

Saharaa Limited

Kare Plus Mansfield

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Kare Plus Mansfield provides a care and support service to people who live in their own homes in and around Mansfield. This was the first inspection of this service since they registered with us in September 2016. Nine people were receiving a service. The organisation provides other support that is not regulated by us which includes personal shopping, domestic services and support in the community.

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

The provider had systems in place to assess and monitor the quality of care although these were not always effective to drive improvements within the service. Where people may lack the capacity to make decisions, assessments had not always been completed to ensure decisions were made in their best interests. Risks to people had been identified and staff understood how to support people to reduce risk and protect them from potential harm. However, the support plans did not always include this information. Where people's care had been changed, the provider had not ensured the records were changed to reflect people's current support.

The provider recruited staff who they felt already had the training and skills to provide the care for people. This was assessed although further training should be considered to ensure their skills were up to date.

People felt safe when being supported by staff and staff knew how to protect people if they suspected they were at risk of abuse or harm. Staff understood how to recognise potential harm and knew how to report concerns. People were positive about the way staff treated them and said staff were kind and compassionate. People felt comfortable raising any issues or concerns and there were arrangements in place to deal with people's complaints.

People felt the staff knew them well and were treated in kind caring way. Each person had a small team of staff who provided all their care and they had been introduced to them and trusted them to provide their care. Staff knew people well and respected the things that were important to them.

People were encouraged to be independent and their privacy and dignity was upheld in their homes. When people needed support with mealtimes or access to health professionals it was provided for them. People received their medicines as prescribed and staff felt confident to report any concerns they had if people were unwell.

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.

Staff knew the individual risks to people and people felt safe. The staff understood how to recognise and report potential abuse. People received their medicines as prescribed. There were enough staff available to meet people's needs and checks were completed on staff to ensure their suitability to work in people's homes.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Where people did not have capacity, assessments were not always completed to ensure that decisions were made in their best interests. Staff knew how to support people although we could not be assured all training was up to date. People were able to choose what they wanted to eat and drink and had access to health care professionals to help maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff that knew them well.

People's independence was maintained. People were supported to make choices and decisions about their day to day lives.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Where changes to people's care had taken place, their support plan was not always reviewed to ensure this reflected the care people wanted. People felt able to raise any concerns and staff responded to this to improve the support people received.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems were in place to assess and monitor the quality of care although these were not always effective. People were happy with the support they received and staff felt supported in their role.

Kare Plus Mansfield

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.

We inspected the service on 28 September 2017. The provider was given two days' notice because the location provides a domiciliary care service and we wanted to make sure people and staff were available to speak with us.

We used a range of different methods to help us understand people's experience. We made telephone calls to three people, two relatives, spoke with three staff and the registered manager and provider. We used this information to make a judgement about the service.

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. As part of our planning we reviewed the information in the PIR. We reviewed information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at five people's care records to see if these were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People felt there was enough staff to provide safe and effective care. Each person had a small team of staff who provided their support and staff knew people well. People knew who was delivering their support and the provider was flexible and responsive to changes in people's needs. One person told us, "I've never been let down by them. They turn up when they should and I'm happy with everything." A relative told us, "They are punctual and it's nice to have the same people and makes everything easier." Staff confirmed they had regular care calls and felt there was enough staff to meet people's needs.

People were protected from the risks of abuse because staff knew how to recognise the signs of harm and what actions to take if they felt people were at risk. One member of staff told us, "If I was worried about anything then I'd speak to the manager. On our training we learnt about what they we need to do, and how to report anything so that it could be investigated." Staff were confident they would be taken seriously if they raised concerns with the provider and knew how to report concerns independently.

An environmental risk assessment was completed for hazards in the home and whether staff were able to use any of the facilities. This included fire risks and inadequate lighting. When risks had been identified, these had been highlighted to identify these hazards and how staff needed to keep safe. One member of staff told us, "We have this information before we go to visit people so we know what we need to do and what we need to look out for." People were enabled to keep themselves safe. One person told us, "The staff always check around the home and make sure I have everything I need before they go and I have my phone nearby if I need anything." This meant people who used the service were supported to remain safe.

Where people needed support to take their medicines they were confident they received these as required. One person told us, "I have all my tablets delivered here so they are here for the staff to help me to take them. I know what I take and I'd tell them if I thought they weren't doing it right." The support plan included information about the medicines people needed and what they were for. Staff recorded when medicines had been given and staff told us they would report any concerns during the support visit. One member of staff told us, "It's no good not reporting something there and then. If something is wrong then we report it. I know the consequences of not having a tablet could be serious." Staff responsible for administering medicines told us they had received the training necessary to do this safely and competency checks were carried out. One member of staff told us, "The manager came out and checked I was giving people their tablets and recording it properly."

