

P C S Care Limited

# Kareplus Worcestershire

## 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

About the service:

Kareplus Worcestershire is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection it was providing care to 68 people.

People's experience of using this service:

People continued to receive care that was safe. People were protected from abuse and avoidable harm. Staff understood their role and responsibilities in keeping people safe, they had received safeguarding training and had a safeguarding policy and procedure to inform their practice. Staff were safely recruited and deployed to provide people's care. Risks to people's health, associated with their care and related safety needs, were effectively monitored and managed. Staff supported people to take their medicines safely when required.

People continued to receive care that was effective. People's care needs were effectively assessed, carried out and regularly reviewed, in agreement with them or their representative. Records relating to consent for care were accurately completed and people told us they were always offered choice and control over the care they received.

Staff spoke of their commitment to deliver care in a person-centred way based on people's preferences and likes. Staff treated people with kindness, compassion and respect and ensured that people's dignity was maintained at all times. People spoke positively about the care and support they received. Most people told us they received support from regular staff who stayed the right amount of time and knew them well. People were informed and involved to make ongoing decisions about their care; or to access relevant advocacy services, if needed.

People continued to receive care that was timely and responsive to their individual needs and wishes. People were confident and knew how to raise a concern or make a complaint if they needed to. People's views, feedback and any complaints received were monitored by the provider and used to help inform any service improvements needed. Staff were trained and supported to follow nationally recognised best practice standards, concerned with people's care at the end of life.

The provider operated effective governance and quality assurance systems for service improvement. Staff understood their role and responsibilities for people's care. The manager and staff worked in partnership with people, their representatives and relevant health or social care agencies when needed.

More information is in the full report.

Rating at last inspection: Good (published 16 March 2016).

Why we inspected:

This was a scheduled inspection based on the previous ratings.

Follow up:

We will continue to monitor the service through the information we receive.

## 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 Effective 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.

# Kareplus Worcestershire

## Detailed findings

### Background to this inspection

#### The 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.

#### 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:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

#### Notice of inspection:

This inspection was announced and took place on 8 March 2019. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback.

#### What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with six people and two relatives to ask about their experience of the care delivered. We spoke with the manager, who has applied for registration with CQC. We also spoke with the regional manager and three care staff.

We looked at;

- Care records for eight people
- Three staff employment related records
- Records relating to the quality and management of the service.

Details are in the Key Questions below.

# Is the service safe?

## Our findings

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

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

Assessing risk and supporting people to stay safe from harm and abuse:

- People receiving support and family members told us they felt the service was safe. Comments from people included; "I feel completely safe with all of the carers", "Yes, I feel perfectly safe with them, they look after me very well", "Yes, generally I do, one of them is an angel, I would be lost without her" and "Yes, I think [family member] is very safe with them. I am here so I would know if he was not safe." Individual risks to people and the environment had been assessed and were managed appropriately.
- Care records provided clear information around identified risks in order for staff to keep people safe from avoidable harm.
- Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.
- The service maintained a record for any safeguarding incidents that may occur. No significant incidents had occurred since our previous inspection; however, the manager was aware of their responsibility when recording and reporting safeguarding incidents.

Staffing and recruitment:

- There were sufficient staff employed to meet people's needs and staff experience, skill mix and competency was considered.
- Most people told us staff generally arrived on time and stayed for the duration of the call. Comments included; "Usually, unless they are held up at a previous call. They are very apologetic when they get here" and "Yes, most of the time it's not a problem with them." Although one person said, "They can vary a lot of the time." We saw that care calls were within the time tolerances expected by the local authority. The manager told us the registered provider was in the process of upgrading a call monitoring system.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service. Staff had received training in health and safety and their understanding and competency was discussed in one to one supervision meetings and in spot checks. This is where the manager or senior care staff completed an unannounced visit to observe staff's practice to ensure people received safe care.

Using medicines safely:

- People who received help with their medicines told us they received their medicines on time and as prescribed. One person said, "I do my own medication, they are in a box. They [staff] will put me cream on if my hands are bad."
- Staff were trained and administered medicines safely and the manager told us they, and senior staff observed staff practice to ensure they were competent.
- Medicines records were checked by the management team and action taken when any errors, for

example, missed signatures, were found.

