

## Kare Plus Durham

# Kare Plus Durham

### 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

This was an announced inspection which took place over two days on the 26 May and 7 June 2016. This was the service's first inspection since it was registered in May 2015.

Kare Plus Durham is a domiciliary care service that is registered for the regulated activity of personal care. The service provides care and support to people in their own homes in the north Durham and Gateshead areas. The care offered varied from short visits to 24 hour care. A number of people were receiving care at the end of their lives. There were ten people using the service at the time of the inspection.

The service had a registered manager who had been in post since December 2015. 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.

We found that people's care was delivered safely and in a way of their choosing. They were supported in a manner that reflected their wishes and assisted them to remain as independent as possible. Where people's needs could not be met safely or effectively by the service this work was declined.

People's medicines were managed well. Staff watched for potential side effects and sought medical advice as needed when people's conditions changed. People and their family carers were supported to manage their own medicines if they wished.

Staff felt they were well trained and encouraged to look for ways to further improve their skills. Staff told us they felt valued and this was reflected in the way they talked about the service, the new manager and the people they supported.

People who used the service were matched up with suitable staff to support their needs, and if people requested changes these were facilitated quickly. People were complimentary about the service. They were included and involved in their care by the staff and manager and felt the service provided met their needs.

There were high levels of contact between the staff, the manager and people, seeking feedback and offering support as people's needs changed quickly. People felt able to raise any questions or concerns and felt these would be acted upon.

When people's needs changed staff took action, seeking external professional help and incorporating any changes into care plans and their working practices. Staff worked to support people's long term relationships and kept them involved in activities that mattered to them. People thought that staff were open and transparent with them about issues and sought their advice and input regularly.

The registered manager was seen as a good and compassionate leader, by both staff and people using the service. They were trusted and had created a strong sense of commitment to meeting people's diverse needs and supporting staff.

## 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. People were protected from possible abuse. Staff had received training in safeguarding and they told us they would identify and report any instances of possible abuse. The provider had taken prompt action to support vulnerable people when issues arose.

Staffing levels were sufficient to meet people's needs safely. Appropriate checks were carried out before staff began work with people and their practice was observed.

People received their medicines in a safe and timely manner.

### Is the service effective?

Good ●

The service was effective. Staff had access to the training they required to help them understand people's care and support needs.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were no longer able to give consent to their care and treatment. The service sought advice and input from families and other professionals when making decisions.

Staff liaised with external professionals to make sure people's care and support needs were met.

People received food and drink to meet their needs.

### Is the service caring?

Good ●

The service was caring. People told us staff were always caring and respectful towards them.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care for the person.

People were helped to make choices and to be involved in daily

decision making.

### Is the service responsive?

Good ●

The service was responsive. Care records were written to ensure people received support in the way they needed and preferred. These were updated as people's needs changed over time.

People had information to help them complain if they were unhappy with the service.

### Is the service well-led?

Good ●

The service was well-led. A new registered manager was in place who encouraged a culture of quality and compassion amongst staff and people who used the service.

Communication was effective and staff and people who used the service told us they felt listened to when they contacted the service.

Staff said they felt well supported and were aware of how to contact the service for support throughout the day.

The new manager monitored the quality of the service and looked for any improvements to ensure that people received safe care.

# Kare Plus Durham

## 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 was 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 26 May and 7 June 2016 and was announced. We gave the service 48 hours' notice as it is a domiciliary service and we needed to be sure that someone would be in at the office. The visit was undertaken by an adult social care inspector.

Before the inspection, the provider had 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. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted local commissioners of the service for feedback.

During the visit we spoke with five staff including the registered manager either at the visit or after on the phone. We also spoke with two people who used the service on the phone.

Three care records were reviewed as was the staff training programme. We reviewed complaints records, three staff recruitment files, three induction/supervision and training files, and staff meeting minutes. The manager's quality assurance process was discussed with them.