When new staff started working in the service, recruitment checks were carried out to ensure they were suitable to work with people. We saw that staff's suitability for the role was ensured by obtaining references, having a police check and confirming the validity of their qualifications, previous experience and training.

Is the service effective?

Our findings

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 make 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. On this inspection we checked whether the provider was working within the principles of the MCA.

Where people lacked capacity to make decisions the staff understood that decisions could be made in their best interests following a capacity assessment. A health care professional had carried out one capacity assessment, however, we saw where other people may lack capacity; an assessment had not been completed. The staff explained that care had been organised in their best interests, although there was no evidence to demonstrate that they needed others to make these important decisions themselves. A person's capacity must be assessed specifically in terms of their capacity to make a particular decision at the time it needs to be made. The provider's guidance meant that where concerns were identified, a referral was made for others to make a decision about whether they had capacity. This meant there was a delay in reaching a decision and during this time, other people may be making decisions that were not in their best interests or where they had capacity to make these decisions themselves.

We recommend that the provider finds out more about how to ensure people's capacity is assessed and best interest decisions are made based on current best practice, and to comply with the Mental Capacity Act 2005.

People were confident that staff knew how to support them and they received care from a small team of staff they knew well. New staff received an induction into the service and this included training on the computer for the knowledge they would need including health and safety and infection control. The registered manager informed us that preparations were in place for staff who did not have a care qualification to be enrolled to complete the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "I have a lot of experience and enjoyed the induction. I felt comfortable starting work afterwards."

Staff received training for moving and handling and medication knowledge on the computer although no practical training was provided before staff starting working with people. The registered manager told us they recruited staff who were already trained in these areas. We saw competency assessments were completed to show the staff understood how to safely move people and administer medicines where people needed this level of support. The registered manager said they completed the assessments, however, the registered manager had not completed further training to demonstrate they had up to date skills and knowledge to carry these out.

During the induction for new staff, the registered manager introduced new staff to people who used the service and provided the support they needed until they were comfortable working with people. They told us, "Depending on their experience, I would support them and before they worked alone I would carry out a competence assessment to ensure they could work with people safely." One member of staff told us, "I was introduced to [Person who used the service] and other staff before I started to provide any care. This helped put me at ease and I'm sure [person who used the service] benefited from this introduction as well."

Where people had capacity they told us they felt they were helped to make decisions and be in control of their care. We saw they had consented to their support plan and felt they were able to retain their independence and spoke with staff about how they wanted their support. One person told us, "They always ask me what I want them to do and if everything is alright. I'm happy with how everything is done."

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. Staff told us they would offer support to people if they requested it. If a person was unwell they would contact their GP for them if they requested them to. Where changes were identified, the staff raised this concern with health professionals.

People had choice and flexibility about the meals they ate and were responsible for providing their food for staff to prepare. People chose what they wanted to eat and staff helped to prepare this. We saw people had commented on how they wanted their food to be prepared and worked with staff to ensure it suited their individual preferences.

Is the service caring?

Our findings

People were supported by staff who were kind and caring, knew their likes and dislikes and got to know them as a person. One person told us, "I've only been using them for a short time but I'm really happy with everything. They've never let me down. I've got to know them quite well and when somebody new comes, they come with the manager so they show them what to do and I can see if I like them." Another person told us, "They are very good; I'm really pleased with them. They do everything they should and more."

People's privacy and dignity was respected. Where personal care was delivered, people told us the staff took time to ensure they were covered with a towel or clothing. One relative told us, "They are very respectful. If they are having a shower, they make sure they are covered and not exposed." Another relative told us, "The staff know how important it is for [Person who used the service] to look good. They help them and make sure when they go out they are dressed in the right way. It makes a difference to how people look at you and we all want to look good."

People were happy with the staff that supported them and told us they treated them with respect and listened to what they had to say. People were asked whether they would like people of the same gender to provide their care and their decision was respected. One person told us, "I was asked if I minded if I had a man visiting me. I told them I don't mind as long as they are respectful and they know what they are doing." Another person told us, "The staff always talk to me about what's happening and what I've been doing, They're very kind and I trust them." One relative told us, "The staff ask [Person who used the service] what they can do for them. I hear them give choices and don't just do things."

People were encouraged and supported to be as independent as they wanted to be. One person told us, "At first, I was worried about staff coming here and telling me what to do. I've found I have a lovely group of people who help me. They support me to do what I need to do without making things awkward and they only give me the help I need and don't do too much. I don't want to be too dependent."