#### Preventing and controlling infection:

- Staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control.
- The manager ensured infection control procedures were maintained with effective staff training. People we spoke with told us staff consistently washed their hands and used protective equipment before and after providing personal care for them.

#### Learning lessons when things go wrong:

- We looked at how accidents and incidents were managed by the management team. They detailed the nature of the incident, time and action taken to resolve it. When accidents or near misses occurred, they were reviewed so that lessons could be learnt and to reduce the risk of similar incidents occurring.



# 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.

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

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

- Care and support was planned, delivered and monitored in line with people's individual assessed needs.
- Systems were in place to assess people's needs and choices in line with legislation and best practice. The assessments were completed prior to people receiving support to ensure the service and staff could meet people's needs and provide effective support.
- Assessments by the service and those obtained from social care professionals resulted in planned, effective care which also included expected outcomes for people based on their needs and choices.

Staff support; induction, training, skills and experience:

- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. A staff member told us the induction was supportive and included shadowing more experienced before they worked independently. They said, "Not having worked in care before, the induction and training gave me the knowledge and confidence I needed to work alone." The manager told us new staff were expected to complete the care certificate. This is a set of standards that health and social care workers are expected to adhere to.
- People were supported by staff who had ongoing training. Staff were positive about the training provided. The manager and senior care staff undertook competency observations of staff's practice.
- Staff had regular supervision. This was a meeting with their line manager and an opportunity to review their individual work and development needs.
- People told us they found staff to be competent and understood their needs. Comments included, "The carers are very well trained and they look after me very well. I am lucky to have them" and "I think they [staff] are all well trained, but we have one who is exceptional, she is fantastic."

Supporting people to eat and drink enough with choice in a balanced diet:

- Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded as required.
- People we spoke with told us they were happy with the support they received with their meal preparation. They told us, "I usually cook for myself, but if I am not feeling very good they will ask if I want anything making. They always make me a cup of tea", "I do choose what I want at the time" and "Yes, they do cook me a meal, usually at tea time. I do choose what I fancy."
- Staff informed us they had completed food and hygiene training to ensure they were confident with meal preparation and always checked food use by dates.

Staff providing consistent, effective, timely care within and across organisations:

- Where people received additional support from healthcare professionals this was recorded within the care

records.

- People were supported by staff to attend medical appointments when needed.
- Staff were able to tell us of the healthcare needs of the people they supported, and were aware of the processes they should follow if a person required support from any health care professionals.
- Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.

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 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. People living in their homes can only be deprived of their liberty through a Court of Protection order.
- At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
- People were supported by staff that knew the principles of The Mental Capacity Act 2005 and recognised the importance of people consenting to their care.
- People told us they were in control of their support. Comments from people included, "Yes, if I need anything different doing they are always obliging", "I do choose things, like what to wear, things like that" and "I choose what I want to eat, drink and wear."
- Staff described to us the approaches they took when supporting people. These discussions demonstrated that people were involved and encouraged to make their own decisions that staff listened to and respected.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People told us, and family members confirmed, that they were treated with kindness and were positive about the caring attitudes of staff. Comments included, "They [staff] are all so respectful, but will also have a laugh with me, which I like", "They [staff] are gems, they don't rush around, everything is calm and relaxed when they are here. They treat me with the utmost respect" and "Yes, they are very good with me, they treat me very well."
- Staff were positive about their work and showed a good understanding of people's needs, routines and preferences. A staff member said, "I love working here, knowing how people like their care to be delivered means I can give them the best service possible." A person who used the service told us, "Most of them [staff] have been coming a while, so they know me very well and how I like things doing."
- People, along with family members, had been given the opportunity to share information about their life history, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and engage them in meaningful conversations.

Respecting and promoting people's privacy, dignity and independence:

- Staff ensured people's dignity, privacy, choice and independence when they provided care. Comments from people and relatives included, "They [staff] are all so respectful but will also have a laugh with me which I like" and, "Yes, they are very good with me, they treat me very well."
- Staff understood and were able to demonstrate how they followed the provider's published care aims and values, to ensure people's dignity and rights in their care.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private. Staff knocked on doors and waited for a response before entering people's homes, bedrooms and bathrooms.

