

P C S Care Limited

# Kareplus Redditch

## Inspection report

The Business Centre  
Edward Street  
Redditch  
Worcestershire  
B97 6HA  
Tel: 01527 60092  
Website:

Date of inspection visit: 27 and 29 May and 8 June 2015.

Date of publication: 21/08/2015

### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 27 and 29 May and 8 June 2015. The first two days were announced. We gave the registered manager 48 hours' notice of the inspection. This was because the organisation provides a domiciliary care service to people who live in their home or a family members home and we needed to be sure someone would be available at the office. At the time of this inspection the agency was providing personal care to about 80 people.

At our last inspection in November 2013 we found the provider to be meeting the regulations we assessed.

There was a registered manager for this service who was available for the first two days of our inspection. 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.

# Summary of findings

We found a range of shortfalls which needed to be improved to ensure people received appropriate care and support. Systems to assess and monitor the service or to identify where improvements were needed were not always consistent. In some aspects they were inadequate and failed to ensure that people were protected from potential risks related to care being provided.

People told us they felt safe and had no concerns about the care provided by care workers at the agency. Care workers and office based staff had an awareness of different types of abuse and the actions they should take in reporting concerns about people's care.

People who used the service were involved in planning their own care and support and agreed how they wanted their care to be provided. People were supported in aspects of their care such as the management of medicines to maintain their well-being. Care workers had a good awareness about the need to seek people's consent prior to providing care and support. Care workers were aware of actions they needed to take if they identified concerns with people's healthcare or identified risks to their safety in their own homes.

People told us the care and support they received was from a consistent team of care workers and they usually visited at the agreed time. Care workers were recruited after checks were made about their suitability and training was provided. Some training needed to be improved to ensure care workers had suitable knowledge about people's medical conditions to ensure their needs were fully met. In addition we found staff had not always brought to the attention of management particular training needs so that they were trained in the use of specific pieces of equipment.

People were complimentary about the management of the agency and felt their concerns would be listened to. They could make contact with the office if needed and were aware of how they could raise concerns about the service provided.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People were potentially at risk of receiving unsafe care and support because changes to their care needs were not reported to the agency. People's medicines were not always signed as given by care workers. People felt safe with care workers who knew how to safeguard people. People were supported by a regular team of care workers.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

People's needs were potentially not always met or recognised as care workers did not always receive the training necessary. People were asked for consent before care was provided. People were supported with meals when needed.

**Requires Improvement**



### Is the service caring?

The service was caring.

People and their relatives thought care workers were caring and they had their privacy and dignity respected. People's consent was obtained before care was provided. People received care and support from a team of regular care workers.

**Good**



### Is the service responsive?

The service was not consistently responsive.

People did not always benefit from up to date information being held about them to enable care workers to respond to their needs. People felt able to raise concerns about the service provided.

**Requires Improvement**



### Is the service well-led?

The service was not consistently well led.

People were placed at risk because the provider's audits and quality assurance systems were not effective and had failed to identify shortfalls within the service provided. People spoke positively about the management of the service in that they found them to be helpful and approachable.

**Requires Improvement**



# Kareplus Redditch

## 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 over a period of three days 27 and 29 May and 8 June 2014. The visits in May were announced. We gave the provider 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure someone would be available. This also enabled us to see care workers at the office. The visit on the 8 June was unannounced and was made to complete the inspection and finish some of our findings. The inspection was carried out by one inspector.

We looked at the information we held about the provider of this service such as incidents, unexpected deaths or injuries to people receiving care, this also includes any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the service provided at the agency. The local authority is responsible for monitoring the quality and funding for people who use the service.

We spoke with four people who used the service, six relatives by telephone. We spoke with four care workers as well as the deputy manager, office staff and the registered manager and a director.

We reviewed the care records of four people who used the service and two staff recruitment records. We also viewed records relating to the management and quality assurance of the service including audits, staff training and survey results.

# Is the service safe?

## Our findings

People we spoke with who had medicines administered by care workers told us they were given as prescribed. Care workers confirmed they assisted people with their medicines as detailed within people's care plans. A relative told us care workers would usually inform them if their family member was running low on their medicines. We reviewed three people's medicine administration records completed by staff and saw that they all contained gaps where care workers had failed to sign to indicate they had administered people's medicines. This issue had not been identified prior to the inspection and the registered manager was unable to confirm whether people had received their medicines as prescribed. There was no evidence available to indicate if the gaps in records maintained was indicative of a recording issue or of people not receiving medication and we did not see any record that the issue had an impact on the people involved. The registered manager accepted that audit of medicine records were inadequate and in need of improvement. As a result of our findings the registered manager sent written instruction to all members of care workers to remind them of the importance of signing for medicines once they were administered.

