency. Feedback from people and their relatives informed us the agency was well managed and staff well trained.

Further information is in the detailed findings below.

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.

Systems and processes were in place to protect people from the risk of abuse and neglect.

There were enough staff employed to help ensure people were cared for safely.

Staff had undergone recruitment checks to ensure they were suitable to work with vulnerable adults.

Risks to people's health and within their homes were assessed and minimised to ensure people's safety. Plans were put in place to maximise people's independence whilst helping ensure they are safe.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to enable them to work safely and effectively.

People's nutritional requirements were assessed and staff provided dietary support when required.

People's care documents showed details about people's medical conditions and appointments with community health professionals such as GPs and district nurse teams to help support people in their own home.

People were asked for their consent to the care and support they received.

Is the service caring?

Good ●

The service was caring.

People were positive regarding the caring, professional and helpful nature of the staff who supported them.

People received their care and support from a consistent staff team which helped to forge friendships.

People we spoke with and relatives told us the staff communicated with them effectively about changes to care and involved them in any plans and decisions.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned and the majority of care records seen provided evidence of care that was based around people's individual needs and preferences.

A process for managing complaints was in place and people we spoke with and relatives knew how to complain. Complaints received had been investigated and responded to.

There was a system in place to obtain feedback from people so that the service could be developed with respect to their needs and wishes.

Is the service well-led?

Good ●

The service was well led.

A registered manager was in post. They and the management team led by example to provide a quality service which considered people's views.

Feedback about the registered manager leadership was good and the management team's commitment to maintain standards and lead on improvements.

The registered manager was developing links with community organisations and community health professionals to maintain good standards of care based on best practice.

Quality assurance systems were robust and provided good evidence of how standards were monitored to assure the service provision.

Kare Plus Southport

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 was 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 15 and 16 October 2018. The provider was given 48 hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection process.

The inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service; the Expert by Experience carried out telephone interviews to people who used the service and relatives where appropriate.

Before the inspection we reviewed records held by CQC which included notifications and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law.

Before the inspection we received a completed Provider Information Return (PIR). This document gave the registered provider the opportunity to tell us about how the service delivers safe, effective, compassionate and high-quality care to people and what plans they have in place to continue to make improvements to the service. We contacted the local authority commissioning team to ask for their views. They did not raise any concerns at this time. We used all this information to plan how the inspection was conducted.

During the inspection we visited the agency's office and looked at a selection of records and documents relating to the service. This included, assessments of risk and care planning documents, medicines records, complaints, audits, governance records, as well as policies and procedures. We looked at the recruitment records of four staff members and the current staffing rotas.

During the inspection we met and spoke with the registered manager, two directors for the organisation, the training manager, a field care supervisor and office staff. We also met and spoke with five staff (carers). As

part of the inspection we carried out telephone interviews with six people who used the service and two relatives. We received feedback from a community-based health professional who had contact with the service.

Is the service safe?

Our findings

People said they felt comfortable and safe in their home environment when visited by the staff from the agency.

Safeguarding policies and procedures were in place and staff demonstrated a good understanding of safeguarding to help keep people safe and protect them from harm. Training records confirmed staff had undertaken safeguarding training within the agency's recommended guidelines. At the time of this inspection no safeguarding concerns had been raised within the service or with the Care Quality Commission. Further policies and procedures were in place to offer boundaries and direction to staff in relation to keeping people safe from exploitation. For example, whistle blowing and a key holding policy which provided staff on guidance around the use of key codes for people's key safes.

Risks to people's safety were assessed and plans were put in place to minimise risk of harm and provide safe support. This included risks associated with people's health, such as their mobility and within their home environment. Plans were in place to support people to be independent in their own home with staff support and the use of equipment to ensure their safety. Risk assessments were reviewed on a regular basis and updated to reflect any change in risk. Manual handling risk assessments did not always identify the number of staff required to support people when staff were using equipment such as a hoist. Staff told us this was always carried out by two staff in accordance with the agency's policy for moving people safely. The registered manager told us they would update the moving and handling risk assessment with this information. Staff received fire prevention training so that they knew what to do in the event of a fire.

Accidents and incidents were recorded and monitored by the registered manager. Staff told us how they had managed an accident such as, a person falling in the home and reporting systems. We saw robust reporting procedures for accidents or incidents. These were analysed to track through actions taken to ensure people were supported safely and to share lessons learnt with the staff. To support people's safety staff ensured people were wearing their 'life line' before finishing their visit. This helps to ensure people receive support in an emergency.