# Is the service safe?

## Our findings

People who used the service told us they felt safe with staff. One person told us, "The carers are always on time, polite and stay their allotted time." Another person told us, "The manager visited and explained how they worked, and they have been as she said it would be."

Staff had an understanding of safeguarding adults and knew how to report any concerns they might have. They told us they would report any concerns to the manager. They were aware of the provider's whistle blowing (exposing poor practice) procedure and knew how to report any concerns they had external to the provider. For example, they knew to contact social services or the police if they had urgent concerns. Staff were able to tell us about different types of abuse, were aware of potential warning signs, and described when a safeguarding incident would need to be reported. Staff told us they currently had no concerns and would have no hesitation in raising concerns if they had any in the future. They told us, and records confirmed that staff had completed safeguarding training. The provider's safeguarding policy had taken into account the local authority reporting procedures. Safeguarding records showed that appropriate safeguarding alerts had been raised by the provider.

Staff told us they felt safe and were protected by the provider's procedures for their personal safety. For example, when working on late night calls they had an on- call telephone number they could call for assistance. One staff member told us they felt the manager and on- call staff were reliable and would always be available when they needed them. The manager told us how they revised the lone working procedure after an incident. They had learnt from this incident and incorporated the learning into a revised procedure to support staff.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, for falls and nutrition to keep people safe. These initial assessments were also used to calculate staffing number to meet people's needs, for example if a person needed two staff for moving and handling. These assessments were regularly reviewed to ensure they reflected any changes in risks to the person. They formed part of the person's care plan and there was a clear link between care planning and risk assessments. The risk assessment and care plan contained clear instructions for staff to follow to reduce the chance of harm occurring, whilst at the same time supporting people to take risks to help maintain their independence. People we spoke with were happy that the service reflected their choices and wishes from initial assessment onwards.

People and staff we spoke with told us there were enough staff to meet people's needs safely. Staff had clear guidelines on what to do if they felt they needed additional support and could call on additional support via the provider's office

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the provider's office. We were told all incidents would be audited by the manager at the office and action would be taken. We saw that after each incident or 'near miss' the manager looked to see if

there were ways to prevent reoccurrence or reduce future risks.

We looked at how staff were recruited and saw that the process was the same for all staff. Staff were subject to a formal application and interview process. Two references were obtained and a criminal record and barring scheme check (DBS, disclosure and barring service) made. These checks ensured staff were suitable to work with vulnerable people. The staff we spoke with confirmed this process had been completed.

People told us they were both prompted and supported by staff to take their medicines safely. We saw that medicines records were accurate and evidenced the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was continuously checked in the future. Staff told us they were provided with the necessary training and they were sufficiently skilled to help people safely with their medicines. Suitable assessments and any necessary support were in place to ensure the safety of people who managed their own medicines.



# Is the service effective?

## Our findings

People told us they felt the service was effective at meeting their needs. One person told us, "They do exactly what they said they would do, and a bit more. The carers suggest additional things to me and ask if I want that to happen. It's like having another relative."

From records of staff induction we could see that all staff went through a common induction process. All staff had attended training in key areas identified by the provider, such as health and safety and moving and handling. The manager kept a record of all staff showing when their refresher training was needed. Regular observations of staff were carried out by the manager to check staff were following care plans and to check that care plans were still appropriate. Staff we spoke with had worked in similar services in the past but confirmed they had still attended the provider's training and went through the same common induction. One staff member told us about how they had found the training had filled in gaps in their previous knowledge.

We looked at staff supervision and appraisal records and saw there was day to day contact with staff where the manager visited people and spoke with staff as part of that visit. Records were kept which showed that formal supervision processes had started for staff and the manager told us this would be maintained in future. Supervision and spot checks looked at training needs and gave staff feedback on how well they were meeting people's needs, as well as identifying areas for improvement. Staff we spoke with told us this regular contact was helpful, they felt able to discuss any personal or work issues that affected them, and they felt supported by a quick response. The service had not yet conducted annual appraisals of staff since first registration, but had a policy and process in place for this to happen after staff had worked for 12 months.