We found that care workers had commenced providing additional support to two people to meet their needs. Care workers had not informed the registered manager of the changed support needs or that the additional support being provided required them to use specific equipment in two people's homes. The daily actions of staff had been recorded in notes made in the care records for each person. No risk assessments were in place to ensure these practices were safely carried out or arrangements made to ensure that staff received necessary training. The registered manager had not picked up on the actions recorded by staff for eight months and accepted that audits were inadequate and in need of improvement. When brought to the attention of the manager specific training was provided to care workers within 48 hours of the registered manager becoming aware of the activities care workers were engaging in. That care workers had not informed the registered manager of changes in people's needs could have potentially left people at the risk of receiving unsafe or inappropriate care and support.

People who used the service and their relatives told us that they felt safe when they had care workers in their home. One person told us, "I am confident that I can leave them (care workers) to it". The same person told us, "Care is done safely." Another relative told us they believed their family member to be safe in the care of the agency and added, "I would recommend them."

Care workers and staff at the office we spoke with were knowledgeable about their responsibility to report any concerns they had regarding people's safety. All staff members we spoke with had a good knowledge about the types of abuse people receiving care and support in their own homes could be at risk from. One of the care workers described safeguarding as, "Protecting people against abuse". Care workers told us they would inform the registered manager, office staff or the on call senior of any concerns they had regarding people's safety. Care workers confirmed they had undertaken training in safeguarding and told us they had not had any concerns about practices carried out by any member of staff from the agency. The registered manager was aware of how to report any safeguarding concerns to the local authority. Following an incident involving the agency the registered manager had informed the local authority as well as the Care Quality Commission as required.

We saw that risk assessments were in place that covered a range of potential risks and included environmental risks within people's homes. We saw that appropriate risk assessments were in place for identified and known risks for example falls, skin care, medicines and use of equipment such as showers. These risk assessments were relevant to the person concerned and matched information seen within care plans. Care workers we spoke with were aware of the risks and how they were to be managed.

There were sufficient numbers of care workers employed to carry out the care required for people and meet their needs. People and their relatives told us care workers usually arrived on time, but when they were going to be late people confirmed they were informed by office staff if there was going to be a delay. We spoke with staff at the office who confirmed they expected care workers to inform the office staff if they were going to be half an hour late. One care worker told us, "I can't remember the last time I

## Is the service safe?

was late.” Another care worker when commenting on late calls told us, “It has happened. I phone the person to let them know.” Care workers felt the travel time build into the rota to be sufficient to get from one call to another.

The provider told us they were keen to continue to recruit staff and provide care to additional people in a wider area. We saw that the provider had completed checks to ensure staff were suitable to provide care and support to people in

their own homes. We saw the provider had carried out a Disclosure and Barring Service (DBS) check on staff before they commenced working at the agency. The DBS is a national service and helps employers make safe recruitment decisions. We spoke with newly appointed care workers who confirmed they had attended an interview and one care worker told us they understood why they had a DBS check done.

# Is the service effective?

## Our findings

One person who used the service told us, “They (care workers) listen to what I want and act on my comments.” A relative told us they found care workers worked in a calm way and confirmed how that way of working suited their family member.

Care workers told us they had received training in a number of areas and were happy with the training provided for them. We found that some training was however carried out by a senior member of staff from the office rather than a person more qualified to deliver specific training who had the necessary skills and experience to provide this training. For example one person required a personal care task to be carried out on a daily basis. The person concerned felt care workers needed additional training in order for the care to be provided suitable and for care workers to recognise any concerns which needed professional medical input to prevent infection.

The registered manager told us care workers undertook in-depth training in administration of medicines as they believed care workers needed, “To have a clear understanding “of the importance of getting people’s medicines right. Care workers confirmed they had received this in-depth level of training.

We spoke with some new members of staff who were employed as care workers. They told us they had attended six day induction training before they started work with the agency. This training had included areas such as health and safety and moving and handling as well as care practices such as catheter care. Newly appointed care workers told us they felt prepared to provide care and support to people following this training. These members of staff also told us they shadowed experienced members of care workers until they felt confident to work on their own. One care worker told us, “Did shadowing until I was happy to go out on my own. I could have had more time if I’d wished; there was no pressure to be on my own.”