Staff had been recruited safely to ensure staff were suitable to work with vulnerable people. This included photographic identification, references from past employers and a Disclosure and Barring Service (DBS) check. DBS checks are used to help employers establish if applicants are suited to working with vulnerable people. We spoke with staff who told us they felt the registered manager had been thorough in their recruitment.

The PIR stated, 'Staffing levels are an important aspect of providing safe and effective care'. We found there were enough staff to provide safe support for people in their own home; ongoing recruitment ensured staffing numbers remained consistent so that as new care packages were taken on board these could be met safely and effectively by the staff team. Staff told us they received their staffing rotas on time and in most cases, they attended to the same people to provide a consistent staff team. Staff were issued with a mobile phone which enabled them to log the times that they had arrived and departed from people's

homes. This helped to monitor people were receiving their visits when they should and to ensure the safety of the staff.

Medicines were administered safely by staff who had completed medicines training and who were deemed competent. Staff completed medicine administration records (MARs) following administration of medicines. Staff told us they felt confident administering medicines and that spot checks were carried out to ensure their medicines practices were safe. When reviewing the application of creams, we saw the MARs did not always identify the area of the body where the cream should be applied. We discussed with the registered manager the use of a body map to record the area of the body where creams should be applied, following instructions from the prescriber. We also advised the registered manager to record two staff signatures for hand written entries on the MARS to promote safe transcribing. The registered manager said these two points would be actioned.

People had a plan of care for their medicines. The information recorded included specific details, for example, if a medicine should be swallowed whole and now chewed. This supported the safe administration of medicines.

People were protected from the risk of infection by staff who were appropriately trained. Staff told us they had access to personal protective equipment (PPE) which included disposable gloves and aprons.

Is the service effective?

Our findings

People spoke positively about the staff that supported them and they received a good standard of care. With regards to their family member, relatives told us the staff team were, "Prompt and considerate to their needs" and "Skilled and well trained in supporting them."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 demonstrated an understanding of the Act though we found not all the mental capacity assessments were sufficiently detailed as to the outcome and subsequent agreement to the care and support people needed should a person lack capacity to make decisions. The registered manager provided evidence of further documentation which could be used to support this area of practice and they would seek further training to support their knowledge.

In community based services applications to deprive people of their liberty must be made to and granted by the Court of Protection. At the time of this inspection none of the people using the service had an order under the Court of Protection.

The PIR stated, 'When completing assessments/care plans/reviews with our clients, we ensure we ask the client to give their consent to care, treatment and support'. The care files we looked at contained signatures of people stating their consent to receiving care and support. Where people had nominated others, for example a family member to speak on their behalf, this was recorded in people's plan of care. Staff told us they always gained people's consent prior to supporting them with any task. A staff member said, "I would not just go ahead, I always ask first." People and relatives told us they were involved in making decisions regarding their care and support needs.

Communication between people being supported and staff and senior management was effective. All the people we spoke with, including relatives felt they were kept up to date with any changes regarding people's care.

We looked at how staff offered nutritional support to people. The registered manager told us the staff were not supporting any one at this time with specific dietary requirements. Staff undertook shopping and meal preparation; records were kept of people's dietary preferences so staff knew what people liked to eat. The registered manager was aware of the referral process should be a person need the support of a dietician.

People's health needs were detailed in their care plans and support was accessed appropriately to keep people well. This included advice from the district nurse team and people's GP. Staff provided us with examples when there had been a change in people's general condition and they contacted a GP for advice. This helped to ensure people received prompt medical assistance. People told us the staff helped them with medical appointments and we saw these were recorded in people's plan of care.

Staff received training to provide them with the skills, knowledge and expertise to provide safe and effective care. Staff training included, moving and handling, medicines, infection control and mental capacity. More specific training had also been recently introduced to support the staff's learning. For example, dementia care and stoma care. Staff said the organisation's training programme was ongoing and provided them with the information they needed to carry out their role safely.

Staff told us they received good support from the registered manager and this included supervision and staff meetings. Supervision sessions between staff and their manager give the opportunity for both parties to discuss performance, issues or concerns along with developmental needs. We saw dates of supervision meetings and these were held regularly. The registered manager had yet to hold staff appraisals; these were due December 2018. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

New staff were enrolled on the Care Certificate. The Care Certificate is a nationally recognised set of standards for people working within health and social care. During the inspection five staff were attending a two-day induction at the agency's office. A new member of staff told us they were enjoying the induction and that it was informative and well presented by the agency's training manager. For new staff they worked alongside a more senior member of staff as they became familiar with people's needs.

