

IQ Homecare Ltd

# Kare Plus Oxford

## 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

### About the service

Kare Plus is a domiciliary care agency. It provides personal care to people living in their own homes in Oxford and the surrounding areas. The service was providing personal care for 45 people.

Not everyone who used the service received personal care. 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.

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

People received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

We received positive feedback from people and relatives. The feedback reflected staff were very kind, caring and committed. People complimented the continuity of care provided by regular staff which contributed to building of meaningful relationships. Staff recognised what was important to people and ensured an individually tailored approach that met people's personal needs, wishes and preferences was delivered.

People were supported by caring staff that knew them well. People were supported to maintain relationships with their families and friends. People's independence was promoted, and they received support to achieve their goals and reduce social isolation.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

The service was well-led by a registered manager who was committed to improving people's care. The provider had quality assurance processes in place which were effectively used to drive improvement.

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

### Rating at last inspection

This service was registered with us on 05/04/2019 and this is the first inspection.

### Why we inspected

This was a planned inspection.

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Kare Plus Oxford

## 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 team consisted of an 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.

#### Service and service type

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

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

This inspection was announced. 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 15 December 2020 and ended on 18 December 2020. We visited the office location on 17 December 2020.

#### What we did before the inspection

We reviewed information we had requested from the service in relation to quality assurance systems and care records. We sought feedback from the local authority and professionals who work with the service. 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 looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with the provider, the registered manager and four members of staff including the care coordinator, senior care worker and care workers.

We reviewed a range of records. This included three people's care records and four medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at 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 meant people were safe and protected from avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff that knew how to raise safeguarding concerns. One member of staff explained, "If I was aware someone was being abused, I would make them safe, document it, report it to manager. Then I can go onto CQC and fill out a safeguarding form."
- The provider had safeguarding policies in place and the team reported concerns accordingly. Records showed the registered manager knew how to safeguard people and raised safeguarding alerts appropriately.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe.
- People's risk assessment included areas such as their mobility, environment, nutrition or medicine management. Staff were familiar with and followed people's risk management plans.
- People told us they felt safe receiving care from Kare Plus. One person said, "I've always felt safe with the carers, with everything they do. I'm given the help I need and have no concerns."

Staffing and recruitment

- The service had enough staff to ensure people were safe. People told us they never experienced any missed visits and always knew which staff member would be coming. One person said, "The carers I have, they ring the care company to tell them if they're going to be late, and then the company ring me. They say, 'that person on the rota can't come; is it all right if we send this other carer?' We get a list every Sunday."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines as prescribed. People and relatives told us staff supported them with medicines safely. One relative said, "The carers do a bedtime visit which includes medications, they take it out of the pack for [person]. It works well."
- Medicine administration records (MAR) were completed fully and accurately. Staff supporting people with medicines signed the MAR to confirm they had taken their medicines.
- The provider had a medicine policy in place which guided staff on how to administer medicines safely.

Preventing and controlling infection

- The provider had infection control policies and procedures in place. However, these could be improved and be more specific in guiding staff. We raised this with the provider, and they said they would review them.

- Staff received training in infection and prevention control and knew how to support people in line with current guidelines.
- People we spoke with told us staff followed safe infection control practices. One person said, "Because of the virus (Covid), the carers do everything with gloves, masks and aprons all, they adhere to government guidance. They wash their hands afterwards and only take off their apron as they leave."

#### Learning lessons when things go wrong

- The provider ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, audit outcomes were used as learning points to improve care.



# 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 meant people's outcomes were consistently good, and people's feedback confirmed this.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- The provider ensured people's needs were assessed before they received care from the service to ensure those needs could be met and individual care plans put in place.
- People's records showed they were involved in assessment and care planning processes. One relative commented, "The care company came and did an assessment. My [Person] was there and I helped him with answering a lot of the questions."
- People were positive about support received. One person said, "I feel the carers go the extra mile for me, they will help me in every way I ask."

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff. Staff completed training both on line as well as face to face in Covid secure environments.
- Staff told us they felt supported in their roles through one to one meetings with their line managers. One member of staff said, "Completed three-month probation and have had regular discussions. I feel fully supported by management."
- People and their relatives told us staff were knowledgeable. One person said, "We always have somebody who's fully trained. Sometimes they have a trainee with them but they always check that it's all right with us."
- Staff told us further training was available and the provider consistently offered it to ensure staff development.

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

- People's nutritional and hydration needs were met.
- Care plans gave detailed guidance on people's needs, including their preferences and any allergies.
- People's records showed staff worked closely with relatives to ensure adequate nutrition. One person commented, "The carers prepare my breakfast for me, and I tell them what I'd like."
- Some people were supported with preparation of meals and staff had received training in food safety.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner.
- The service was flexible enough to ensure people attended hospital appointments when required.

- People and their relatives told us they were supported to access on-going healthcare support. One relative said, "If there are any problems, the carers tell me so I can get the nurse out or pass it on to her when she comes on her visits."

