

Care Nexus Ltd

# Kare Plus Redbridge

## Inspection report

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Date of inspection visit:  
28 February 2019

Date of publication:  
29 March 2019

## 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

About the service: Kare Plus Redbridge is a domiciliary care agency which provides personal care to people in their own homes. The service is based in Ilford, Essex and 83 people were using the service at the time of our inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

- People and their relatives were happy with the service they received. The care people received was safe. People had regular care staff who arrived on time.
- Risks to people had been identified and assessed, which provided information to staff on how to reduce these risks to keep people safe.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People and relatives received support from staff who were kind and caring. People's needs were met and their privacy and dignity was respected. Their independence was promoted by staff.
- Care plans were person centred and people were supported to maintain their nutrition and hydration. They were supported to see health professionals and were prompted to take their medicines from staff who were trained. Any complaints or concerns people had were investigated by the provider.
- Staff were supported and told us they had received training and development for their roles. Staff were recruited safely and received an induction prior to starting work.
- The provider had quality assurance systems to ensure the service was operating effectively. The registered manager was committed to developing the service and making improvements when required. They learned lessons when things had gone wrong to minimise re-occurrence.

Rating at last inspection:

At the last inspection the service was rated 'Good' (report published 5 September 2016) and has remained the same at this inspection.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

A further inspection will be planned for a future date.

## 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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring 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 Redbridge

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### 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:

The service provided personal care to adults living in their own homes. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

Our inspection was announced. We gave the provider 48 hours' notice as we needed to be sure someone would be available to support us with the inspection. Inspection site visit activity took place for one day on 28 February 2019. We visited the office location to speak with the management team and office staff.

#### What we did:

- Before the inspection, we reviewed information we already held about this service including details of its registration.
- We looked at feedback from local authority commissioners.
- We viewed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we viewed:

- Eight care records including people's care plans and risk assessments;
- Records relating to the management of the service, such as complaints, incidents, surveys, rotas and quality audits;
- Four staff training and recruitment records.
- We spoke with the registered manager, the deputy manager and two staff.
- We spoke with five people who used the service and seven relatives.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- Risk assessments were in place and contained information for staff about what action to take to reduce these risks.
- There were assessments for moving and handling, medicines, health, nutrition, hydration and the person's home environment.
- Staff were knowledgeable of risks and told us they understood the assessments to ensure people were kept safe. One staff member said, "The assessments tell me everything to help reduce risks."

### Using medicines safely

- People were supported with taking prescribed medicines by staff. Staff competency was assessed to ensure they were capable of supporting people safely.
- Staff administered medicines safely by recording when the person had taken their medicine on a Medicine Administration Chart (MAR).
- We looked at MAR charts and saw they were completed accurately. A staff member said, "I am confident with medicines. I have had training. I complete the correct sheets, record and sign. I check the dosage and name of the medicine to make sure it is all there."
- One person told us, "Yes the staff do support me with medication." Another person said, "Yes my medication is supplied by the local chemist in a dosette box. Staff help me take them."
- Senior staff carried out checks on staff and records to ensure medicines were being managed safely.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm. There were safeguarding procedures in place to report and alert the relevant authorities of any abuse or neglect.
- People told us they felt safe. A person told us, "Oh yes definitely without a doubt I feel safe." A relative commented, "Yes the service is safe because of the continuation of the staff coming. It is quite important for [family member] to have a good routine."
- Staff had received training on safeguarding adults and understood their responsibilities to report concerns.
- A staff member told us, "I look for signs such as bruises or sores. Abuse can be physical or mental. I would log it and report to the office immediately. We will then tell the local authority or police."

### Staffing and recruitment

- People were supported by sufficient numbers of staff. People also told us they received a reliable service and staff were punctual and arrived at times that suited them. One person said, "Yes they are on time unless something happens. They come at 10.00 or just after 10.00." Another person told us, "Yes they are very

punctual. Half an hour, 7 days a week. One carer comes 5 days a week and another carer at the weekend. They are marvellous."

