

Teasdale Healthcare Ltd

Kare Plus North Staffs

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 

Overall summary

This inspection took place on 11 March 2015 and was announced. This was the first inspection of the service. The service provides personal care to people in their own homes.

A registered manager was in post. 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.

People were supported to be as independent as possible. Assistance was offered to prompt people to take their prescribed medicines safely.

People's risks were assessed. Staff carried out support in a safe way whilst they ensured that people's independence was promoted.

Summary of findings

We found that there were enough suitably qualified staff available to meet people's assessed needs. Staff received an induction and regular training which ensured they had the knowledge and skills required to meet people's needs. Staff felt supported by the registered manager.

People were involved in their care and consented to their plans of care and their treatment. The principles of the Mental Capacity Act 2005 were followed. The Mental Capacity Act 2005 sets out requirements to ensure that decisions are made in people's best interests when they lack sufficient capacity to be able to do this for themselves.

People's health and welfare needs were met and any concerns acted upon.

People told us staff treated them in a caring and kind way and respected their dignity. Staff listened to people's wishes and supported them to make choices about their care.

People told us that staff knew how they liked their care provided. The provider considered people's individual needs and made changes which ensured they received their care in a way they preferred.

People told us they knew how to complain and the provider had an effective system in place to record and respond to complaints.

The provider promoted an open culture. People felt the management were approachable and that they listened to them. People were encouraged to feedback their experiences and these were acted on to improve the quality of care provided.

We found that the provider was developing systems to monitor the quality of the service provided to ensure the service was effectively delivering the standards of care and treatment people needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Risk assessments detailed how people should be protected from the risk of harm and any concerns regarding people's safety and welfare were reported to the appropriate agencies. Pre-employment checks were completed to ensure staff were suitable to work with people who used the service. Staffing levels were sufficient to meet people's needs.

Good



Is the service effective?

The service was effective. Staff received the training and induction they needed to provide effective care and support. Consent to care and treatment was routinely sought and people's health and welfare needs were met.

Good



Is the service caring?

The service was caring. People told us staff treated them with kindness. People's rights to privacy and to be treated with dignity were respected.

Good



Is the service responsive?

The service was responsive. Personalised care was provided and based upon each person's individual needs. People and their supporters were encouraged to be involved in assessing and planning care. People knew how to raise concerns and felt listened to.

Good



Is the service well-led?

The service was well-led. People felt the management of the service was approachable and effective in meeting their needs. Systems were being developed to ensure all aspects of the service were monitored and improvements made where identified.

Good



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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 11 March 2015 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 available to speak with.

The inspection team consisted of an inspection and an expert by experience who conducted telephone interviews of people who used the service. 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 had experience of caring for an older person.

We spoke with eight people who used the service, three relatives, two care staff and the registered manager. We viewed three records about people's care and records that showed how the service was managed which included staff recruitment, training and induction records and audits completed by the registered manager.

Is the service safe?

Our findings

People told us that they felt safe with the support they received and some people commented that their care staff had become friends. One relative told us, “They help my husband maintain his independence; they watch him while he is eating his meal and ensure he is safe”.

People we spoke with told us that they felt safe when they were supported by staff. One person told us, “The staff treat me well and I feel safe when they are about”. A relative told us, “We are happy with the care provided and feel that our relative is safe which is a big relief to us”. Staff had access to information about how to recognise and report abuse and they received training. The registered manager confirmed there had not been any safeguarding concerns or reports of abuse.

Risks to people using the service were well managed. Risk assessments were completed for each person at the time of assessment and reviewed with them. We saw assessments for mobility, nutrition, the environment and access to property. A health professional told us the service and staff had promptly referred one person’s mobility risk, when a change in the person’s circumstances was noted.

People felt that there were enough staff available to meet their needs. One person told us, “I think there is enough staff available and it is good because I always get the same few staff who visit me”. A relative told us, “My relative has dementia and it is important that they have consistent staff. I had a few concerns at the beginning but we have the same group of staff and they arrive on time too”. Some people commented that they sometimes didn’t have access to the staff roster so they could see which staff would be providing support, but others commented, “I always know who to expect and if there is a change they ring me to tell me” and, “I never have any problems”.

We saw from the four care staff records we looked at that the provider had systems in place to check that staff were suitable for the role and safe to work with people who used the service. We saw pre-employment checks had been undertaken including references from previous employers and criminal records checks.

Medicines were managed appropriately and safely and checks of medicines records were completed to ensure accuracy. People we spoke with had no concerns about how they were supported with their medicines.

Is the service effective?

Our findings

All of the people we spoke with said their care was effective. They described it as being excellent.

The three relatives we spoke with supported this. People told us that the majority of the staff were well trained and supported. One person told us they were asked if new staff could 'shadow' her permanent carers, so they knew and understood how to meet their care needs. They said, "I am happy for this to happen as it means they know what I need and how I like to be cared for".

Consent to care and treatment was sought at all stages. People we spoke with confirmed they were asked how they want their care to be provided. One person told us, "The care staff always ask me how I want to be cared for no matter how many times they've been before". Another said, "They always say, 'is that okay for you?'"

Staff received the essential training they needed to deliver effective care and support to people who used the service. The provider was actively seeking staff training on the Mental Capacity Act 2005. They told us, "We include the principles of the MCA in the inductions, but need to add an additional training session because of the recent changes in legislation".

We saw in one example that one person had agreed to a do not attempt cardio pulmonary resuscitation (DNACPR) order with their GP. Their capacity to consent and agree had been assessed and the decision was reviewed with them. A DNACPR can be agreed where the person who has

mental capacity does not wish to be resuscitated in a medical emergency. If a person is assessed as not having capacity a DNACPR can be agreed by a person's representative and a GP if in the GP's opinion the person's quality of life is so impaired that to carry out CPR would not be beneficial.

