

Eastern Specialist Services Limited

Kare Plus Norwich

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

The inspection took place on 8 March 2018 and was announced.

This was the first inspection for this service which was registered with the Care Quality Commission (CQC) on 9 January 2017.

Kare Plus Norwich is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection visit 29 people were using the service. The current areas covered include Norwich and East of Norwich. Referrals for the service come from private clients, hospital discharges, the local authority, and continuing health care.

The service had a registered manager in post. A registered manager is a person who has registered with 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.

There were systems in place designed to help protect people from abuse. Staff understood their responsibilities to report any suspicions that people were at risk of harm or abuse. The service had raised concerns appropriately with the local authority and taken their advice.

Risks to people's health and safety were assessed and managed well. Staff understood how to minimise risks, including those relating to the spread of infection and when assisting people with their mobility. Information that guided staff to work safely with people was clear.

Staff were recruited safely and this contributed to protecting people from staff who were not suitable to work in care services. There were enough staff employed to meet people's needs. A small staff team provided consistent care to people.

The provider carried out a detailed assessment of people's needs and encouraged people to be involved in decisions about their care and support. Staff received the training and support they needed to carry out their roles. Staff supported people to manage their healthcare needs and access the care they needed.

People consented to their care and their choices were respected. Staff worked in accordance with the Mental Capacity Act 2005 (MCA). The MCA ensures that people's capacity to consent to their care and treatment is assessed. If people do not have the capacity to consent for themselves the appropriate professionals, relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests according to a structured process.

Staff treated people with patience, warmth and kindness and relationships were good. Staff respected people's privacy and maintained their dignity. People were encouraged to be as independent as possible.

People received flexible, person centred care which met their individual needs and preferences. Staff treated people as individuals and were committed to ensuring that people received their care in the way they chose.

A complaints procedure was in place. People knew how to make a complaint and felt comfortable raising issues with the service.

There was a system of audits in place, to monitor the quality of the service. People's views were sought and acted upon. Staff felt supported and the provider promoted an open culture which welcomed constructive criticism. Feedback about this service from people, staff and professionals was highly positive.

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 had detailed care plans, which included an assessment of risk. These contained sufficient detail to inform staff of risk factors and action they should take.

People were supported by trained staff who knew what action to take if they suspected abuse was taking place.

There were enough staff to cover calls and ensure people received a reliable service. Safe recruitment systems were in place.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training and supervision to carry out their roles.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

Staff protected people from the risk of poor nutrition and dehydration.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who knew them well.

People were involved in all aspects of their care and in their care plans.

People were treated with dignity and respect by staff who communicated well.

People were encouraged to express their views and to make choices.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed information to staff on people's care needs and how they wished to be supported.

People's needs were assessed prior to them receiving a service.

People were provided with information on how to raise a concern or complaint.

Is the service well-led?

Good ●

The service was well-led.

The provider had quality monitoring processes to promote the safety and quality of the service.

People who used the service and their relatives were asked for their views to develop the service further.

There was an open, positive and supportive culture at the service and the vision and values of promoting independence were understood and put into practice.

Kare Plus Norwich

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 checked 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 comprehensive inspection took place on 8 March 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was undertaken by one inspector.

Before the inspection, the provider 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 any improvements they plan to make. We checked the content at inspection was correct. We reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection, we received feedback through surveys from 12 people and relatives who used the service; we visited and spoke with three people using the service and two relatives. We also spoke to four care staff, a care coordinator, the registered manager and provider.

We reviewed four people's care records and their risk assessments and management plans. We looked at four staff records relating to recruitment, induction, training and supervision. We looked at other records related to the management of the service including quality assurance audits, safeguarding concerns and incidents and accidents monitoring. We checked feedback the service had received from people using the service and their relatives.

Is the service safe?

Our findings

People told us they felt safe and trusted staff to keep them safe. In the surveys received 100% of people and their relatives said they felt safe from abuse or harm. One relative said, "I know my relative is safe with this agency."

There were measures in place designed to keep people safe from abuse. Staff were provided with relevant training. Staff told us about how they would ensure people were kept safe from abuse and knew how to recognise possible signs that someone was at risk. They were also clear about how to report concerns both within the organisation and directly to the local authority or Care Quality Commission. (CQC) One staff member said, "I have had my training, but I've not needed to use it. I would call [named the manager] or [named the owner]. If needed I would call you guys."

