

IQ Homecare Ltd

Kare Plus Oxford

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Kare plus (Oxfordshire) is a domiciliary care agency providing care to people in their own homes in the Oxfordshire area. At the time of our inspection 26 people were receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which 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

People were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems to report and investigate concerns. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were enough staff to keep people safe and meet their needs. Robust recruitment processes aimed to ensure only suitable staff were selected to work with people.

People told us staff were mostly punctual, and no one told us they had experienced a missed visit. People were informed when their care visits would be taking place. Support visits were monitored through an electronic monitoring system that alerted management if staff were running late.

Each staff member had received induction and training to enable them to meet people's needs effectively. We saw that supervision/spot check meetings for staff were held regularly and staff felt supported by the management to perform their role. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People's care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed, and people and their relatives were involved in the reviews

Most people, and staff spoke positively of the management; they found them approachable and supportive. People told us they were aware there was a new manager in post. Staff were given appropriate responsibility which was continuously monitored and checked by the manager. There were systems to monitor, maintain and improve the quality of the service. The manager told us as the service grew, these systems would be expanded and refined.

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

Rating at last inspection and update

The last rating for this service was Good (published 6 January 2021).

Why we inspected

The inspection was prompted in part due to concerns received about poor care, staff working without sufficient background checks, lack of staff, administering medicines, and infection control practices. A decision was made for us to inspect and examine those risks. This was a targeted inspection.

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?

Good ●

The service was safe

Details are in our Safe findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Kare Plus Oxford

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. The service did not have a manager registered with the Care Quality Commission (CQC). This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided. The new manager was in the process of registering with CQC.

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 manager would be in the office to support the inspection.

Inspection activity started on 4 May 2022. We visited the location's office on 4 May 2022.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we spoke with eight people using the service and one relative. We contacted five care staff and spoke with the manager, two coordinators and the provider. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for four people, staff training records, four 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good.

The inspection was prompted in part due to concerns we had relating to administration of medicines, staff background checks, lack of staff, infection control practices

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. People's comments included: "They [staff] are very good and kind. They look after me," "Everyone so far has been excellent and really helpful" and "Safe, yes. They are very good, no problems."
- Staff had received training 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 said, "I would report concerns to the coordinators and the manager. If I feel their response was not adequate, I would raise and report the concerns to adult social services Oxford. I can also report any failings concerns with CQC."
- Systems were in place to safeguard people from harm and abuse. The manager told us that all safeguarding concerns would be recorded and investigated by the service.

Assessing risk, safety monitoring and management

- Risks assessments were in place to help keep people safe. The manager had completed risk assessments for people that contained guidance for staff to manage the risks. These included risks associated with mobility, eating and drinking and environment.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were supported by regular staff who understood their needs and could respond swiftly as and when the person's needs and risks changed.

Staffing and recruitment

- People told us staff were mostly punctual and stayed for the full visit time. No one reported missed visits. Their comments included; "The odd late call but [staff] will ring if really running over. No missed calls up to now. They [staff] stay for allocated time even if running late" and "Generally on time."
- 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. The service also sought references and other background information, such as permission to work in the United Kingdom and identity checks.
- There were sufficient numbers of staff available to keep people safe and meet their needs. A member of staff told us, "I think the staffing levels seem to fall short at the weekends where staff feel pushed, but care calls are met. Coordinators seem to be on hand to cover absences where needed so generally I feel there are enough staff." We saw planned staffing levels were consistently maintained. This included where two staff

were required to support people.

Using medicines safely

- Records relating the administration of medicine were accurate and up to date. However, we could not find protocols to ensure the safe administration of 'as required' medicine (PRN). We informed the manager who said they would take action to resolve these concerns.
- People received their medicines as prescribed. Most people using the service managed their own medicines with the help of their relatives. However, one person told us, "They put my medication out for me from the blister pack."
- 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 said, "I do administer medication and routinely seniors like [senior staff name] carry out spot checks for a care visit including checking medication is correctly handled and given."

Preventing and controlling infection

- People told us staff used correct PPE and followed safe infection control practice. Their comments included; "Masks, gloves, aprons always. Yes, and hand washing when gloves are off," "Yes, full PPE and hand washing" and "Always masks, gloves and aprons."
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- Systems were in place to record and investigate accidents, incidents.
- Learning was used to improve the service. For example, problems were experienced with the system informing people of visit times. The manager introduced a new system resolving the issue.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery.

The inspection was prompted in part due to concerns received about poor quality of care.

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

- People told us they were happy with the care and support they received. Their comments included; "I have a [piece of equipment] they assist me with it. Couple of days ago there was an issue they put the [piece of equipment] on and it broke. I rang the manager and he came out to replace it" and "I was really poorly and have now really improved. One of the carers [staff] gave me a cuddle as they were so proud how I was doing."
- 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. People's care files included information about their personal histories and what was important to them. We found no evidence to suggest staff did not follow the guidance in people's care plans.
- 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. There was evidence that people's relatives were invited to participate in care plan reviews with people and felt their opinions were considered. We also saw the service responded positively where people ask for changes to visit times to facilitate hospital appointments.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- 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. One staff member told us, "I always ask clients how their care is going and if they have any feedback. I will make sure this information is recorded, passed on and follow it up on my next visit or with the office. I make sure I am trained to understand people's differing methods of communication, where needed and I always make sure people are supported to give feed-back and raise complaints when needed."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any complaints or concerns about the service. One person said, "No complaints. I would ring the office if I did." Another person spoke about a complaint they raised against a staff member. They said, "I complained they [staff member] did not come again."
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- The registered manager recorded and investigated complaints in line with the providers policy.

End-of-life care and support

- Currently, no one was being supported with end of life care and palliative care needs.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care. They also said they would contact other appropriate professional services if needed.

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.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A new manager was in post and was in the process of registering with CQC. They said, "I have only been in post about six weeks but I feel we are making progress slowly to get us where I want us to be."
- 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, spot checks and regular quality visits to people's homes. Action was taken to address any identified issues.
- 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 manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

- Most people told us the service was well-led. People's comments included; "From where I sit it all seems ok. Seems to be well run," "[Managers name] the manager is good at his job, even the carers comment on how good he is" and "It seems to run ok, well it does for my needs. I have no issues with the management."
- It was evident throughout the inspection that the manager worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a very positive way and reflected on how they were managing the service and the improvements they wanted to make. For example, some of the documents we requested were hard to find. The manager told us, "I've not been here that long, but it was clear to me I need to reorganise the office. It is not how I want it yet, but improvements have been made and we are getting there." Office staff informed us the changes had been positive.
- Staff felt the management team were supportive, fair and understanding. A staff member told us, "[Manager] has been very professional, nice and approachable. He has created a nice team building vibe in the company. The introduction of a second care coordinator is very good and will help the organisation allowing more time now for coordinators, clients and staff." Another staff member said, "I do feel listened to and supported by the managers they do act on information and inform me of actions taken and give guidance. Things that can't wait to supervision I feel comfortable to ask for some time. I can request a supervision and managers can request one. Otherwise supervisions are every five to six months and this gives us a chance to reflect on our training needs and improvements."

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 manager was responsive to issues and concerns; they completed robust investigations and understood their responsibility to be open and honest if things went wrong.
- The 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.

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

- People and their relatives were encouraged express their opinions via the telephone or during visits.
- Staff had a clear understanding of their roles and their day to day work was steered by the people they supported. Staff were had opportunities to develop their skills to ensure provision of better quality of care.
- The provider had 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 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.
- The manager was a member of the United Kingdom Healthcare Association and told us this was a "Supportive organisation which helps us to keep up to date."