

Taylorcare Ltd

Kare Plus Coventry

Inspection report

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Date of inspection visit:
23 June 2017

Date of publication:
26 July 2017

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 inspection took place on 23 June 2017. The provider was given three days' notice of our inspection. This was so they could arrange for staff and people to be available to talk with us about the service. At the time of our visit, the agency was supporting seven people with a personal care service.

Kare Plus Coventry is a domiciliary care agency which provides personal care and support to people in their own homes. The agency has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection of the agency since it registered with us in 2015.

People told us they felt safe using the service and in the presence of the care staff who entered their homes. They had a consistent group of care staff who arrived on time and stayed the agreed length of time. People told us staff had the right skills and experience to provide them with care and support they required.

Care staff understood how to protect people from abuse and knew to report any concerns to their manager.

People said the staff were friendly and caring in their approach and aimed to provide support in accordance with their preferences. Care plans and risk assessments contained relevant information for staff, to help them provide the personalised care people required.

Staff had access to a range of training and support to enable them to deliver effective care to people. New staff completed a comprehensive induction to the service which included essential training so they could support people safely.

Management staff and care staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles.

The provider and manager were dedicated to providing high quality care to people. Staff and people found them open, approachable, and responsive. There had been no complaints received about the service. A complaint procedure was available to support people if they wished to raise a concern.

The provider monitored the quality of the service on an ongoing basis through a series of quality checks. People and staff were asked their opinion of the service on a regular basis to help identify any areas needing action to continually improve the service.

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 received support from a consistent group of staff who understood the risks related to people's care and supported people safely. Staff knew how to manage medicines safely and prompted or supported people with their medicines as required. A series of recruitment checks were carried out to make sure new staff were suitable to work with people.

Is the service effective?

Good 

The service was effective.

Staff were required to complete ongoing training to ensure they had the right skills and knowledge to deliver effective care. People felt their needs were effectively met by staff. People were supported to access healthcare services when needed, and staff ensured people were supported with food and drink which reflected their choices and met their needs.

Is the service caring?

Good 

The service was caring.

People felt supported by staff who they considered friendly, caring and approachable. Staff knew the importance of maintaining people's privacy and dignity and ensured people and their homes were treated with respect. Staff were valued by the registered manager and provider.

Is the service responsive?

Good 

The service was responsive.

People and their family members were involved in decisions about how care was to be provided. Staff knew about people's preferences and supported people in accordance with their

wishes. People knew how to raise concerns if they were not happy and felt any issues they had raised were dealt with effectively.

Is the service well-led?

Good ●

The service was well led.

People were satisfied with the service and were able to contact the office and speak with management staff if they needed to. Care staff felt the provider and registered manager were approachable and spoke positively about being supported to carry out their roles safely and effectively. There were systems in place to involve people in decisions about their care and to monitor and review the quality of service they received.

Kare Plus Coventry

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 checked 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 office visit took place on 23 June 2017 and was announced. The provider was given three days' notice because the location provides a domiciliary care service and they needed to make sure staff could be made available to speak with us.

The inspection was carried out by one inspector. Prior to the office visit we sent surveys to people, relatives and staff to obtain their views of the service. Surveys were returned from four people who used the service, one relative and four staff. We contacted three people who were available to speak with us about the service. During our visit we spoke with three care staff and the registered manager.

We reviewed two people's care plans to see how certain aspects of their care were planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the provider's quality assurance audits and records of complaints.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

Is the service safe?

Our findings

People told us they felt safe because they received care from staff they knew and trusted. One person told us, "Yes, (felt safe with care staff) if they change the carer they will ring and let me know."

People told us staff arrived on time and stayed the amount of time they expected in order to support them. One person told us, "Yes (on time) most of the time, if they are late, most of the time they let me know." People said when their regular care staff were on holidays, they were usually told in advance, which care staff would be supporting them during this time. This helped them to feel reassured about their ongoing support.

Care staff understood about the different types of abuse and what constituted abusive behaviour. They knew to report any concerns to the registered manager so these could be followed up as needed. The provider had a detailed policy and procedure on safeguarding people from the risks of abuse. This included details of who to contact if abuse was suspected. All staff were required to read this and staff also completed safeguarding people training so they were clear about their responsibilities.

The registered manager told us they completed assessments of people's care and support needs before they started to use the service. This was so any potential risks related to their care, such as risks in the home, or risks in relation to their health could be identified and actions put in place to minimise them. Records confirmed that risk assessments had been completed and care was planned to respond to these risks. For example, where a person was at risk due to limited communication, there was a risk assessment which showed what the risks were and how staff should work with the person to ensure this risk was managed and did not impact on the person's safety. For another person at risk of falling, there was a risk assessment detailing the equipment needed to support the person safely.

