AR Salutem Limited

Kare Plus Rugby

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 25 September 2017 and was announced. This was the first inspection of the service since it registered in December 2016.

Kare Plus Rugby provides care and support to people who live in their own homes. At the time of our inspection eight people used the service.

The service had 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.

The provider had policies and procedures for keeping people safe. Staff received safeguarding training they put into practice and staff were periodically observed to monitor their practice. The provider had a recruitment procedure that ensured as far as possible that only staff suited to support people who used the service was employed.

People's care plans included risk assessments of activities associated with their personal care routines. The risk assessments provided information for care workers about how to support people safely without restricting people's independence.

Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the people who used the service. People told us that care workers were punctual and came at times they expected.

People were supported to take their medicines at the right times.

People were cared for and supported by care workers who had the appropriate training and support to understand their needs. People we spoke with consistently spoke about staff in complimentary and positive terms.

Staff were supported through supervision, appraisal and training. They received training to help them understand about medical conditions people lived with. Staff told us they valued the support that they received because it helped them carry out their roles.

The registered manager and staff understood their responsibilities under the Mental Capacity Act (MCA) 2015. People were presumed to have mental capacity to make decisions about their care and support unless there was evidence to the contrary. Staff had awareness of the MCA. They understood they could provide care and support only if a person consented to it.

Care workers either prepared meals for people or prompted people to make their meals.

Care workers supported people to attend healthcare appointments and to access health services when they needed them.

Care workers were caring and knowledgeable about people's needs. People were consistently supported by the same care workers. Care workers were `matched' with people who used the service which supported them to build caring relationships.

People who used the service were involved in decisions about their care and support. They received the information they needed about the service and about their care and support. People told us they were always treated with dignity and respect.

People contributed to the assessment of their needs and to reviews of their care plans. People's care plans were centred on their individual needs, though they lacked detail about how people wanted to be supported with certain care routines.

People knew how to raise concerns if they felt they had to.

The provider had policies and procedures for monitoring the quality of the service. These were being further developed in expectation of the service providing care and support to more people.

We made a recommendation to the provider about how they could monitor that home care visits were at times that people expected and that care workers stayed for the scheduled duration of visits.

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 were recruited safely and enough suitably skilled and experienced staff were available to meet people's needs.

The provider had procedures for keeping people safe which were understood and practised by staff.

People were supported to take their medicines at the right times by staff who were trained in safe management of medicines.

Is the service effective?

Good

The service was effective.

People told us they were supported by staff who had the right skills and knowledge to meet their needs.

Staff were supported through supervision, appraisal and training that enabled them to understand and provide for people's needs.

Staff understood and practised their responsibilities under the Mental Capacity Act 2005.

When people required it, they were supported with their meals. Staff supported people to access health services.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

Staff developed caring relationships with people they supported. They were able to do this because they consistently supported the same people.

People were involved in decisions about their care and support and they understood the information they received about their care and support.

Is the service responsive?

Good

The service was responsive.

People contributed to the assessments of their needs.

People experienced care and support in line with their preferences.

People had access to a complaints procedure.

Is the service well-led?

Good

The service was well led.

The provider and staff shared the same vision of providing the best possible care to people using the service.

The provider had arrangements for monitoring the quality of the service. These were being further developed in the expectation of the service growing.

People using the service and staff had opportunities to be involved in developing the service. The provider had a clear vision about improvements they wanted to introduce.

Kare Plus Rugby

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.

This inspection took place on 25 September 2017 and was announced. The provider was given 48 hours' notice because the service is a home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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 spoke with six people who used the service and relatives of two of them. We looked at three people's care plans and associated records. We looked at information about the support that staff received through training and appraisal. We looked at two staff recruitment files to see how the provider operated their recruitment procedures. We looked at records associated with the provider's monitoring of the quality of the service.

We spoke with the provider, the registered manager and one care worker.

We contacted Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

Good

Is the service safe?

Our findings

People told us that a reason they felt safe was that they were supported by the same care workers most of time. A person told us, "I feel totally safe. My carer has been coming most of the time I have been with them. We get on very well and I totally trust her." The person's relative said, "I trust her and [person] is very safe with her. She checks everything and doesn't miss anything." Another person said, "My carer is very knowledgeable and makes me feel safe because of this." Every person we spoke with told us that care workers wore protective clothing, gloves and aprons, which made them feel safe.

The provider had policies and procedures that protected people from abuse. These included policies about safeguarding people from harm and policies concerning staff conduct. The registered manager carried out unannounced visits at people's homes to monitor that care workers provided safe care.