A number of staff had completed external courses in care such as, National Vocational Qualifications (NVQs) to support their professional development. NVQs are work based qualifications which recognise the skills and knowledge a person requires to do a job and help them carry out the tasks associated with their job role.

Is the service caring?

Our findings

People told us that staff were caring, respectful and kind towards them. People said, "All my carers are very caring and considerate. They respect my privacy and dignity and (Staff) is caring, considerate, (staff) helps me with my grocery shopping, (staff) is more like a friend than a carer" and "Professional, caring and friendly, very nice people." Another person told us how their carer had become their friend as they shared common interests.

We saw how standards pertaining to respect and dignity were reinforced through staff training and the management approach. The senior manager undertook spot checks to ensure staff were working in accordance with people's plan of care but also to ensure people were treated in a respectful manner.

The registered manager informed us that where possible people introduced to staff before they provided care, as a mark of respect and for staff and people to get to know each other prior to the visits commencing. People told us received consistent care and support from staff that they were familiar with. The PIR told us how the agency ensured people were matched, where possible, with staff who had the same interests as this helped friendships to develop.

Staff spoke warmly and positively about the people they were supporting. Staff were knowledgeable when discussing people as individuals and told us about the support they offered relatives and the importance of this. Staff told us visiting the same people supported close working relationships and friendships which they valued. A staff member said, "The people we look after and their families become our friends." When talking about the staff visits people told us they arrived on time and notified them if they were running late. A person said, "Everyone who comes are friendly and cheerful and always ask if there anything else they can do before they leave the house."

Staff told us how they promoted standards of privacy when supporting people with personal care and ensuring people's comfort and wellbeing before leaving. A staff member said, "We always make sure we respect people's wishes when helping them with washing and dressing, just as we would our own mum or dad." The registered manager advised us that people were asked if they would prefer a male or female carer to support them. Some people told us they had been offered this choice and their wish was respected. One person told us their initial choice had not been respected, however, once brought to the agency's attention this had been resolved.

Care files referenced individual ways that people communicated and made their needs known. For example, the need for staff to speak slowly and clearly and also the use of pictorial cards to help people's understanding of the spoken word. Care plans also referred to staff checking that people has their glasses and hearing aids to support their communication. For a person who had dementia, staff told us the importance of understanding how the person was each day as if tired or upset this could affect their communication and their approach would therefore be different. They told us they would respect how the person was feeling.

Staff understood their responsibilities in keeping information secure in people's homes. All information was safely secured and protected in line with General Data Protection Regulation (GDPR). Staff told us the importance of not sharing information outside of the work environment thus maintaining confidentiality.

We saw that people were supported to access advocacy services. Advocates are trained professionals who support, enable and empower people to speak up.

A customer guide and statement of purpose was made accessible to people using the service. This document contained information as to what services could be offered to people and what level of service a person should expect. In addition, this contained information in relation to how to raise a compliment or complaint about the service they received.

Is the service responsive?

Our findings

People and relatives thought the staff responded well to their individual needs. A number of people told us a staff member had gone through their care with them and they were involved with their plan of care. A relative said, "The team work collaboratively to support my husband in every way."

The PIR stated, 'To ensure our service is responsive to people's needs, we ensure our care, treatment and support is set out in a written care plan. We ensure that this care plan describes what the staff are exactly to do within the call and a step by step instruction of the call.'

We looked at three people's care files and each person had an individual plan which set out their assessed needs and how these should be met by the staff. This included the support people needed in relation to their physical, psychological and environmental needs, also their preferences and choices how they wish to be treated. For example, preferred drinks, clothing, bedding, bathing/showering arrangements and security checks before leaving people's homes. These records had been subject to regular review however we found some inconsistencies around the level of detail recorded to support a more individualised approach to care. This is important as this information support individualised care. We brought this to the registered manager's attention and they agreed that further information would be recorded to support more individualised care records. We were assured by the agreed measures. During the inspection no one raised any concerns with us regarding their care and it was evident that staff knew people's individual needs and how they wish to be supported in their home.

The PIR stated, 'We ensure staff understand human rights principles by respecting diversity, promoting equality and that everyone using our service receives safe and good quality care'. We saw the registered provider ensured that people were protected from discrimination. Everyone was treated regardless of age, gender, disability, religion/belief or race with care documents exploring different protected characteristics such as, age, gender, religion and disabilities. Staff received equality and diversity training to support their practices thus ensuring people were treated equally and fairly.

We checked if the provider was following the Accessible Information Standard (AIS). The Standard is to ensure that 'people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need'. The registered manager confirmed that documentation would be made available in easy-read or pictorial format to support people's individual needs. No one required these formats at the time our inspection.