People told us they had regular contact with the new manager, either in person or by telephone. They told us they were clear about what the service could offer and that staff and the manager spent time with them getting to know what help they needed. One person told us they had contacted the office and the manager came out straight away, helped them with an urgent repair and kept in touch to make sure it had all been resolved. They told us, "I don't think she gets paid for that, but she just did it".

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. The manager told us how they advised staff to be aware of one person whose ill health meant their mental capacity may change over time. They told us they contacted family for additional help and advice when this happened to support them with any possible decisions they may need to make about their care.

Some people were supported by the service to eat and drink. We saw this support was detailed in care plans. One person told us that staff made meals and left snacks and drinks for them between visits.

We saw from records that people had access to support from health care professionals including GP's and district nurses. From care plans there was evidence of regular liaison and joint working with external healthcare professionals such as district nurses. Staff we spoke with told us they supported people to seek this external support and then assisted in communication and updating them on changes in people's needs.

## Is the service caring?

### Our findings

People told us they felt the service offered to them was caring. One person told us, "The carers have been very nice; they give me the time I need and help about the house". One person told us they had the same regular carer who they had got to know quite well and that they looked forward to their visits. People we spoke with told us that staff respected their privacy. They told us staff knocked on doors before coming into bedrooms and ensured that curtains were drawn before providing any personal care.

Care records helped to identify people's preferences in their daily lives, and important details about their background, occupation and any personal interests. This helped staff to be able to provide support in an individualised way that respected people's wishes and lifestyles. Staff we spoke with knew the details of people's past histories and their personalities and had been able to get to know them well. We saw that written details of how people wanted to be cared for and supported by staff were clear and had been written in plain English.

People told us they felt respected by staff, they could direct the care to meet their needs and that the staff responded to their requests. We saw that some staff had been trained to be aware of how best to offer emotional and practical support to people and their families whilst receiving end of life care, when this was needed.

People told us that when they were first assessed by the service they were given information about the provider, who to contact and that any questions they had were answered. One person told us the manager had been very patient as they felt they had asked lots of questions, but at the end felt reassured they had made the right choice.

The registered manager told us how they supported people to access additional healthcare services, sometimes supporting family carers to ask for additional support or advice if this was not initially forthcoming, such as additional equipment. Staff we spoke with were aware of advocacy support that could be accessed to support them with any conflicts or issues. We saw that issues from people's behaviour had been referred for external professional support to ensure that the needs of the each individual were recognised.

We saw that one person had been supported with issues related to domestic abuse. Steps had been taken by the provider to ensure this person's safety and rights were protected. Staff we spoke with about this were clear about how they offered this service and how they ensured their safety by promptly reporting any issues to the office and external professionals.

## Is the service responsive?

### Our findings

People told us they had found the service to be responsive to their changing needs. One person had requested changes and told us, "I just had to ask and they were able to help me, so they did it straight away." From talking to the manager they were able to tell us how they aimed to be as flexible as possible in how they provided the care requested. Carers were matched with people at initial assessment and through the recruitment process the manager had assessed carers likes, dislikes and values. This allowed the service to be flexible and provide care in line with what people had requested. The manager felt this was a responsive way to provide support. There had been occasion where people had requested a change of carer and this was facilitated quickly.

Initial assessments were carried out to identify people's support needs and these included information about people's medical conditions and their daily lives. Care plans were then developed from the assessments that outlined how people's needs were to be met. For example, with regard to night time routines, personal care, mobility and communication. This was to ensure staff could provide support to people in the way they wanted and to ensure their health and well-being. We looked at three people's care records, including support plans about their care needs and choices. We saw the quality of recording was consistent and provided clear information about each individual. There were regular reviews of the care plans and information or advice from external professionals was added quickly. The records were written in plain English avoiding technical terms.