People we spoke with and relatives confirmed care workers sought consent before providing personal care. On relative

told us, “They [care workers] always talk to [relative]” so the person could consent and be aware of the care provided. Care workers we spoke with were aware of the importance of seeking consent from people prior to providing care and support. Care workers were aware of people’s right to refuse care and were aware of the Mental Capacity Act 2005 (MCA). The MCA sets out the requirement of assessment and decision making processes to protect people who do not have capacity to give consent. The registered manager had undertaken training in the MCA. Care workers told us they asked for people’s consent before they did anything and checked people were happy for them to assist or support them. One care worker told us, “I always ask people’s permission before I provide care.” We saw care plans gave instructions to care workers to gain consent from people prior to providing personal care.

People received appropriate support to ensure their nutritional needs were met. People told us that care workers assisted in the preparation of meals where this formed part of the care plan. Care workers were aware of people who were potentially at risk of not eating and drinking sufficient amounts and recorded the meals they had eaten so their nutritional needs could be monitored. The registered manager confirmed monitoring of documents when returned to the office was not sufficiently robust to identify any concerns. Care workers we spoke with did not bring any concerns regarding people’s eating and drinking to our attention.

A relative told us care workers were, “Very good at getting the nurses [district nurses from local doctors surgery] if concerned about skin condition.” Another relative told us they were confident that care workers going to their family member would contact them if the person concerned was unwell. Care workers told us they would report any concerns they had regarding a person’s welfare and take the necessary action depending on the individual and circumstances. A member of staff at the office told us care workers or the office staff would contact a family member, a doctor or nurse, or the emergency services as needed.

# Is the service caring?

## Our findings

People as well as relatives we spoke with were positive about the care staff provided. One relative described the care workers as, “Nice, kind and helpful”. Another relative told us they were pleased with the care provided and told us they, “Really admire” the care workers who visited their family member due to the way in which they provided care and support. The same relative told us they believed their family member received a, “Good service” from the agency describing care workers as, “Very patient” and they do a, “Wonderful job.” A further relative told us their family member would need to live in a care home if it was not for the care provided. They told us, “I rely on them.”

One person told us they had, “The same person visits them every day of the week”. Care workers confirmed they worked in teams to ensure people received consistently the same members of staff. Care workers felt this was important. This was so they got to know people well to build a relationship and therefore provided the care and support they required. Care workers we spoke with told us they enjoyed the work they were doing and spoke about their desire to care for people. We found care workers and staff at the office to be knowledgeable about people’s individual care needs and knew people’s likes and dislikes. Care workers told us they enjoyed speaking with people

and ensuring that people were comfortable with them working in their home by showing respect. For example care workers were aware of people who preferred to have either male or female care workers attended to their personal care needs.

People we spoke with told us they felt listened to and respected by care workers who visited them. Care workers told us they understood the importance of people making their own decisions. Care plans made reference to promoting people’s independence such as where people were able to attend to their own needs. For example in respect of how much assistance was needed when people were being supported with aspects of personal hygiene or bathing.

People who used the service told us care workers maintained their privacy and dignity while personal care was provided. We spoke with care workers and found they had a good understanding of ways they promoted people’s privacy and dignity. One care worker told us they “Treat people as if a family member.” Care workers told us they would ensure people’s dignity was maintained while personal care was carried out and how they were able to safeguard people from feeling embarrassed. Care workers told us they listened to what people wanted and acted upon people’s requests. These comments were confirmed by the people we spoke with who used the service.



# Is the service responsive?

## Our findings

We found there was inconsistency in the level of up to date information about people's care needs in the care records we viewed. Care plans were not always reviewed and amended to reflect people's changing care needs to ensure the care people received was personalised to meet their specific needs. We found that information about people's identified care needs was not always available for care workers to refer to and obtain guidance from. We looked at four care plans while at the office and found they were not always up to date. For example one person had increased the number of calls provided however the care plan was not amended or updated to include any instructions for care workers regarding the additional calls. Another care plan lacked detailed instructions in relation to signs care workers needed to look out for to indicate they were unwell with a known medical condition. As a result it was not always evident that staff would have the knowledge and skills to respond to the person appropriately. The registered manager was aware some care plans were in need of updating and showed us evidence that this piece of work was underway. We were informed that the newly appointed deputy manager was leading on reviewing and update care plans to ensure they were correct and person centred.