We saw that people who were at risk of malnutrition or dehydration had a plan in place for staff to follow. A relative told us, "The staff always make sure [person who used the service] eats their meals and has a drink, they are very good".

People told us the service supported them to maintain good health. One person told us how carers had picked up that they needed medical attention and the person made a GP appointment and needed hospital treatment they said, "If they hadn't notice it I would have had real problems, I needed to receive treatment".

We saw that people's medical and health issues were noted in their records at the time they were originally assessed and formed part of the reviews of their care to ensure they were being supported to remain healthy. A health professional, gave a positive account of the support carers had given to them when they had reassessment of the manual handling needs of one person, they commented that the care staff were 'excellent' and had helped reassure the person in difficult circumstances. Their approach and knowledge of the person's needs had assisted the reassessment to be completed smoothly for the benefit of the person.

Is the service caring?

Our findings

Without exception the people we spoke with and their relatives told us that the staff were

very caring. They said that they received good quality care from the agency. One person told us, “The best thing is I am comfortable with them” another said, “They will do extra if you ask them, making a cup of tea, having a good laugh and that always cheers us up”.

Most people also had received care from other agencies and were able to compare their experiences with one person saying, “It isn’t like having your family around but they do their best”.

A relative said, “They are all very nice caring girls/women”. Another person told us how he had such confidence in the service that he had recommended the agency to a friend.

People told us their privacy and dignity were respected at all times. One person told us, “They completely respect my

rights to privacy. They are patient and respectful. Always knock before they come in and shout to ask if it’s okay”. A relative said, “Completely respectful, we have no concerns about them”.

People and relatives we spoke with confirmed they were included in agreeing the persons care assessment and plan. One relative confirmed, “They ask [person who used the service] what sort of things they wanted and how they wanted them. They always ask if everything is okay and if we need anything to be reviewed”. Another relative said, “They listen to what we say and are willing to make changes. We could not ask for any better care; they are all lovely with [person who used the service]”.

We saw that each person receive detailed information about the service and what they could expect. A copy of the information remained in each person’s home and was used to help review and ensure care continued to be suitable to meet people’s needs.

Is the service responsive?

Our findings

People told us the provider was responsive to their changing needs and provider personalised care and support. One relative told us that staff went, “Above and beyond the call of duty”. They said, “Our relative is getting married on Saturday and the carers are coming in as usual. They have offered to stay longer and get [person who used the service] ready for the wedding to make sure they look their best”. Another relative told us, “If you contact the office they deal with it immediately, the two people in charge are very good”.

People or their relatives told us that they were supported by staff in a way that enabled them to be independent. One person told us, “The carers helped us to get a new NHS bed we wouldn't have been able to do that”. A relative said, “They organised a week's respite and it was wonderful, that week helped [person who used the service], tremendous”.

We saw that each person had care plans in place that were based upon an assessment of their care needs. The assessment had been completed with the person and their supporters where appropriate. People were asked their

preference in how they wanted their care to be delivered. The records we looked at showed that care plans were subject to review, to ensure they continued to meet people's needs.

The provider told us how they had introduced a series of telephone reviews to assess people's satisfaction with the service. These were scheduled to take place 48hrs after the care package had started and then three months. In the sample of records we looked at we saw the documentary evidence of this. One person who used the service told us, “They do ask me how things are going, they are very good”.

Everyone we spoke with knew how to raise concerns or complaints and some people gave examples of how issues they had raised had been dealt with promptly and to their satisfaction. One person said, “I contacted the office and it was dealt with straightaway, within 20 minutes”. Another person told us, “I have nothing but praise for them” and, “They look after people properly”. We saw the provider had provided each person with a copy of the complaints procedure which outlined how and who they could complain to, the relevant names and contact details, and how complaints would be dealt with.

The provider told us, “We haven't received a formal complaint yet, we have had the odd grumble but we address those as they arise”.

Is the service well-led?

Our findings

People told us they thought the agency was well organised. One person said, “They definitely know what they are doing. I have no concerns. Carers turn up when they are supposed to and if there is a problem they let us know”. Another said, “We are always introduced to any new care staff and notified in advance if there are any changes”. We saw and were told how the service involved people in discussions about their individualised care.

People told us they were asked if they were happy with how their care was delivered. The registered manager confirmed they were in the process of organising surveys or questionnaires to be sent out to people who used the service and their supporters. They told us the responses would be used to help the service make further improvements to how they supported people and delivered care.

The registered manager understood their responsibilities to report incidents and significant events that occurred.

Staff received regular checks of their practice. In the staff records we looked at, there was evidence of one to one supervision and of unannounced ‘spot checks’ of staff

performance. We were told that the provider was advertising for an additional field supervisor to ensure that the spot checks and supervision sessions of staff were consistently carried out.

We saw evidence of how the registered manager and provider audited the delivery of care, including audits of daily records and medication records to ensure the care and medicines were provided as planned. The registered manager said, “We’ve done a lot of work, but know where we need to make changes and improvements”. We saw that some auditing systems were good and others were ‘a work in progress’. For example we saw some gaps in the records of audits that had been completed and a review of medicines records showed signature gaps that hadn’t been noted during the audit.

We were told how a business development plan was being formulated to ensure the service delivered to the standards expected. The registered manager confirmed, “We have had two business development meetings so far and an initial plan is being agreed”. The provider also said, “In addition we have introduced weekly spot checks of records to try to ensure we are meeting the standards we’ve set ourselves”.