Information about people was kept securely in the office. The registered manager collected information from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

People had a support plan and they told us they had been involved in the planning and delivery of their care. However, we saw where changes to care had been made; the support plan did not always reflect this. For example, one plan had not been updated to record the advice from a health care professional. To prevent further damage to their skin, the person now needed to change position throughout the day and the support plan had not been reviewed. People were confident that staff supported them safely and staff knew about any changes and one member of staff told us, "When things change we get notified before we go and do the visit." Some people had complex needs and the support plan did not include information to inform staff how to provide the specific care they needed and to reduce any identified risks. For example, where people needed support using moving and handling equipment, there was a record this was needed but not how this should be used. The staff knew about the equipment needed to support people and understood how to reduce any risks for people. One member of staff told us, "We get support about all the different equipment; we don't use it until we've been shown what to do. The manager explains everything when we go out and visit them for the first time." The registered manager agreed to ensure safe consistent care, the care records needed to reflect any changes and how people needed to be supported.

Before starting to receive a service, the support requested and the times of the support visits were agreed with people. People were involved with developing their support plans and could be supported by family and friends. One member of staff told us, "We receive information about people so we know what we should do. I also read the care plan in the home. It can be daunting when meeting new people but I spend the first part of the visit talking with them and finding out what they want and this makes them feel more at ease."

We saw the registered manager completed care reviews and sought people's views on the service they received during their visit. People were asked whether they were happy with the support they received and the quality of care provided. One person told us, "The manager has been to see us and checked everything is still alright. We are happy with what is being done."

People received support at the time they wanted and staff arrived when expected. Visits were planned to enable staff time to travel to each person. Each person received a rota which recorded which member of their staff team were working and what time they were expected. One person told us, "I don't need a rota as I have the same people so I always know who is coming and I've never worried but the time because they are always here when they need to be." The registered manager told us, "We pride ourselves on being on time as we recognise that people are waiting for us and need personal care. This may mean that someone won't have their drink until we arrive so we need to make sure we are there when we are expected." Staff recorded their time they spent with people and one person told us, "They will stay longer if they need to. They don't leave things half done." Where people wanted a change to the time of their visit, they could request this and changes were made where possible. One person told us, "They have been really flexible and will always try and accommodate any changes we need."

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. One person told us, "If I wasn't happy, I'd talk to the manager; they said to call

them if anything was wrong." We saw where any complaint was received, this was recorded and included the outcome of any investigation.

People were supported to pursue activities and interests that were important to them or were helped with their shopping and cleaning. The provider arranged services for people to be supported with their interests or to support people when out; for example when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

Is the service well-led?

Our findings

Quality monitoring systems were in place to review how staff worked with people and how the service was managed. However, they were not always effective as they had not identified where care records did not include information about how risks were managed and these were not always reviewed to reflect people's care needs. Where people may lack capacity, assessments had not always been completed to ensure decisions were made in their best interests.

People who used the service knew who the registered manager was and felt the service was well led. One relative told us, "The manager comes out and visits us. They want to know how things are and if we are happy. It's good that they visit instead of just sitting in the office. They can see what really happens so they would understand if something needed to change or went wrong." Another relative told us, "It's quite a small company so I feel we get the personal touch. I'm happy they know what they are doing."

The service had been in operation for twelve months and the provider was seeking people's views on the quality of service provision. The satisfaction questionnaires included gaining information on the quality of the service and staff and how the office staff supported them to receive the service they expected or managed complaints. The registered manager told us they would review these comments with an aim to make further improvements where needed. We will inspect this during our next visit.

People using the service and staff told us they had access to senior staff to share concerns and seek advice. Senior staff worked as part of their team which made them easily available to people who wished to discuss any issues with them. Staff felt supported by the registered manager and the provider. They told us there were effective systems in place to make sure senior staff were always available. A member of staff said "If we have any concerns or worries, I only have to pick up the phone and they have always been available."

There was a system in place to evaluate and monitor how care was delivered and ensure people received the support that they expected. Staff recorded their arrival and departure time in the care records and this was reviewed by the registered manager to ensure that people received the agreed support time. Records were audited when they were received into the office to make sure people received their medicines as prescribed and care was delivered as outlined in their support plans. The manager told us that any concerns would be addressed through supervision to ensure staff continued to learn and develop.

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I generally work on my own but if I was worried about what had happened on previous visits or saw something that made me worry I'd definitely report it. I know the manager would listen." This showed us that staff were happy to raise concerns and were confident they would be supported and appropriate action would be taken.

The registered manager understood their responsibility to inform us of significant events, such as safety incidents, in accordance with the requirements of their registration.