- Staff told us there were enough staff to support people and they were happy with their rota. They told us they had enough time to travel in between visits. A staff member said, "We have cover staff if there is an emergency and we can't go to a visit. We received our rota for the week a few days in advance. I have enough time to get around and make sure I am on time."
- People told us if staff were going to be late the service always phoned them to let them know. They also said that staff stayed for their allotted time and did not rush their duties.
- Checks such as criminal record checks and references were carried out before employing staff to ensure they were safe to work with people.
- Previous experience staff had was recorded to determine the level of training and support they required.
- Staff we spoke to confirmed that these pre-employment checks had been carried out.

#### Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff knew how to prevent the spread of infection and told us they used Personal Protective Equipment (PPE) when providing care and support. A staff member said, "We have gloves and aprons and gels so that we maintain hygiene and prevent infection."

#### Learning lessons when things go wrong

- Any accidents or incidents that had taken place were recorded. Action was taken to keep people safe and to reduce re-occurrence.
- Accidents and incidents were recorded and analysed for trends to learn lessons.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives told us that staff were trained and skilled to support them. A person told us, "Oh definitely, the carers are well trained." Another person said, "Yes I think so." A relative said, "[Family member] seems to be happy with the service in what they do and how they do it. I'm happy because my [family member] is happy."
- Staff told us that they were happy with the training they received. A staff member told us, "Training was informative and in depth. It was very good."
- Staff received supervision and annual appraisals to identify training needs, discuss issues and review their overall performance
- Staff felt supported by the registered manager and senior staff. A staff member told us, "I feel supported by [registered manager] and [deputy manager]. Another member of said, "Yes I can approach the managers with anything. They are helpful."

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

- Pre-admission assessments had been carried out to identify people's needs so staff were able to meet their preferences and requirements for their care and support.
- The service assessed people's needs and choices through reviews. Where changes had been identified, this was then reflected on the care plan.
- This meant that people's needs and choices were being assessed to achieve effective outcomes for their care.

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

- Staff supported people to maintain their nutrition and hydration if this was required. Care plans contained information to staff on whether people required support from staff with meals or were supported by their relatives. One person said, "No my [relative] does that."
- A relative told us, "Yes the staff help prepare meals but I supply them. They help [family member] with cooking meals like eggs and bacon because [family member] is losing their appetite. Staff are trying all different ways to help them eat. They make meals and talk to [family member]."
- A staff member said, "Some people need support and I will prepare packet ready meals but encourage people to eat fresh food. I warm food in a microwave or the oven. I make tea, toast, porridge, cereal, sandwiches and prepare fruits and juices."

Supporting people to live healthier lives, access healthcare services and support

- People had access to the healthcare services they required, such as GP, dentists and hospitals.

- Staff knew how to recognise when a person was unwell.
- Staff had access to contact details of health professionals and requested healthcare support when this was needed.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA.

- Staff requested people's consent before carrying out personal care tasks.
- People provided their consent to care and their capacity was assessed. However, this was not always clearly set out in people's assessments.
- The registered manager had identified this and told us they were reviewing mental capacity assessment forms to make them clearer.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect. They and their relatives were involved in how their care was delivered to them.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were caring. A person told us, "They are good at caring and helpful." Another person commented, "Oh yeah definitely, they are all very helpful, all of them, they are very nice carers." A relative told us, "Yes. [Carer] is very caring and lovely. Absolutely fantastic." A member of staff told us, "I look after people like I would my own parents."
- Another relative made a similar comment and said, "These carers are like my family. They look after my [family member] like they are their own [relative]."
- This showed people were well treated by staff who were kind and compassionate.
- Staff had received training in equality and diversity. This helped them support people in a way that was discriminatory of people's specific protected characteristics, such as race, gender, disability, sexual orientation and religion.
- A staff member said, "I am respectful of all cultures and religions. I sit and talk to people and understand them, it doesn't matter where they are from. We have to promote equality and human rights."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A person said, "Yes they respect my privacy." One relative told us, "When [carer] is going into the bathroom to assist [family member], she will knock on the door first." Another relative said, "The carers respect [family member's] physical privacy and mental privacy as well."
- Staff were very aware of the importance of confidentiality. They knew how to protect the confidential information of people they supported and told us they would not share the information with people that were not authorised to view it.
- People and relatives told us that people were encouraged to be independent. One person said, "Most definitely I feel independent. The support has changed a lot, it's now just prompts really". Another person said, "Yes I try to do little things and staff encourage me." A relative told us, "Yeah, when [family member can], the care staff are encouraging them to do things by herself by putting little things by their side."