Staff knew about risks associated with people's care and how to support people safely. For example, one staff member told us, "A lot of it is common sense.... [Person] wears a hearing aid so they do not always hear you, so it's making sure they have heard you properly. Making sure they use their frame and way is clear for them."

People and staff told us there were enough care staff to meet people's individual needs. People said care staff usually arrived when expected and were rarely late. One person said if they were late it was usually because of traffic.

The registered manager confirmed there were enough care staff to allocate all the calls people required. They told us any absences were managed by asking staff to pick up extra calls and said sometimes they completed calls themselves. The provider had an out of hour's on-call system when the office was closed so that people could make contact with the service in an emergency situation.

We looked at how the service supported people with their medicines. Some people were prompted to take their medicines, whilst other people were able to manage their medicines independently. One person told

us, "They get it out (medicine), they remind me and check to see if I have taken it." Care staff told us they completed training in medicine management so they could do this safely. They said they completed Medication Administration Records (MAR's) to show people had been given their medicines as prescribed. One care staff member told us, "We did training on line for medicines we are only allowed to give what is prescribed for them." Another care staff member explained how they managed them for one person. They told us, "Everything is in the blister pack we sign to say the ... [person] has had them."

The registered manager told us, "Staff have to complete competency checks for medication. There is an assessment tool in place for this to happen." They told us there was a detailed medicines policy and procedure that staff were required to read and follow.

One care staff member told us about a person who at times did not manage their medicines safely. They explained about working with the local chemist to address this issue so the person could continue to independently manage their medicines. This demonstrated staff identified medicine risks and took action to ensure people continued to be safe.

The provider had recruitment procedures that ensured as far as possible, care staff were suitable to work with people who used the service. Procedures required a Disclosure and Barring Service (DBS) check and reference checks to be completed prior to staff working independently supporting people. The DBS assists employers by checking for any criminal convictions to prevent unsuitable care staff from working with people who use services. Care staff said they could not work unsupervised in people's homes until their DBS certificate and references had been returned. Staff records confirmed these checks had been carried out.

Is the service effective?

Our findings

People told us the staff that supported them seemed to be sufficiently trained to meet their needs. One person told us, "Most of the ladies I have know exactly what to do." Another said, "Yes (sufficiently trained), I like to guide them sometimes if they have not been here for a while and forgotten, I will tell them."

Care staff completed an induction to the service when they first started and new staff completed training to achieve the Care Certificate. To receive the Care Certificate, staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. This training included the safe management of medicines and moving people safely. We saw one of the modules of the induction training was, "Equality and Inclusion policies and procedures." Staff were asked to explain what was meant by diversity and equality to check their understanding and make sure they supported people equally without any discrimination. The manager assessed staff's understanding as each training module was completed.

Staff told us they found the induction training was sufficient to support them in carrying out their role. One staff member told us, "We do all the training on line, I had a big folder with all the booklets to introduce me to the clients. Each person has a care plan so when I had five minutes I read the care plan from back to front to find out about the person. I did a course for manual lifting as well. I was set up with one of the other carers to do the calls and went with another carer to do day calls. I shadowed (worked alongside) another carer for the calls, and when I felt comfortable, I went out on my own."

Care staff told us they received ongoing training so they could carry out their role effectively and were able to request specific training if they felt it would help them to support people more effectively. They told us their knowledge and learning was monitored through supervision meetings with the registered manager who also carried out 'observation spot checks' of their practice. The spot checks were also carried out by an administrator who was also a relief care staff member. Spot checks helped to ensure care staff were working to the provider's policies and procedures. One staff member told us, "I have had one spot check, no two actually, with two different customers to check we are doing all that we should be."

The administrator who carried out the spot checks explained how they did this. They told us, "I have guidelines I have to follow. I make sure carers arrive on time, uniforms are worn, check how they interact with clients, how they respond to them, that health and safety is followed, infection control and food and hygiene procedures followed. I make sure they have gloves and aprons and that care plans are followed and check if any changes are needed to the care plan." They told us if they identified anything of concern, this was usually discussed with the care staff member so they could learn from their mistakes. They said if they found unsafe practice such as moving a person in an incorrect manner, they would intervene and take the appropriate action such as further training so people were not placed at risk.

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 an assessment shows a

person lacks 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. We checked whether the service was working within the principles of the MCA.

The registered manager understood the principles of the MCA. They told us, "We have regular meetings about it. I say 'let's apply it to a customer'. I say 'how will this affect [person] or [person]?' We talk through it, what it means. [Person] does not always make the perfect choices for themselves but it is their choice. Carers try to promote good choices but respect [person's] choices."

