

MKM13 Sewa Limited

Kare Plus Windsor Homecare

Inspection report

Room G1, Dorney House Business Centre, 46-48A High
Street
Burnham
Slough
SL1 7JP

Date of inspection visit:
09 February 2023

Date of publication:
27 February 2023

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location supported one person with a learning disability/autism. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Kare Plus Windsor provides personal care services to people living in the Windsor and surrounding area. At the time of our inspection 6 people were receiving personal care from the service. 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

Right Support: Staff received all the training they needed to meet people's needs. Management had effective systems and processes in place to ensure oversight of the safety and quality of the service. A person and a relative we spoke with spoke positively about the service they received from staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: The model of care maximised people's choice, control and independence. Care was person-centred and promoted people's dignity, privacy and human rights. Care plans reflected the underpinning principles of Right support, right care, right culture. People were supported by staff who knew them well. Risks to people were identified and effectively managed. People had access to health care professionals. Medicines were managed safely; and people felt safe receiving support from staff. Appropriate checks were carried out when recruiting new staff to support people.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The service promoted positive care and support for people using the service. Staff spoke positively about the support they received from the management team. People were involved in decision making and their views sought to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 13 April 2021, and this is their first inspection.

Why we inspected

This was a planned inspection for a newly registered service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Response on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

Kare Plus Windsor Homecare

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

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 9 February 2023 when we visited the office and finished on 10 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with the registered manager.

We reviewed a range of records relating to people's care and the way the service was managed. These included care records for 4 people receiving personal care, staff training records, 3 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service. We also contacted the local authorities to obtain their views of the service.

After the inspection

Of the 6 people being supported we were only able to make contact with 1 person and 1 relative and we sought their feedback about the service. We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance and records relating to the management of the service. We contacted 3 staff by email to seek their feedback. In addition, we contacted the local authority to obtain their views.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person and their relative told us they were safe. Their comments included; "Staff are brilliant, and I am very safe."
- Staff were trained in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. One staff member stated, "I would report my suspicions to my manager."
- Systems were in place to safeguard people from harm and abuse. The registered manager told us they would record and investigate all concerns and work with the local authorities.

Assessing risk, safety monitoring and management

- Risks assessments were in place to help keep people safe. Risk assessments contained guidance for staff to manage the risks. These included risks associated with mobility, falls, eating and drinking and environment. For example, one person was at risk of falls and staff had guidance on how to safely support the person to mobilise.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were usually supported by regular staff who understood their needs and could respond swiftly as and when their needs and risks changed.

Staffing and recruitment

- People and their relatives told us staff were punctual. Support visits were monitored electronically and nobody we spoke with reported a missed visit. Electronic monitoring records confirmed this.
- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- There were sufficient numbers of staff available to keep people safe and meet their needs. One member of staff stated, "Yes, we have enough staff." Staff rotas confirmed planned staff levels were consistently maintained.

Using medicines safely

- People received their medicines as prescribed, and records confirmed many people self-medicated. One person said, "I do my own medication but they [staff] check."
- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks were conducted to ensure staff followed safe practice. One staff member stated, "Yes, I have been trained and the manager conducts spot checks"
- Medicine records were accurate, consistently maintained and up to date.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was using PPE effectively and safely.
- People and their relatives told us staff wore PPE.

Learning lessons when things go wrong

- There was a system in place to report incidents and record actions taken as a result. Staff knew how to report incidents and reflective meetings were held to learn from incidents.
- The management team were open and honest when things went wrong and promoted a learning culture within the service.

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 is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs these were met. For example, relating to their religion, culture or sexuality.
- People's risk assessments and care plans considered all aspects of their lives.

Staff support: induction, training, skills and experience

- Both the person and relative we spoke with told us staff were well trained. One relative said, "I think staff know her [person] and her needs well and I'm content with their level of training. Staff are flexible in the help they offer."
- People were supported by staff who had the skills and knowledge to meet their needs.
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff were supported through spot checks, and supervision meetings.
- Staff received ongoing training relevant to their roles, and specific to people's needs. We asked staff if their training gave them confidence in their role. One staff member stated, "The training I had did give me confidence to work. I can also access more training if I choose."

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

- People were supported to maintain a healthy diet.
- People's care plans contained information about their dietary needs and preferences. Staff stated that they supported people with their meals and drinks during support visits to ensure people had a balanced diet. One staff member informed us, "I offer choices with clients [people] meals and encourage them to drink."
- Care plans contained details about how to support people at mealtimes. A person told us, "They [staff] will put something in the microwave for me."

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

- The registered manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.