We noted that the provider had made appropriate safeguarding referrals where they had concerns about a person's safety and wellbeing and had co-operated with the local authority safeguarding team.

Measures were in place to enable people to take risks safely and to protect them from avoidable harm. An assessment of people's home environment were completed to ensure both staff and the person were as safe as they could be. Assessments were in place regarding a variety of risks including safe moving and handling, taking medicines and the risks associated with percutaneous endoscopic gastrostomy. (PEG) is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not possible. Assessments were clear and contained specific details. For example, one person had complex moving and handling needs due to a particular health condition. We saw that their moving and handling risk assessment contained information on the size of sling and which loops to use to ensure the person was safely supported before using the hoist. Staff had been trained in moving and handling procedures and told us that they were confident and competent with the training given. Staff confirmed that they had access to risk assessments and followed those instructions given.

Most people were independent with their medicines and staff did not always need to take responsibility for this element of care. There was a policy and procedure in place to guide staff and they knew how to access this. We examined medicines charts that were being used. Charts in place showed that staff had administered medicines to people as prescribed. Staff had received medication training so that they would be able to administer medicines if this were needed. Staff confirmed that they did not give any medicines until they received the appropriate training. They also confirmed that they had their competence checked.

Staff were recruited safely and the provider checked people's identity, work history, references and eligibility to work in the UK. The provider also carried out checks with the Disclosure and Barring Service (DBS) to ensure potential members of staff had no history of criminal convictions, which could make them unsuitable or unsafe to work in this kind of service.

There were enough staff to carry out the calls in a timely way and ensure people's needs were met. All the

comments we received were positive about the reliability of the service. One person said, "The continuity of carers is important to my [relative] and I, which they have endeavoured to provide." Another person commented, "Monday to Friday regular carers come and stick to times well. It can alter at weekends."

People liked the continuity of care staff that they knew. One person told us, "We have consistent regular carers who all know what they are doing." Another relative told us, "I trust these people I do not need to follow them round." People who used the service confirmed that they did not feel rushed.

Staff were trained in infection control. Staff we spoke with told us of measures they used to reduce the risk and spread of infection. Staff told us they practiced effective hand washing, used personal protective equipment (PPE), and disposed of waste appropriately. We observed that staff were issued with a uniform specifically for the role.

The service had a system in place for reviewing and investigating incidents and near misses. Staff understood the importance of recording significant incidents and of informing the provider so that they had accurate oversight of the service. The recent poor weather conditions had been a challenge for the agency to reach people because of snow. We saw that all people had been assessed upon risk and given a rating (red, amber or green) Those that were rated as a red risk were people who lived alone or required medicine administered. The owner of the agency had hired a small fleet of four by four vehicles to pick up staff and ensure they reached people who required a visit. Therefore no one was put at risk because of the weather conditions.

Is the service effective?

Our findings

People who used the service were very happy with the way staff supported them with their needs and felt that staff had the training and skills needed. One person told us, "They have clearly understood what is needed. I'm confident with the staff and their ability." Our survey (completed by approximately half of the people using the service) told us that 100% of those people felt staff had the skills and knowledge to give the care and support needed.

Each person had received an assessment of their needs before a service was provided to them. We saw that assessments were detailed and looked at the whole of a person's life and not just their specific care and support needs. We saw that there was information in each care plan about how to work with other professionals involved in a person's life and the person's consent to share information with other professionals was recorded. A person's mental health was assessed alongside their physical health needs and specific details were recorded. For example, what staff told us about one person's personality was described in their care plan that the person had access to.

One person's assessment had been carried out with the assistance of a solicitor/advocate to ensure all the person's needs and preferences were fully recorded. The service also worked with family members, some of whom had lasting power of attorney for care and welfare to speak in their relative's best interests. Lasting power of attorney is a legal document that appoints people to help or make decisions on behalf of another person. Where this was the case, it was clearly recorded in the care plan and we saw that relatives were appropriately involved in making decisions about people's care and support.

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 or 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 considered whether the service was operating in line with the Mental Capacity Act 2005. We found that people's capacity to consent to their care had been assessed and people had signed to record their agreement for various aspects of their care to be provided. For example, one care plan included sections on consent to answering questions for a care assessment and consent to involve other professionals in their care. Where people had made decisions with health professionals about resuscitation this had been clearly documented on appropriate paperwork.