Some people received support which centred on their social requirements. For example, staff took people shopping and helped to arrange social events. These were recorded and planned in accordance with what people wanted to do.

The registered provider had a complaints policy and procedure. The procedure for making a complaint was clear and people and relatives we spoke with were familiar with the complaints process. Complaints received had been logged, investigated and responded to. Complaints received had been resolved to the

satisfaction of all parties. We discussed with the registered manager the need for formal written feedback in accordance with the agency's procedure for responding to information of concern. The registered manager said this would be actioned for future complaints.

People's views were gathered via quality review forms. These were sent to people at regular intervals to establish whether people were happy with the service they received. People's and relatives' feedback about the management of the agency and the care received was positive. Comments included, 'all carers give high standard of care and (family member) enjoys receiving the care. The care is fantastic, all the carers are lovely, 'carers take great care of me and help me with everything I need. Carers give me a choice and offer me a choice at all times' and 'everyone pleasant and friendly', One person referred to the agency's prompt response in sorting out their care on discharge from hospital. For another person we saw where action had been taken in response to a person providing feedback about a carer turning up late. This included extending the travelling time between visits to people. The registered manager had taken swift action to address this.

No one required end of life care at this time. The registered manager said they would seek advice and working with community based health professionals at the appropriate time should the need arise. Staff received some end of life care training and we discussed with the registered manager the provision of further training to support staff's learning.

Is the service well-led?

Our findings

The registered manager was supported by two directors, two field care supervisors, a training manager and office staff to ensure the smooth management of the agency. Staff told us the registered manager was supportive and approachable. The directors visited on a regular basis and it was evident how they were involved on a day-to-day basis to support the overall management arrangements. The registered manager said they were fully supported by the directors and met with them each week to discuss how the agency was operating.

The PIR stated, 'We actively promote a supportive and open person-centred culture focusing and leading on the values that include compassion, dignity, independence, equality and safety which staff understand and practise. Staff know exactly what is expected of them and we ensure they are happy in their work. Our discussions with people, relatives and staff and review of documentation helped to support the agency's values with staff being well trained to deliver safe care and good outcomes for people. People and relatives told us they were happy with the services of the agency. People said, "Everything they do allows me to stay in my home and this is what I have wanted", "We are delighted with the whole service professionalism, high quality staff" and "Made me live again, kind and understanding they have made a big difference to my life, at this time."

We enquired about the quality assurance systems in place to monitor performance and to lead on continuous improvement. The registered manager could evidence a series of internal quality assurance processes and where actions were needed these had been taken in a timely manner and lessons learnt shared with staff. We saw these in key areas such as, medicines and checking the content of people's care files. We discussed with the registered manager more frequent care reviews to ensure people's care documents were more detailed to support personalised care. The registered manager said this would be undertaken to support this improvement. Care worker spot checks were also undertaken to observe staff thus providing assurance as to the staff's performance and quality of care people received. These also recorded good areas of care practice and standards and checks on people's welfare.

The registered manager showed us how the staff now had access to password electronic care records to support their care practices. This recent initiative had been well received by the staff. Future developments included closer working within the community, for example, arranging social get-togethers for people and relatives and access to community events which people may like to attend. The registered manager informed us of the plans for a Christmas party for people, relatives and staff which they were looking forward to arranging.

We found the culture of the service to be open and staff told us they felt confident raising any concern and that their views were listened to and would be taken seriously. Staff told us they enjoyed working for the agency and felt very supported by the registered manager. The registered manager had held one staff meeting over the 10 month period though staff told communication was good and they were informed of any changes within the agency or in respect of people's care. Staff said they 'popped' into the office at different times and received the advice they needed to support them in their work. Staff told us, "It's a good

agency and I would recommend it to anyone" and "I love working for the agency." The registered provider was keen to recognise the staff's hard work with a carer of the month award. There were plans to extend this to include the 'client's carer award'. A six weekly newsletter was also provided for staff, people and relatives to view about the agency.

The registered manager was aware of informing us of incidents and events which were notifiable under current legislation. This helped us to be updated and monitored key elements of the service. We saw how the service managed a potential incident which occurred during the inspection, their management was responsive and effective to ensure the safety of the person concerned.

The registered manager was developing links with community organisations and community health professionals to maintain good standards of care based on best practice.

From April 2015 it is a legal requirement for all services who have been awarded a rating to display this. This was the first inspection of the agency and the registered provider was aware that the rating would need to be displayed in the office and on their website.