People told us that care staff always asked them before providing support to make sure they consented to it. We asked staff how they knew people consented to care. One staff member told us they asked people for consent but also said, "It will be in the care plan and they will have signed it to show everything they want you to do that they have consented to and there will be a date when the care plan started. They update them as well."

Care staff had completed training in regards to the MCA and understood their responsibilities to make sure people had consented to the care and support they provided. One care staff member told us, "Everyone has got a choice, even if they have dementia, they have choices and rights so you can't go in and say 'right you are wearing this today'. It keeps them protected from people who take advantage."

People told us they were happy with the support they received with food preparation and drinks. One person told us, "They get them (meals) ready and make me a cup of tea and anything I want." Care staff told us they asked people what they wanted to eat and drink when supporting them to make sure they had a choice. We saw an assessment of people's nutritional needs had been completed which took into consideration any allergies people had so that staff would know about these when supporting them. People's food preferences were detailed in care plans to also help staff in food preparation. For example, in one care plan the person's preferences for breakfast were listed so that staff would know what choices to offer. We saw daily records completed by staff showed what food had been prepared for people to confirm they were supported with food and drink in accordance with their choices and needs.

People we spoke with managed their own health care appointments but people felt confident the care staff would help them to do this if they needed them to. One person told us they were supported by staff to attend healthcare appointments. Staff told us they worked with health professionals to support people when required. For example, to discuss changes in medicines and to take people to hospital appointments.

Is the service caring?

Our findings

People were happy with the care staff that supported them and described them as "very cheerful" and "kind". One person told us, "The good ones are exceptional, most are kind and thoughtful." Another said, "They are friendly... courteous, they say good morning and ask how I am and we have a conversation."

The Provider Information Return stated, "We send the same carers to our customers so that they can develop a good relationship with them and feel comfortable with the care they are receiving. We found this to be the case. People received care and support from a consistent group of staff. We saw call schedules showed people were allocated regular care staff. Care staff knew people's likes and preferences and told us they had sufficient time to support people without rushing them."

We asked care staff how they were caring towards people. One care staff member told us, "Just try and get to know them (people) as you are looking after them." They told us about one person who could be unhappy due to a health condition, and explained how they took the time to apply cream the person's legs which the person liked. They told us about another person who liked a specific towel after a shower because some towels were too heavy for them. They knew about the person's favourite outfit and ensured they put this out for them to wear.

We asked people if care staff had done anything "over and above" their duties to help them. One person told us, "Oh yes, I ran out of tablets once and one of them went to the chemist." Another person told us, "The carers at Kare Plus ask if there is anything else they can do for you, you feel somebody actually cares."

People told us they were supported to maintain their independence and the support they received was flexible to their needs. Staff knew it was important to help people maintain their independence and encouraged people to do what they could themselves to help promote this. For example, encouraging people with to walk short distances to maintain their mobility.

Care staff knew to make sure people's privacy and dignity was respected when supporting them with personal care. One staff member told us, "I always push the bathroom door closed even though nobody is in the house. I don't know if family have a key and could walk in." Care staff also told us they understood the importance of maintaining people's confidentiality by keeping personal information secure. For example, not writing down confidential information about accessing people's homes.

People felt they were involved in decisions about their care and regular checks were made by the registered manager to make sure people were happy with the support they received.

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started. This helped care staff to know people's likes and preferences so they could support them in ways they preferred. People told us they felt involved in decisions about their care. One person told us, "They help me with my shower so I can sit in the shower. In the meantime they make my bed and change my bed covers."

Staff were knowledgeable of people's needs and preferences. For example, one care staff member told us one person had three different cloths they liked to use for personal care. Another staff member told us, "[Person] at night finds it hard to put the toothpaste on their toothbrush so I will put it on the side for them ready for bedtime."

Care plans had been developed for each person that received the service and included detailed information about their preferences. Care plans were kept in people's homes with another copy kept in the office. People confirmed care staff read the care plans in their homes and recorded information in them each time they visited. We looked at care plans for two people. Records were clear and simple and contained detailed instructions for staff to follow during each call they made. For example, one person liked to have their meals presented on a tray and to eat in their lounge. In another care plan, there were specific instructions about how food was to be prepared for them.

We noted that some people lived with health conditions, but information about these was limited within the care plans and risk assessments completed. We discussed this with the registered manager who told us this would be reviewed to help staff gain a better understanding of the health conditions should people need additional support with them.

The registered manager told us about the action they took to ensure, when people started to use the service, they had the right member of staff to support them. They told us, "I meet with the customer first, see what they are looking for, I ask what type of person they gel with most. ... I find out what they are looking for, then identify which carer is best." The registered manager told us they also checked that care staff felt comfortable working with new people they were to support. This demonstrated the registered manager aimed to ensure people and staff were happy with the care arrangements so that people's needs could be met effectively.