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. They told us they were very confident that if they raised any concerns with the registered manager they would be taken seriously. When a care worker reported a suspicion that a person was self-harming the registered manager visited the person and referred them to professionals who then supported the person.

People's care plans had risk assessments of activities associated with their personal care routines. Risks were assessed according to a person's dependency levels and health and care routines. Care workers told us that they referred to people's risk assessments to read how people could be supported safely. People told us that care workers supported them safely, for example when they were supported with bathing or showering. The provider had begun a review of risk assessments to make them more detailed and inclusive of knowledge staff had learnt about people since they began using the service in December 2016. For example, a person liked to be supported to stand in a shower in a way that was inherently risky, but staff respected the person's choice and preference.

All necessary pre-employment checks were carried out before new staff were allowed to make home care visits. These included Disclosure Barring Service (DBS) checks. DBS checks help to keep those people who are known to pose a risk to people using social care services out of the workforce. Other checks included two satisfactory references and identity checks. Candidate's suitability was assessed at interview. A criteria was that care workers had the right temperament and characteristics that matched the needs and preferences of people who used the service such as interests, empathy and communication skills. No people using the service or relatives we spoke with had concerns about the suitability of the care workers who supported them. They unanimously provided only positive feedback. People could be confident that the provider placed a high emphasis on ensuring as far as possible that only staff people would be comfortable to have in their home were employed.

The provider had procedures for care workers to report incidents and accidents that occurred or were in connection with home care visits. Care workers were aware of those procedures. No reports had been made

because no accidents of incidents had occurred. The registered manager was available to respond and act immediately in the event of one occurring.

People who required support with their medications were supported with them. Care workers either reminded people to take their medicines or they removed medicines from packaging and handed them to people and watched to see that people had taken them. A person told us, "[Care worker] helped me with my morning medication; there has never been a problem with this." Another person told us, "They understand about [their medicines], they are very professional." People were supported to have their medications at the right times because home care visits took place during time frames that suited people.

Good

Is the service effective?

Our findings

People who used the service told us they felt that staff had the right skills and knowledge to meet their individual needs. A person told us, "I think they are very well trained. I know they get an induction and they seem to be above average with their knowledge." Another person told us, "The person [care worker] who comes is obviously well trained."

Care workers received training that was relevant to the needs of the people they supported. The provider's training plan was based on the profile of the people who used the service. Staff who supported a person with limited mobility were trained how to use a hoist. Staff were trained about different communication techniques so that they could communicate effectively with people who had limited verbal skills. A person told us, "I have had a stroke and the carers understand how that affects me and they give me time with my speech." A relative of another person said, "[Person] can't always express himself clearly and is also quite deaf, but they take account of that and speak to him clearly."

Care worker's induction included getting to know the people they had been allocated to support. They 'shadowed' the registered manager supporting people and were then observed providing care and support before they supported people unsupervised. Care workers told us they found their induction to have been very helpful. One told us, "I shadowed the manager three times for each of the four people I support. It prepared me because I learnt how the people wanted things done."

Staff were supported through regular contact from the registered manager. This was used to share information about the service and plan rotas. More formal discussions took place in the form of 'supervision' meetings. These were scheduled to take place four times a year and covered subjects such as care worker's performance, well-being and learning and training needs. Most staff had at least one supervision meeting in 2017 and were about to have a second at the time of our inspection. A care worker told us, "My supervision was helpful, but so are the times, which are often, when I talk with the manager. I've had lots of advice and support."

The provider had links with an organization that provided the most up to date guidance relevant to providing care. They engaged external resources to provide practical training such as using hoists. Other training was 'on-line' and was organized to support care workers to progress through 15 training modules covering subjects such as safeguarding people, medications, dignity and respect and legislation relevant to the provision of social care such as the Mental Capacity Act (MCA) 2005.

The 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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

People who used the service were presumed to have mental capacity to make their own decisions about the care and support they received, unless there were reasons not to. That was the correct position to take, because under the MCA a person must be presumed to have mental capacity unless there is evidence to the contrary. When the registered manager first assessed people's needs when they began to use the service they obtained people's consent to receive care and support. Care workers told us they asked for people's consent before providing support and respected their decisions if they declined support. A person told us, "My carer always asks 'Are you happy for me to do this or would you like me to do this?' She always checks."

Staff prepared meals and drinks for people who said they wanted that support. A relative told us, "The carer will make breakfast if he asks and she is always nice and asks him what he would like." No person or relative had requested regular support with their meals as this was something they or their relatives did.

