

S U V Healthcare Ltd

Kare Plus Milton Keynes and Bedford

Inspection report

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18 May 2017

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

This inspection took place on 16 and 18 May 2017 and was announced.

Kare Plus Milton Keynes and Bedford provides personal care to people who live in their own homes in order for them to maintain their independence.

At the time of our inspection the provider confirmed they were providing personal care to 1 person.

There was a registered manager in post. 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 were unable to rate the agency as there was not sufficient information available to us to fully assess how safe, effective, caring, responsive and well-led the service was.

Staff had an understanding of safeguarding procedures that should be followed to report abuse and risk assessments were in place to manage risk within a person's life.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Adequate staffing levels were in place.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions.

People's consent was gained before any care was provided.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

The provider had systems in place to monitor the quality of the service as and when it developed and had a process in place which ensured people could raise any complaints or concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? Service inspected but not rated	Inspected but not rated
Is the service effective? Service inspected but not rated	Inspected but not rated
Is the service caring? Service inspected but not rated	Inspected but not rated
Is the service responsive? Service inspected but not rated	Inspected but not rated
Is the service well-led? Service inspected but not rated	Inspected but not rated

Kare Plus Milton Keynes and Bedford

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 16 and 18 May 2016 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with one person who used the service, two support workers, and the registered manager. We reviewed one person's care records to ensure they were reflective of their needs, four staff files, and other documents relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe when being supported by the staff. One person said, "I am very happy with the service. I don't feel unsafe at all."

Staff received suitable security checks before starting work within the service. We saw that Disclosure and Barring Service checks (DBS) had taken place, two professional references, and one personal reference obtained. This ensured that the service did not employ staff that were unsuitable to be working with vulnerable people. The registered manager told us, "People are not offered the role until the checks have been completed."

We saw that appropriate assessments of risk had taken place within the care planning of the person using the service. We saw that risk assessments identified the person's ability, the support required, any equipment that may be used, and the risk control measures. Risk assessments we saw focussed on the person's ability and positively promoted independence.

There were enough staff to meet the needs of people. One person told us, "The staffing is very consistent, which is very important to me. Too much change in staffing would make me anxious, but I always see the same faces. I have been impressed with the consistency so far." The registered manager told us of plans to begin providing personal care to more people, and that more staff would be recruited to meet these needs as and when the service grew. At the time of the inspection we were unable to assess the effectiveness of this in the longer term as there was only one person currently using the service.

The service did not currently support anyone with the administration of medication. We saw that training was in place for staff, and systems to support and record the administration of medicines could be used once the service was required to provide this support. We were unable to assess the effectiveness of these systems as they were not in use with the one person using the service.

Is the service effective?

Our findings

People told us they thought the staff were well trained and supported them well. One person said, "I work within the care industry myself, so I know what is good and what is not good. The carers I have are excellent."

All the staff went through an induction programme before starting to support people within the service. We saw that all staff would complete mandatory training on subjects such as safeguarding, health and safety and moving and handling. Staff would then spend time shadowing the registered manager and more experienced staff to get to know how best to support a person. The registered manager told us that all new staff were signed up to the care certificate, if they did not already have a similar qualification. The Care Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. At the time of the inspection we were unable to fully assess the effectiveness of the training, and the monitoring of the training, as the service had only been providing personal care to one person for a short period.

Staff could expect to be supervised on a regular basis and there was a procedure in place for annual appraisals to be undertaken. We were unable to check with staff whether the provider followed the procedure in place at the time of this inspection, as they had not been working at the service for a long enough period of time.

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. At the time of the inspection we were unable to check whether the service was working within the principles of the MCA. The registered manager had an understanding of the MCA and their role and responsibility but was not able to demonstrate this in practice as yet.

Training and systems were in place to support people with food and drink choices. Staff were able and prepared to help people shop for, prepare, record and monitor food and fluid intake to ensure people received the nutrition they needed and remain hydrated. At the time of the inspection we were unable to assess fully how effective these systems were as there was no person who required support with meals or with the monitoring of food and fluid intake.

Staff were able to support people to access health care services. One person said, "We have not got to that yet, we are going step by step with my support. We have discussed the support I need with healthcare though and that will commence in the future." At the time of the inspection we were unable to assess fully how effective this support was as it had not yet commenced.

Is the service caring?

Our findings

People told us that staff were caring and kind towards them. One person said, "The staff are very caring, they treat me like a human, they see the person first and the disability second. I have had support from other services in the past which have not been as good."

We looked at a person's care plan and saw that it contained personalised information about the things they liked and disliked, and how they preferred to be supported. We saw a list of things that were important to the person, including how the staff should respect their home when they were being supported, the specific way of supporting them in public, and their preferred routines. One person said, "The care plans are very good. They are a good reflection of what I need and who I am. I was involved in the process of putting it together." We saw that the same small team of three staff members had been consistently caring for a person. The person confirmed how important it was to them to have consistent care staff. The staff were able to get to know the person and develop a positive and respectful relationship. However, we were unable to fully assess how effective and consistent this was in the longer term as there was a very limited service being provided to one person at time of the inspection.

People's individuality was respected and staff ensured that people's privacy and dignity was protected. The person we spoke with told us they felt the staff that worked with them were respectful of their privacy and dignity.

The service involved people in their own care and promoted independence within the support they gave. The registered manager was aware of the support that some people may need who were not able to make decisions for themselves. We were not able to assess the effectiveness of such support, as at the time of inspection, nobody required it.

Is the service responsive?

Our findings

People received a pre-assessment of their needs before the service started providing care. The registered manager told us that she would complete the assessment, followed by two weeks of providing the care herself. After this, she would introduce carers to the person who would learn from her and take over. The registered manager said, "We gave photos of the staff that would be introduced to [Person's name] so they were able to prepare to meet someone new. This helped a lot as the person can become anxious when new carers are introduced."

People were involved with developing and updating their care plan which detailed what care and support they needed. One person told us, "I pretty much review the care and care planning every week. It is still a relatively new service to me, and I am able to constantly feedback and change things as I need it." The staff we spoke with felt that they were able to be flexible with their approach and take the person's views on board, reporting any changes to the registered manager as required. We were unable to fully assess how effective and consistent this was in the longer term as there was a very limited service being provided to one person at time of the inspection.

There was information available to people and their families about what to do if they had a complaint or needed to speak to someone about the service. We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to. However, at the time of the inspection there had been no complaints so we were unable to assess as to how effective the procedures were.

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Is the service well-led?

Our findings

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us the service was well led and that the registered manager was able to be contacted and was approachable and helpful at all times. The staff confirmed that they felt well supported by the registered manager. One staff member said, "She is very supportive and approachable, it is an excellent service to work for." We saw that the registered manager was very knowledgeable about the person receiving a service, and the skills and attributes of the staff team. The registered manager and the staff we spoke with were positive and enthusiastic about the plans for the service to grow in the future.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included management of medicine, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required and were expected to read and understand them as part of their role. At the time of the inspection we were unable to assess fully the effectiveness of the policies and procedures in place due to the limited service being provided and minimal number of staff employed.

We saw that quality monitoring systems were in place. Questionnaires had been devised for people to complete and comment on the quality of the care they received, and audit forms for things such as client files and daily log sheets were present. Due to the service operating for a relatively short amount of time, we were not able to fully assess the systems in place.