Some relatives were aware of reviews regarding people's care plan while others were not. For example one relative told us the care plan of their family member was, "Detailed". Another relative told us the care plan was, "Correct" and they were involved in reviews when they were able to discuss the care provided. A further relative told us their relatives care plan had not been reviewed.

We did however saw initial assessments were carried out prior to people receiving care from the agency. We heard an office member of staff take a telephone call where this was explained to a potential customer. In addition we saw an assessment was undertaken when a person had returned

home from hospital because their needs had changed. A new care plan was devised and care workers were informed of significant changes to the person's regime. Care workers were given detailed instructions regarding the care they were to provide and areas which were to be the responsibility of others including healthcare professionals.

People who used the service and relatives were happy with the standard of care provided. One person told us, "Couldn't choose a better provider as they sort out any troubles for you." One relative told us, "I wouldn't want to be without them". Another relative told us their family member looked good after the care workers had been. A further relative told us care workers had reacted responsibly when they detected a potential emergency within their family member's home by contacting them so they would get an emergency engineer out to attend to a potentially hazardous situation.

The provider had carried out a customer feedback survey during March 2015. We saw the responses were positive. Where people had answered each question the vast majority of people had answered either 'agree' or 'strongly agree' to each of the 15 questions. Some people had added comments to the survey describing care workers as "Helpful and delightful", "Wonderful" and "Exceptional". We were told of other methods used to seek feedback from people such as periodic telephone calls to people as well as spot checks on care workers where a manager would visit people while staff were visiting to check the care package was carried out safely and to the person's satisfaction.

People and their relatives told us they had no complaints about the service provided. People were confident if they did raise concerns or a complaint they would be listened to and addressed. There were systems in place to investigate any complaints received. The registered manager told us they had not received any complaints in relation to the service provided by staff at the agency.

# Is the service well-led?

## Our findings

At the start of the inspection the registered manager advised us that they had identified from a historic incident involving the service that care workers needed to report and record of concerns which had at that time needed to improve. The registered manager acknowledged the shortfalls which were identified during the inspection had included some related to care workers reporting and recording issues. We found that some audits were not being carried out and those that were being undertaken were not effective and had failed to identify issues of concern.

We found care records and medicine administration records were not being reviewed regularly enough to note and act upon incomplete records or records which had identified possible issues of concern or possible lack of administration of prescribed medication. Audits of the records detailing the care and support provided by care workers had not identified that the support provided differed from the care that had been planned. The audits had also failed to identify that some support was being provided that care workers had not been trained to deliver placing people at potential risk of receiving unsafe care. Risk assessment processes were incomplete in some instances, or not robust, and systems in place to audit them had failed to identify potential risks to people using the service.

This showed the provider was in breach of Regulation 17 (1) (2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

The registered manager took immediate action to rectify the shortfalls identified regarding the use of equipment and medicine records. Training was provided within 48 hours for care workers in how to use specific equipment and appropriate risk assessments and care plans were drawn up. In addition care workers were given written instructions on the expectation that medicine administration records were completed.

People who used the service and their relatives were happy with the service provided by the management team. One person told us, "I am on first name terms with them" and found office staff to be, "Really helpful." A relative told us their experience of the office found staff there to be "Very obliging".

Care workers we spoken with told us they felt supported by the whole management team and liked working at the agency. One care worker told us they were, "More than happy with Kareplus" and they, "Get on well" with the management. Another care worker told us they found management, "Easy to talk with" and "Approachable if any issues". A further care worker told us they wished they had started years ago.

Care workers told us they felt supported by the management and office team. They told us they received regular supervisions where they could discuss their work. Care workers also confirmed that spot checks were made by managers to observe their practice and provide feedback on any areas for development.

We saw care workers come to the office and engage in friendly discussion with the office staff and management. Care workers told us they could speak with management when they called into the office. Care workers told us they attended staff meetings and received supervision from staff at the office where they could discuss their work. Care workers confirmed that spot checks were made by managers to observe their practice and provide feedback on any areas for development.

Care workers felt the management to be open and they felt they could raise any concerns with them. Although care workers felt the management to be open and transparent it was evident information about the use of equipment not included within people's care plan was not raised as suitable action was not taken.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance</p> <p>The provider did not have an effective system in place to regularly assess and monitor the quality of service people received.</p>