Care workers supported people to attend healthcare appointments, for example at hospitals. A person who was anxious about an appointment was supported to attend it by the provider who asked questions on the person's behalf. People who relied on organisations to provide them with medical equipment and clothing were supported by staff to ensure they received the right equipment to ensure their comfort. A person who was concerned about the cost of taxis to hospital appointments was advised about a free ambulance transport service which they now used. This meant the person could attend health appointments without being anxious about the cost of travel to them.

Good

Is the service caring?

Our findings

People told us that staff were kind, caring, and friendly. A person told us, "I'm so happy with them. They are so kind and helpful." Another person said, "I really like my carer. We have lovely chats." In their PIR, the provider told us that the service being caring was a "huge factor that underpins everything we do." We found that the provider's policies, staff training and support all underpinned an approach to make the service a caring and compassionate service. A care worker told us, "A lot of the training and support was about supporting people in a way that showed they mattered to us." A relative told us, "Our carer is brilliant. She is very caring and is very interested in people and in caring. Looking after people is her priority." A relative said, "They all have been kind and supportive. The owner came to see me and said 'if you want anything let us know' and I know they mean it." This showed that the provider had instilled a caring and compassionate nature throughout the service.

People told us it was important to them to be supported by the same care workers. This was something that the registered manager achieved by matching care workers with people and ensuring that people were supported by the same care worker. On occasions that did not happen, for example when a care worker was on holiday, the registered manager allocated a care worker a person had already met and knew. A person told us, "It is good for me that I have the same carers as I have got to know them." Another person said, "I have mostly the same person in the mornings and there is a group of three in the evening. That is good for me because I've got to know them." A relative said, "It's so important [person] has the same carers. It makes him feel comfortable because he can recognise them. Care workers told us they valued that they supported the same people because it was the most effective way of getting to know people and learning about how they liked to be supported. "

The service also demonstrated that people mattered to them because it ensured that people had home care visits at the times they wanted. If care workers were delayed they notified the office who then contacted the person to let them know. A person told us, "They are usually on time and they usually let me know if they are going to be late." A relative said, "They come at 08.30am as arranged and we are happy with that."

Care workers made extra efforts to show they cared. People told us that care workers took time to chat with them and showed genuine interest about their lives. A person told us, "I really look forward to [care worker] coming each week. She always kisses me goodbye which is lovely." They said that after they told a care worker what their favourite flowers were a care worker bought them some.

The service also demonstrated that people mattered by being flexible and supporting people with things that caused them anxiety. For example, the registered manager supported a person who was anxious because they could not find a shop that sold a particular type of glove by finding a supplier on the internet and purchasing a pair for the person. Staff arranged for a local authority to fix a water leak in a person's bathroom. A care worker stayed longer with a person because they were upset after a visit from health professionals. This showed how the staff responded to situations intuitively and with care.

People told us that care workers cared for their well-being and did not rush their care. A person told us,

"They stay overtime sometimes" and another said, "Yes, they stay the right time." People said that care workers always asked if there was anything else people wanted them to do and often stayed longer. A relative said, "They always ask if there is anything else they can help us with before they go." One person took delight that a care worker supported them to take their dogs for a walk. They told us, "I asked if we could take the dogs out together and there was no hesitation, she said 'absolutely we can."

People who used the service were involved in decisions about their care and support. They were involved in the assessments of their needs and explained how they wanted to be supported and cared for. Their care plans and records care workers made were at their home. People therefore had access to information about their care. A person told us, "I personally don't read it but my family do so it is useful." Another person and their relative told us about how they had been involved. The relative said, "They [the registered manager] included us both."

Care workers respected people's dignity and privacy when they provided care and support. People told us they felt safe and comfortable. A care worker told us they supported people they way they wanted to be supported and that protected people's dignity and modesty by using towels, ensuring curtains were drawn and providing care in the privacy of a room chosen by a person. People and relatives told us that care workers were polite and respectful when the visited their homes. A relative said, "They always tidy up after themselves and respect our home."

Staff treated information about people with confidentiality. Every person told us that care workers never discussed other people who used the service. A relative told us, "I know a person they go to and when I ask how they are the carers just say they are 'fine' and do not go into details."

Good

Is the service responsive?

Our findings

Every person we spoke with told us that they were pleased with the care and support they received. A person said, "I cannot fault Kare Plus carers, they are 100% brilliant." People explained that a reason they were pleased with the care and support they received was the flexibility of the service and attention to detail. A relative told us, "They are very good if we need to alter a time for an appointment. If mum has a hospital appointment they will come early to help get her ready."