People told us they were included in developing their care plans and had been consulted by the manager and staff about how best to support them. They told us that the manager had contacted them first, got some background information, and contacted families if they wished that to happen. The care records we saw showed that care was designed for each person. Staff, records and observations confirmed that people were receiving the care as agreed in their care plans. People told us they felt encouraged by staff to maintain their independence, but also knew they just had to ask for help. People were able to tell us that staff had a positive attitude to work, and this included listening to their views and having an interest in their lives and interests.

The manager had regular contact with people through home visits or telephone contact, including texting them. People told us they felt able to raise any concerns and that these were quickly responded to. Staff told us that they would report any concerns raised by people to the manager. The service had received one complaint since being registered and five written compliments. We looked at the records and saw that the complaint had been investigated and formally responded to. We saw this had led to clear action by the provider and an improvement in their service. We also saw that minor concerns raised were reviewed and that any learning from these had been acted upon by the manager. The manager was clear that concerns and complaints were another form of feedback and that taking any learning from these was helpful. We saw that individual staff had received feedback on compliments received from people using the service from the manager.

From records and talking to staff we saw the provider had taken steps to support staff after the previous

registered manager had left the service. We saw that staff had been encouraged to speak out about issues affecting them and this feedback was reflected in the provider's response to this event. We saw the new manager had been supported by the staff team to make changes to how they were managed going forward. This demonstrated that the new manager was keen to seek staff ideas and support before making any changes to how the service was delivered. The directors told us they had quickly seen positive changes in staff morale once the new manager was appointed

## Is the service well-led?

### Our findings

People told us they felt the service was well-led. They all told us that contact they had with the manager and the service's office was positive. Staff we spoke with also told us they felt supported by the provider after the previous registered manager had left. Staff were able to tell us the ethos and values of providing quality care to people in a manner of their choosing. For example, one staff member told us how the staff had dealt with one person's anxiety about receiving care for the first time. They told us that by listening to their concerns they had been able to better understand their wishes and respond accordingly. One staff member told us, "They were scared of losing control of their home and life. We supported them to be more in control in the end".

The registered manager told us they did not offer to provide people's care where they felt unable to meet their needs or where they could not offer a consistent service. They told us that if the initial assessment showed they would not be able to offer the continuity of carers or the right skills mix, they declined the work. The registered manager felt that to offer a second class service was not appropriate and went against the service's principles.

The manager told us how they planned to ensure an open working culture and provide support and leadership to the service. Staff meetings had not taken place for a few months and the manager showed us there were plans to re-start these after the previous manager had left. They were able to show us how they used e-mail and other communication methods to keep staff updated on changes. We also saw that at spot checks staff were encouraged to raise any issues they had. One staff member told us about how they felt able to talk to the manager about issues affecting their work.

We discussed notifications to the Care Quality Commission (CQC) with the manager and clarified when these needed to be submitted. They were clear about their role as a registered person and were open and transparent with us throughout the inspection. They explained the issues the service had after the previous manager left and how they planned to further improve and develop the service. For example by ensuring that new work was in areas where they could provide effective cover, meaning staff had clear travel time between visits. The manager was viewed as visible and approachable by people using the service and the staff. Those people who had contact with the manager and the service's office felt able to raise issues or concerns. The service had conducted two surveys to get the views of people using the service since registration. We saw that feedback was good and that any comments had been acted upon. For example, one person had asked staff not to wear a uniform when visiting them and this had been respected.

The manager undertook regular audits of care plans and other records such as medicines. Changes had been made to reflect people's changing needs in response to the audit findings. The manager described an on-going cycle of visits to people, seeking their feedback, updating care plans and making sure staff had the skills to meet those changing needs.

When we spoke with the responsible individual they were able to tell and show us records which showed the changes they made after their previous registered manager left. For example by looking at staff's attitudes

and values at recruitment as well as their previous qualifications. They felt this better reflected their vision for how the service was to develop.