- The registered manager told us they worked with external agencies and would make referrals as and when necessary. For example, GPs and occupational therapist.

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.

- Care plans contained relevant consent to care documents signed by the person or their legal representative.
- Staff received training in relation to the MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. One staff member explained how the MCA affected their work. They stated, "The customer [person] makes decisions and I respect their wishes." Another staff member informed us, "We assume they [people] can make decisions and always act in their best interests."
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. All the people and relatives we spoke with told us staff sought consent before providing support.

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 is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- One person we spoke with told us how the staff were caring and supportive. They said; "They are brilliant staff, they are all very friendly and kind." A relative added, "My [person] is very challenging and carers [staff] do an amazing job."
- Staff knew how people wanted to be supported and were aware of what was important to them. Care staff spoke with us about their professional relationships with people. One staff member stated, "I am always trying to make the clients [people] better."

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

- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans.
- Records confirmed the registered manager met with people and their relatives on support visits and sought their feedback.
- We saw that people and their relatives were regularly asked for their views of the service during spot checks and via telephone calls.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting dignity and respect.
- People were treated with respect and their dignity was preserved. Staff informed us they would ensure doors and curtains were closed when carrying out personal care.
- People and their relatives we spoke with told us staff encouraged independence. One relative told us, "They [staff] support [person] to do fun things which boosts her confidence."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. For example, one person had mild autism and the care plan reflected the principles of Right Support, Right Care, Right culture. One staff member informed us about caring for this person. They stated, "I maintain their personal space and boundaries and keep [person's] confidentiality. I also encourage them to make decisions as long as it's safe for them."
- People's care files included information about their personal histories, what was important to them and how they wished to be supported. For example, one person had detailed how they wanted to be supported in the shower. Staff were provided with guidance on how to support the person to do this.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.
- People's care plans were personalised and regularly reviewed. This allowed staff to provide personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. For example, one person used glasses and hearing aids. Staff were provided with guidance on how to support this person's communication needs effectively by ensuring glasses were at hand and the hearing aids were working. Documents were available to people in large print or, if required foreign languages.

Improving care quality in response to complaints or concerns

- Both the person and relative we spoke told us they knew how to complain and were confident the management team would resolve any issues. One person said, "I am involved in care planning. I get on well with the manager and would say something. If any problems were to arise, I'm confident the care agency would listen to the concerns and deal with them."

- The complaints policy was up to date and available to all people and their relatives. Complaints were dealt with compassionately, in line with the policy.
- Systems were in place to record and investigate any complaints.
- We also saw the service had numerous compliments from both people, relatives and social care professionals. One professional had stated, 'Keep up the good work, because it works.'

End-of-life care and support

- At the time of the inspection no one was being supported with end of life and palliative care needs. The service worked in partnership with GPs, district nurses and other healthcare professionals to support people to have a dignified, pain free death.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The registered manager told us they would respond to any requests or advance wishes.

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 is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Both the person and relative we spoke with told us they were happy with the service and support provided and would recommend them. Their comments included; "I have had no problems with them [service], anything I want doing they do their best for me. I have never had any hassle" and "The manager is approachable, and the company is reliable."
- The registered manager demonstrated they worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They took part in the inspection in a way that demonstrated their commitment to learn and improve the service.
- Staff felt the management team were supportive, fair and understanding. Staff stated, "Yes, I am supported by management. It is because we always work like family and we all try to give our best service" and "We are small company, so we have got quite good communication."

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 registered manager was responsive to issues and concerns and understood their responsibility to be open and honest if things went wrong.
- The registered manager and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews, medicine records, spot checks and regular quality visits to people's homes. Where issues were identified action was taken. For example, one audit identified a slight increase in falls. Staff passed on information to families from their training, such as ensuring people wore suitable footwear, that then resulted in a reduction of falls.
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- The registered manager had a good understanding of notifications and when to notify CQC. A notification is information about important events which the provider is required to send us by law.

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

- People and their relatives were encouraged to express their opinions either in person or via the telephone. Surveys were conducted and we saw the results were positive. Where issues were raised, action was taken. For example, records showed where people asked for changes to visit times to facilitate personal or medical appointments, the service was flexible where practical. One person said, "I like to give praise and they [staff/registered manager] have really bent over backwards for me."

- Staff had a clear understanding of their roles and their day to day work which focused on the people they supported. One member of staff commented on the benefits of staff meetings. They stated, "In staff meetings our manager takes everyone's opinion for the betterment of our services, and also updates us about latest news."

- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services, safeguarding teams, and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.

- Staff had access to further training. For example, autism training.

- A local authority commissioning officer told us, "I have absolutely no concerns with Kare Plus."