People told us that they received care and support in precisely the way they liked. A person told us, "I asked a carer to use two hands when they so that they could clean me better and she listened to me and has done ever since."
However, we found that their preferences were not always included in their care plans which care workers referred to. For example, care plans included statements such as `support with bathing' or 'help to dress' but did not include detail about how to do this. This did not have an adverse impact on people because care workers knew about people's preferences because they were taught and encouraged to find out from people how they wanted to be supported. The provider told us that there may be occasions in the future when agency care workers were used. There was a risk that an agency care worker would rely only on what it said in a care plan and not engaged with a person. We discussed this with the provider who began a review of care plans to add detail about people's preferences about the way they wanted to be supported.

The service ensured that people had the time to receive the care and support they needed. This was through effective planning of home care visits that took place at times people wanted. Home care visit plans took travel time into account and there were enough care workers to ensure that they did not rush their visits. A person told us, "They take their time to help me, I never feel rushed." When care workers supported people with care routines they did so in ways that met people's emotional needs. A relative told us, "The carers are so bright and cheerful, they talk with [person] and this works so well for him. They understand his emotional needs. They are bending over backwards; I am so pleased with them." People told us that it made a big impact on them that care workers were so knowledgeable about them.

People who used the service or their relatives contributed to the assessment of their needs. Before people began to use the service the registered manager visited a person to carry out an assessment of their needs. People recalled those visits. A person told us, "They [registered manager] came out at the beginning to do the care plan." The registered manager also carried out regular reviews of care plans with people's involvement. The reviews were used to obtain people's feedback and to identify and implement any changes people wanted made. The same person told us, "[The registered manager] has been out a couple more times since. If there were any problems I'd talk to her and she would sort it out. She is excellent." A relative of another person told us, "There is a care plan and they [person and registered manager] go through it regularly."

People knew how they could make a complaint. Information about how to complaint was included in their care plan that every person had in their home. No complaints had been made, but the provider's complaints procedure made clear that they wanted to hear about any concerns had so that the service could learn and

continually strive to improve people's experience of the service.

Good

Is the service well-led?

Our findings

The provider placed at the forefront of the service an aim to provide a service that was safe and compassionate. That aim was instilled during the recruitment and induction periods and consolidated by the support the provider and registered manager provided to staff through supervision and newsletters. Staff told us they felt motivated because of the way the service was run. People and relatives told us the service was well run. A person told us, "The owner really seems to care. They and the manager are easy to get hold of. I think they are very well organised and are much better than services we have used before." A relative told us, "They have a decent management team and the registered manager is very good. They set high standards and are very aware of the needs of clients. It makes us feel our relative is in safe hands."

The service had 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.

The leadership of the service was strongly evident. People and relatives knew who the registered manager and provider were and said it was easy to contact them at any time. Care workers told us that the provider's and registered manager's enthusiasm motivated them. We found that the management and staff worked closely together and shared and practiced the same values.

People and relatives told us that their home care visits were made at times they expected. They told us that this was important to them because it contributed to them feeling safe and confident. However, the provider did not have arrangements for monitoring that care workers had arrived on time or stayed for the required duration of a home care visit. They relied on people to contact the office if a care worker had not arrived. This meant the provider had no reliable method of monitoring a key aspect of the service.

We recommend that the provider explore suitable methods of monitoring punctuality and duration of home care visits that do not place an onus on people using the service to contact it.

People told us their views were sought. This happened at reviews of their care plans, visits and telephone calls the registered manager made. A person told us, "They do ask how things are and I tell them how happy I am with them."

People's views were also sought using a questionnaire survey. We saw the response all of which rated the service as being safe and caring. At the time of our inspection, the provider was designing a new survey that asked more questions about people's experience of the service and invited people to rate it using the same ratings CQC use. The new survey was an improvement because it was designed to give the provider with a more extensive view of people's experience of the service. It showed that provider's commitment to use people's feedback to drive improvement.

The provider had relied on feedback from people as the main method of monitoring and assessing the

quality of the service. Other arrangements included observations by the registered manager of care workers when they supported people. Those observations monitored whether care workers practiced the provider's values and aims of providing a service that was safe and compassionate. Those values were reinforced at supervision meetings and staff newsletters.

Other monitoring included checking the records care workers made of their home care visits. The registered manager checked the notes for assurance that people had been supported in line with their care plans. We found that the quality of record keeping was consistently good. People we spoke with were satisfied with the accuracy of the records.

The registered manager understood their legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the CQC of serious incidents involving people who used the service.