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

- People told us they were supported to make choices and decisions by staff.
- People and their relatives were visited by senior staff before their care started to ensure their views and preferences were considered.
- One person told us, "Yeah I got a book and the carers came and talk to me about it." A relative said, "Yes they [staff] involved us all at the time with the care plan for [family member]." This meant people were supported to express their views and were involved in decisions made about their care.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery. People received a person-centred service from staff who understood them.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs.
  - People received personalised care that was responsive to their needs.
  - People's care plans included information such as likes, dislikes and preferences. Staff understood them and used the information to provide care and support according to people's wishes.
  - Care plans detailed people's preferences for their care and any interests or activities they enjoyed. This enabled staff to get to know people better so they could deliver a person-centred service. For example, one person expressed in their care plan that they enjoyed talking to staff about "planes, sailing and boats."
  - Care plans considered people's communication needs and gave staff detailed information about how best to communicate with a person, to help them express their views and be involved in their care.
  - Staff communicated with senior staff in the office and with each other to deliver effective care and support.
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- Staff completed daily records, which detailed the care that was delivered after each visit. They were written for colleagues and managers to understand any issues, changes or requirements relating to the person.
  - The registered manager told us they were encouraging and training staff to write their records more clearly so that concerns could be noted quickly and easily.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed.
- All complaints were recorded along with the outcome of the investigation and action taken.
- People and relatives were aware of how to make complaints. One person said, "Oh yeah, that's no problem. I know how to complain and we've got all the information." Another person told us, "I ring the office and complain and they will try and help me."

End of life care and support

- At the time of our inspection, the service was not supporting people who had a terminal illness and were reaching the end of their life.
- The registered manager told us should they do so in future, they would provide staff with the necessary training and ensure people were supported with their end of life wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood their role and responsibilities. They were supported in the running of the service by a deputy manager and the provider.
- At our last inspection in June 2016, we made a recommendation that the service reviews and updates all policies and procedures to ensure compliance with current legislation and guidance.
- At this inspection, we saw that most policies had been updated and were reviewed annually. We noted that some policies had yet to be reviewed and the registered manager told us these were in progress.
- Staff told us the service was well-led and there was a positive culture.
- Staff understood their responsibilities and told us they could approach the management team with any concerns. They were confident their concerns would be dealt with. A staff member said, "Good managers. They listen and respond to any concerns."

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

- There was a system to gather people and relative's feedback. People were given the opportunity to say how the service could be improved or made better for them.
- People told us the service was well managed. One person told us, "I don't have anything bad to say about them. I must admit I was doubtful but they have provided us with a service better than I would have hoped for." Another person said, "I am satisfied with the service. We can all do better but it is very efficient."
- Staff meetings were held regularly which kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team. Staff were reminded of their responsibilities to ensure they maintained a high standard of care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team carried out spot checks and audits to check that staff were working appropriately to meet people's needs and keep them safe.
- People received a person-centred service that was suited to their needs.
- The registered manager notified the CQC of incidents and safeguarding concerns in the service as is required by law.

Continuous learning and improvement

- Quality monitoring information such as questionnaires and surveys were sent to people for their feedback to be analysed to create a cycle of continuous improvement.
- Audits identified areas for improvements to ensure people always received safe and effective care.
- The registered manager showed us the provider's electronic system for reviewing the service and identifying issues. We saw that it was effective and helped to monitor the quality of the service.

#### Working in partnership with others

- The registered manager told us the service had grown and improved since the last inspection by promoting an open and inclusive culture, working in partnership with local services and professionals. This enabled people to have positive outcomes for their care.
- The most recent local authority report was positive and we saw the service was ranked highly in the borough for its reliability and providing a good standard of care to people.
- There was a proactive approach to ensure staff worked together with external agencies and professionals to receive support and guidance for people.