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

- People were involved in agreeing and reviewing their care plans, and to make relevant decisions about their care. People and relatives said, "They [staff] ask me if things are okay all the time", "If I happen to think something is better a different way, they are happy to oblige" and "I like the fact they always ask me my opinion and include me in any discussions about [person] care." However, one person said, "The girls [staff] do listen to me, but people in the office don't always listen to me." We passed this comment on to the manager, who said it would be addressed at the next team meeting.
- Staff we spoke with gave many examples of how they ensured people's involvement and choice when they provided care. This included choice of clothing, meals, drinks and for their preferred daily living routines.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

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

- People's individual care needs had been identified. Care plans had been developed with the involvement of the person and their family members where appropriate. One person told us, "Yes, I do have a care plan and they [staff] keep it up to date. The carers do everything that is in it."
- Care plans were person-centred; they took account of people's likes, dislikes, wishes and preferences in relation to their daily routines.
- Staff had access to information about people's care needs; care plans detailed all tasks required for each visit and ensured that people received care that was person-centred and appropriate to their needs.
- Staff completed a daily record at each visit to ensure any concerns or identified changes were recorded. This ensured staff had access to relevant and up-to-date information.
- Most people told us they received care and support from regular staff who knew their routines well. Comments included, "I usually have the same few, its been a while since I had a different one", "Yes I have the same ones, any new ones will come with a regular one for a while" and "Usually, they don't have a high turnover of staff."
- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards; for example, where people were identified as having hearing difficulties.
- People and their family members told us staff were usually on time and stayed the allocated amount of time and didn't rush. Comments included, "They [staff] are all calm and just get on with it", "They [staff] have plenty of time to do all I need. Sometimes they will sit for a few minutes to chat" and "No, I never feel rushed at all. They are very calm and helpful."

End of life care and support:

- At the time of our inspection, no person was receiving end of life care. The manager was aware of the importance of developing end of life care plans with people, when they were requiring end of life care. We saw evidence staff had received end of life care training.

Improving care quality in response to complaints or concerns:

- People knew how to provide feedback about their experiences of care and the service provided accessible ways to do this. One person told us, "I have had a survey and sent it back to them."
- People told us they knew how to complain about the care if they needed to. Comments included, "I would complain if I had any concerns, but have never needed to", "I did speak to them about the visiting times and it is okay now" and, "I have spoken to them about having regular girls [staff] and they are trying their best."
- The manager had a complaints policy in place and said they would look at any complaints received to assess if action could be taken to prevent further occurrences.

# 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.

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

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements:

- The provider had effective systems to monitor the quality and safety of people's care and demonstrated ongoing service review and improvement when needed.
- Regular management checks were made of people's personal care, medicines and safety needs. Accidents, incidents and complaints were monitored and analysed to identify any trends or patterns that may help to inform care improvements required. Staff confirmed any resulting changes to the service were communicated to them in a timely and appropriate manner.
- The provider, through the regional manager, regularly assessed the management, staffing and communication arrangements at the service, to make sure these were consistent, safe and effective.
- Records relating to people's care and the management of the service were accurately maintained and safely stored.
- The manager had met their regulatory obligations to send us written notifications about any important events when they happened at the service, to ensure people's safety there; and to ensure the required display of their inspection rating.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support:

- The manager was relatively new in post, but they were clear about their role and responsibilities, they had clear oversight of the service and a plan to further develop the service.
- The manager was motivated and committed to provide high standards of care, bespoke to people's individual needs. The manager said, "People are at the centre of everything we do. I want us to be the most caring, responsive, flexible and trustworthy service we can be."
- People who used the service and their relatives spoke positively about their experience of the service. Comments included, "The girls [staff] are a good laugh and I do feel very safe with them" and "I am 100% happy with them all."
- There was an open and transparent culture at the service. Staff spoke highly of the manager, regional manager and senior staff. Staff told us they felt supported, valued and involved in the success of the service.

Engaging and involving people using the service, the public and staff; Fully considering their equality characteristics:

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service.
- Some people liked to visit the office. They told us this was a good opportunity to discuss any issues informally whilst also having tea and biscuits with the office staff and manager.

Working in partnership with others:

- The manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies such as the local authority.