Staff told us that they had the training and support they needed to deliver effective and high quality care. We saw that staff had undergone training in a variety of topics including food hygiene, moving and handling, health and safety, infection control and personal care. One staff member told us that they completed level two and three qualifications in care. Where people who used the service had specific health conditions which required specialist support health professionals taught staff how to meet these people's needs in the right way. Staff told us that they were trained to meet people's needs and that a small group of staff

supported people to ensure consistency.

Staff received regular supervision sessions and attended staff meetings to receive feedback and benefit from peer support. The staff we spoke with described themselves as feeling well supported by the provider. One told us, "There is always someone available to me. If I have a query, say with medicine, I can call and a manager is always available to guide me." New staff were supported through an induction and completed shadow shifts and were introduced to new people within the service. One staff member told us, "Everyone is different how they learn. I did shadow shifts until I felt confident to do the work alone."

Staff provided very little in the way of support regarding eating and drinking as people who used the service were either independent or had relatives to help them with this area of their life. However care plans considered people's needs and provided guidance for staff. For example, one person required two cups of coffee made and something prepared and left for a light tea.

We found that people were well supported with their healthcare needs. Care plans clearly identified the kind of support people needed with their health and good records were kept. Staff liaised with health professionals where needed and kept families informed. Examples included where people had been referred from healthcare professionals for support. One health care professional told us, "We have worked with this service provider since we began at the Norfolk and Norwich (part of the Discharge team) and we as a team can't recommend this provider more. They are passionate/ proactive and go out of their way to support both the hospital discharge team and the patients/families."

This demonstrated that the service worked in partnership with other health and social care professionals to ensure people remained well. We noted that a nurse had been involved with one person as they had developed a health condition. We saw that staff had followed advice and guidance to help the person improve.

Is the service caring?

Our findings

People who used the service, and their relatives, were very positive about the kind and caring approaches of the staff. The survey response was 100% positive about the care and support received. One person told us, "We consider Kare Plus to be an excellent provider." The provider information return told us, "Service users are allocated regular care workers to build positive relationships and to deliver person centred care." One staff member told us, "We have regular rounds with the same people, so we can really build up good relationships." We found that people did receive the same regular care staff to enable relationships to develop.

Staff respected people's choices and preferences and we observed warm relationships had developed between the people who used the service and the care staff. Care records set out clearly how people liked to receive their care and support and included specific details. For example one care plan stated the person preferred male staff where possible. A different person told us, "In my situation it is easy to lose your dignity, but I have found there is good communication. The same lovely staff come. They ensure my privacy and respect my dignity."

Staff explained they encouraged people, or their family members or advocates, to be involved in decisions about people's care. A legal view had been sought in the care for one person to ensure they understood the information provided and help ensure their views were noted. Another relative told us that they spent a brief amount of time over a cup of tea when the staff member arrived chatting and having an update. A different relative was very much part of the caring team for their family members and therefore able to give and receive updates about care and support provided.

People had been involved in drawing up their care plans and had signed them as a record of this. Each person had a service user contract which contained clear information about what the person could expect from the service. People were encouraged to feedback about their care and raise any issues related to it. One person told us, "I would speak to the office about any matters. They all communicate well."

Staff told us how they worked respectfully in people's own homes. One staff member said, "I know [person] particularly well. When I'm giving personal care I explain what I'm going to do, seek consent for that and make sure they maintain their personal dignity." Staff said they ensured people were covered up as much as possible during personal care and asked if they were comfortable. People were encouraged to be as independent as they could with their personal care. One relative said, "There is a specific shower routine and it is important to follow that." The registered manager confirmed that this was in place.

Staff understood about keeping people's information private. Records were kept securely in the office and people had care plan files that they could access within their own home.

Is the service responsive?

Our findings

People told us they received care and support which reflected their preferences and met their needs. Before people received a service, they had a detailed assessment of their care needs and a full care plan was drawn up following on from this. Care plans included the person's relevant history, likes and dislikes and other information to help and guide staff to give person centred care. People's cultural and religious needs had been considered alongside those relating to any disability. Exactly 'how' staff should deliver care was recorded alongside the care needs themselves. One person's plan clearly stated the routines they liked. Relatives told us that they knew that care needs were being met as they should be.