The Provider Information Return we received prior to the inspection told us, "We regularly review each care package at least every three months with our customers and any other agencies/individuals that are involved with our customers' well-being." We found that reviews regularly took place and involved people or their relatives as appropriate. This enabled people to confirm if they continued to be happy with the support provided or discuss any proposed changes.

People told us they usually received their care around the times expected and the service was responsive to requests about their care. For example, when people were not happy with the timeliness of the calls or the staff supporting them, they felt able to discuss this with the registered manager.

The provider had a complaints policy and procedure and people were given details about who they could contact if they wished to make a complaint or raise a concern. The registered manager told us there had been no formal complaints received by the service. People told us they felt at ease to approach staff or the registered manager if they had any concerns. One person told us, "I would probably have words with the carer first, I cannot see that happening." Another said, "I can go to the manager, she is very good." People told us any concerns they had raised had been effectively managed.

Is the service well-led?

Our findings

This was the first inspection of Kare Plus Coventry since they registered with us. The manager was registered with us in February 2016.

We asked people what they thought of the service and if it was effectively managed. One person told us, "Yes I would recommend them, I have told a couple of people about them. It's about letting someone into your home and life. They are courteous and happy." Prior to our inspection visit, we asked people, relatives and care staff to complete a questionnaire about their experiences of the service. We found all those who responded were positive about the care and support provided.

People felt the service was accessible if they had a problem and needed to speak with them out of hours. One person told us, "At night there is a number to call if there is any serious problem. They are very efficient to contact." Care staff told us that management staff were always available if they needed them. One care staff member told us, "You can always ring the office in the day but [manager] always answers the emergency call if you need her."

People knew who the registered manager was and told us they had regular contact with them. One person told us "She rings me up and says 'so and so can't make it, would you mind if somebody else came'? She is very helpful." Another person told us, "She comes occasionally, we get on very well."

Care staff spoke positively of the registered manager. One care staff member told us, "She is really nice and approachable, I feel I could talk to her about anything." They also spoke positively of the provider and told us, "He is really approachable." They told us the provider would provide 'on call' cover in the absence of the registered manager. Care staff said they felt well supported by the management team which consisted of the registered manager, the provider and administration assistant who also covered some of the care calls.

Care staff understood their roles and responsibilities and what was expected of them. One care staff member told us, "When I applied for my job it was all explained in the interview." They told us they were given a job description with a contract and staff handbook. Staff knew who to report concerns to and said they would feel confident about reporting any concerns or poor practice to the registered manager or provider.

There was a procedure for care staff to follow in regards to any accidents or incidents that occurred when they were supporting people and care staff knew to report them to the registered manager. One care staff member told us, "I would have to write out an accident form to let [registered manager] know what had happened and if they hurt themselves. If they had seriously hurt themselves, I would have to call an ambulance."

The registered manager understood their responsibilities and the requirements of their registration. For example, they knew what statutory notifications they were required to submit to us such as any accidents people had experienced when being supported. They had also completed the Provider Information Return

(PIR) prior to our inspection as required. We found the information in the PIR reflected how the service operated.

The provider used a range of quality checks to make sure the service was meeting people's needs. Records confirmed people were asked for their opinions of the service through spot checks, care plan reviews, telephone calls and satisfaction surveys. One person told us, "The lady in charge comes and asks if there is anything else I want them to do or change of times."

People had completed a provider satisfaction survey in May 2017. They had been asked to answer a number of questions including if care staff arrived on time and if tasks agreed were carried out properly and professionally. We saw positive responses had been received. The registered manager was aware of the requests made in the surveys so they could be addressed. One person had requested a member of care staff to arrive five minutes earlier. Comments on the surveys included, "We are completely satisfied with the service" and "Happy enough."

Care staff spoke positively of working for Kare Plus Coventry, one told us, "It is a brilliant company, the best one I have ever worked for because they give you the time to be with the client. You get to know the person and you get the travel time in between so you don't feel rushed. They care about the customers rather than someone paying bills."

It was evident care staff were valued by the registered manager and provider. Staff attended meetings where they could discuss issues relating to the service and offer their opinions on any planned changes. We saw meeting notes for June 2017 where hours worked, and 'do's and don'ts' were discussed. Staff told us they received regular newsletters which kept them up-to-date with what was happening in the service. One newsletter started with a comment from the registered manager, "I want to start by saying how impressed I am with our team. You really are a fabulous group of carers and the job you do is brilliant." When we spoke with the registered manager about the care staff they told us, "My carers, they are fantastic, they always go the extra mile and they don't even realise it. I am always thanking them for what they do. They are really, really, good and honestly care."