#### Ensuring consent to care and treatment in line with law and guidance

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected and people were in control of their support. One member of staff explained, "Everyone has capacity unless deemed otherwise. We support people to make decisions in their best interest."
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. People were given choices as staff worked to the principles of the MCA. One person told us, "The carers always say, 'Would you like us to do this or do that for you do you want such and such today?' They always check."

# 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 meant people were supported and treated with dignity and respect; and involved as partners in their care.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People and relatives were very positive about the care they received and told us staff were caring. People told us, "Most of them are absolutely lovely, and chat with me for a bit before they go." and "The attitude of all the carers is good and I do think they'd care for everyone they look after. I have one lady who comes and we're on particularly good terms, more like friends. We chat and have a laugh." One relative commented, "The carers are like family. They don't speak down to my spouse, they talk to them as an equal and treat them with respect. My spouse is dependent in every way and can't do anything for themselves, so that's very important."
- The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. People and relatives told us they saw the same staff most of the time. A relative commented, "It's normally the same people who come, not too many different faces so my dad knows who to expect. That makes him feel more comfortable."
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One person told us, "Someone came out and went through the care plan with me and my spouse before the support started. We all sat there and talked about what we needed."
- The service made sure that staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way. This included designing appropriate routines, rotas and training.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. One relative said, "When my spouse is using their commode, the carers always put a towel across their lap for privacy."
- People's care plans highlighted the importance of respecting privacy and dignity. People told us staff treated them respectfully and as individuals.
- People's care records highlighted ways to promote independence. For example, giving people time to do the simple tasks they still could, such as brushing hair. One person said, "They did help me a lot to help

myself, when they first started; they got me going and now I don't need as much support."

- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. This meant people's needs were met through good organisation and delivery.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

- People's care plans included information about personal preferences and were focused on how staff should support individuals to meet their needs. For example, people's preferences of what time they preferred to have visits.
- Care plans included a list of 'tasks' to be completed during each call and each person's expected outcomes. The care plans had clear instructions about what was expected at each visit.
- The service understood the needs of different people and delivered care and support in a way that met those needs. For example, one person could be anxious about different things and fixate on them. Staff had guidance on how to reassure them and allow them enough time to explain their concerns and support them in a non-patronising way.

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.

- People had communication needs assessments completed as part of the care planning process. For example, some people used glasses and hearing aids. Staff ensured these were within reach and in working order. Where necessary, staff allowed more time for people to respond to questions and observed their facial expressions.
- The service ensured information such as rotas were sent to people in an accessible way. Some people preferred information be read to them over the phone and staff respected that.

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

- People were encouraged and supported to maintain links with the community to reduce the risk of social isolation. For example, people who enjoyed attending coffee mornings and community centres. The service made people's care visit times flexible enough to accommodate their interests as well as any other social commitments.
- The service had established relationships with families. They encouraged external social inclusion and integrated people with community resources.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised

were recorded, fully investigated and responded to as per provider's policy.

- People told us they knew how to make a complaint. One person said, "One carer hadn't looked at my care plan and didn't know what they were doing. I told the other carers that came the next day and they passed it on. I was happy with how that was dealt with and I know who to contact if I had any other concerns." There were many compliments received regarding good care.
- The service's complaints policy was available to all people, and a copy was kept within people's care records in their homes

#### End of life care and support

- The registered manager informed us one person was receiving end of life support at the time of our inspection. The service would work closely with other professionals to ensure people had dignified and pain free death.
- Staff told us they knew how to support people during end of life care (EOLC). They talked about how they would maintain people's dignity and support families during such difficult times.

# 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 meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

This is the first inspection for this newly registered service. This key question has been rated good.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were complimentary of the management team and told us the service was well-led. People commented, "I've spoken to manager a couple of times and she's absolutely lovely" and "The manager is lovely, she rang me yesterday to ask if I was happy with things."
- People experienced a service that was dependable. People told us the registered manager, supported by the office team, was always available and approachable. People said, "They have good processes set up. We're happy with everything" and "I feel very well looked after. The service is under a lot of pressure at the moment and they're managing quite well, I think."
- Staff were complimentary of the support they received from the registered manager. Staff said, "Manager is hands on and supportive with personal development and training" and "Yes manager is approachable."

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

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had been in post for a year and they were supported by the provider. There was a clear staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place which were used to drive improvement. These included, audits of care plans and medicine records. These provided an overview to ensure improvements were made where necessary.
- The management team promoted continuous learning. They held meetings with staff to discuss work practices, training, development needs and staff's well-being.

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

- People and their relatives had opportunities to provide feedback through surveys. Most of the feedback was positive and the registered manager told us they used the negative information gathered to improve the service.
- People and their relatives had opportunities to raise any comments via an open-door policy at any time as well as during reviews of care.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "I'm very happy working here. Any concerns and issues are addressed quickly."

#### Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The service was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.