The provider assessed all aspects of a person's life including their mental health, ability to consent to their care, health and social needs and issues relating to their independence and dignity. Care plans ensured that staff had clear guidance about the care and support which should be offered. Staff told us that care plans guided them and were well written. One staff member said, "I go to the care plans and read what the previous member of staff has written. The care plans are clear and helpful to me." We examined care notes made by staff and found that these were well written, respectful and related to the care plans set out.

We found that information had been drawn up in consultation with the person concerned and reflected their wishes, with a strong emphasis on maintaining independence. Information was clear which would help any newer members of staff ensure they delivered the right care and support. There was evidence of regular updates and reviews of care plans.

One staff member explained that they had recently been out with a more senior person to assess a person with complex needs. They had conducted a thorough assessment including obtaining an occupational therapist report. They explained that because they were unable to meet the needs of the person as they requested and were not able to keep everyone safe then the agency did not take on the care package. This showed us that the service was diligent in ensuring they did not accept packages for people whose individual needs they could not meet.

A complaints procedure was in place and each person had been given information about how to make a complaint. People were very satisfied with the service overall and nobody we spoke with had felt the need to make either a formal or informal complaint. Both the registered manager and their care coordinator had regular contact with people and this provided people with the opportunity to raise issues directly should they need to. People were clear that if they had any issues they would contact the office. One person told us, "They have been communicative and taken action if any concerns have been raised."

The service provided end of life care for people. They ensured where possible the same small staff group were involved with the person and their family. There were good links with the local hospice and with the continuing health care team who contracted these care packages. Staff had access to policies and procedures and had skills and experience. However, the provider needed to develop recognised training for staff as part of their development for the service as it grows and takes on more care packages of this nature.

Is the service well-led?

Our findings

Feedback from people who used the service, relatives and staff was positive about the provider and the leadership of the service. The registered manager led by example, they were visible to staff and people using the service and was clear about what she expected from the staff. The provider was available to people and involved in the running of the service. Staff were well supported and wanted us to know what a positive experience they had working for this agency. The provider information return told us, 'An open door policy is adopted here at Kare Plus. Care workers feel confident that they can come into the office at any time and speak to office staff about any concerns that they may have.' We found this was the case. One staff member said, "This is a good agency. I would recommend it to others. When I come to the office you are warmly greeted by managers. It really is a safe place to work." New staff, especially if new to care, were supported to progress at their own pace. A newer member of staff said, "I believe this to be a good agency. The managers are all good. There is always someone who can advise me." Staff were encouraged to share ideas, informally or during staff meetings.

The business is currently small and the provider told us that future growth would be managed carefully so that the personalised service remained. The provider was keen that the service developed at a planned rate, "We want to grow safely," we were told. The philosophy and values of the service were known by staff we spoke with and were displayed in the office. The management team shared the same values and recognised the importance of a team approach and building a team of staff with shared values. One member of staff said because of the management team, "I love coming to work. It is a very caring place. I want to come to work every day." Managers and staff knew of 'The mum's test' and told us that they wanted to develop a service that was good enough for their mum to use.

We found an open, honest and transparent culture and have found the provider wanted to drive improvement and acted upon suggestions made during the inspection process. We had received some positive feedback from other parties before we inspected and we discussed this with the registered manager and the provider. We found that the provider was overseeing good, person centred care. None of the people we spoke with had any concerns about the care they received and praised the service. One health and social care professional said, "The management are excellent and always go above and beyond. We have had excellent feedback from clients who have used their services."

There were systems in place to monitor care delivery through spot checks completed on staff and reviewing of care notes that were returned to the office. The audit tool in place to review care records had further been developed by managers to make it more effective. Feedback given has led to monitoring in place becoming more formalised. A system of monitoring late calls, missed calls, safeguarding, incidents and accidents had been developed to ensure all aspects were recorded and learning shared within the team. This showed that the registered manager and provider had oversight of the service as they actively took measures to improve the service. Kare Plus Norwich was audited by the provider's head office and reports were provided. In the office, they were able to display awards won based upon these reports and individuals' performances. There are approximately 80 branches of Kare Plus therefore to win awards within the group was an achievement.

People who used the service and staff have been formally asked their views about the service in a survey conducted in the last quarter of 2017. The outcomes were positive. We noted that the service worked well with other professionals, particularly those who contracted work with them. The provider was keen to learn from others where possible and was taking part in a programme of student development from Norway. Six students were coming with their tutor from Norway to observe health and social care here in England. Kare Plus Norwich had made that possible and wanted to learn from the project.