Quality Healthcare Solutions Limited

Kare Plus Romford

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 5 October 2017. This was the first inspection since the provider registered the service with the Care Quality Commission in January 2016.

Kare Plus Romford is based in Hornchurch, Essex and delivers personal care to people in their own homes within the London Borough of Havering. At the time of our inspection, 11 people were using the service. The service employs 15 care staff who visited people living in the community.

The service had a registered manager who had been in post for four months at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care at home from staff who understood their needs. They had their individual risks assessed and staff were aware of how to manage these risks.

Care plans provided staff with information about each person's individual preferences and how to meet these. We have made a recommendation about the provider's care plans to ensure they were more detailed and personalised.

A complaints procedure was in place. People and their relatives knew how to complain and give feedback about their care. We have made a recommendation about the provider's complaints procedures.

Systems were in place to ensure people were protected from the risk of abuse. Staff were able to identify different types of abuse and knew how to report any concerns.

The provider had sufficient numbers of staff available to provide support to people. Appropriate recruitment checks were carried out before staff started work, including with the Disclosure and Barring Service.

They provided safe care in people's homes. Staff had received training on handling medicines. When required, staff administered people's medicines and recorded this on Medicine Administration Records (MAR).

Staff received training that was important for them to be able to carry out their roles. They told us that they received support and encouragement from the registered manager and were provided opportunities to develop.

Staff were able to raise any concerns and were confident that they would be addressed by the management team.

People were treated with respect and their privacy and dignity were maintained. They were listened to by staff and were involved in making decisions about their care and support.

People were supported to meet their nutritional needs. They were registered with health care professionals and staff contacted them in emergencies.

The provider was committed to developing the service and introducing technologies to support staff in their work. We have made a recommendation about using appropriate language in daily log notes.

The management team worked together to develop the service and monitor the quality of care provided to people. They carried out regular checks and audits on staff providing care in people's homes and took action where necessary to improve their performance. Feedback was received from people, staff and relatives and their views were analysed to ensure the service made further quality improvements.

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. Staff understood how to safeguard people from abuse. They were aware of their responsibilities to report any concerns.

Risks to people were identified and managed safely by staff.

Staffing levels were sufficient to ensure people received support to meet their needs. The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff.

People received their medicines safely when required and staff received training on how to do this.

Is the service effective?

Good

The service was effective. Staff received appropriate inductions, training, and support from the management team.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005. People's capacity to make decisions was recorded and staff acted in their best interest.

People had access to health professionals to ensure their health needs were monitored. Staff ensured that people's nutritional requirements were met.

Is the service caring?

Good

The service was caring. People received care from staff who were kind and respectful.

Staff were familiar with people's care and support needs.

Staff had developed caring relationships with the people they supported.

People and their relatives had involvement in the decisions made about their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.
People's needs were assessed before they started to use the service.

Care plans were developed and reflected each person's needs, preferences and changes. However, they required further development to make them more person centred.

People were able to make complaints about the service and receive a response from the management team. However, one complaint was not logged and recorded with what actions were taken to address the complaint.

Is the service well-led?

Good

The service was well led. People and their relatives were happy with the management of the service.

Staff received support and guidance from the management team.

There was a system in place to check if people were satisfied with the service provided.

Kare Plus Romford

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 was 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.

The inspection took place on 5 October 2017. This was an announced inspection and the registered provider was given 48 hours' notice. This was because the service provides a domiciliary care service in people's own homes and we needed to be sure that the registered manager, or someone who could act on their behalf would be available to support our inspection. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information we held about the service. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also received feedback from local commissioners.

During the inspection, we spoke with the managing director, who was also the nominated individual, the registered manager, a care coordinator and a recruitment manager. After the inspection we spoke, by telephone, with three care staff. We also spoke with two people and three relatives for their feedback about the service.

We looked at nine people's care records and other records relating to the management of the service. This included ten staff recruitment records, training documents, care plans, staff rotas, incidents, complaints, health and safety information, quality monitoring and medicine records.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "Yes I think it is safe." Another person said, "The regular carers I get are very good and safe." One relative told us, "I am happy with how the carers treat my [family member]."

Care and support was delivered in a way that ensured people were safe. Risk assessments had been undertaken, which informed staff about how to manage these risks. Care plans contained individual risks assessments and the actions necessary to reduce the identified risks based on the needs of the person. The assessments identified and detailed what the risks might be to them, and what type of harm may occur. These included risks associated with the person's mobility, the moving and handling of the person and any risks related to their mobility, their home environment, fire related risks and any risks relating to the person's health care needs.

People were protected from the risk of abuse. Staff were provided with training in safeguarding adults and understood their roles and responsibilities to report any abuse. They were able to describe the process for reporting any potential or actual abuse and who their concerns could be escalated to. Staff told us that they would speak to the registered manager for support and guidance. One member of staff said, "We follow procedures and report concerns to [registered manager]. Staff were aware of the service's whistleblowing policy. Whistleblowing is a procedure to enable employees to report concerns about practice within their organisation to regulatory authorities.

People received care from staff who were familiar with their care and support needs. Most people and their relatives confirmed they usually had the same staff providing care and this provided consistency of care. People told us that staff usually arrived on time or were notified by the service if, for example, their care staff was unable to attend because of sickness or were running late due to traffic. One person said, "The carers arrive on time absolutely." Another person told us, "If my carer is late, the office always lets me know. Sometimes they get held up in traffic."

During our inspection, we saw how the care coordinator and registered manager monitored that staff were on time, running late and had logged in to their calls at a person's home by using an online system. The care coordinator told us, "We can monitor all the carers and can make sure they are at their clients homes at the right times. We have a good system in place." We looked at call logs and rotas which showed that the service was monitored at all times, including out of office hours and weekends. The care coordinator said, "We have an on call system. Either myself or the manager are on call and we have a weekly rota for it."

We viewed an online system, which recorded the days and times care was scheduled to be provided to people. We looked at staff rotas, daily notes and timesheets and saw that staff stayed for the scheduled length of time and completed their tasks before leaving.

Staff told us they were happy with their workloads and schedules. They had enough time to travel between their visits to people and deliver the support detailed in people's care plans. One staff member said, "I have

enough travel time and it really suits me and my clients." Cover was provided when staff were unavailable to ensure people still received care. For example, if there were staff absences, the care coordinator and the registered manager who were based in the office, were available to provide care.

The provider also operated as a recruitment agency. We saw that care staff were recruited safely. The provider carried out the necessary background checks, such as a Disclosure and Barring Service check, before the member of staff was employed. The DBS is a check to find out if the applicant had any criminal convictions or were on any list that barred them from working with people who use care services. This helps employers make safer recruitment decisions. New staff completed application forms, a previous experience checklist and provided three references, including character and professional references. Evidence that the applicant was legally entitled to work in the United Kingdom was also obtained. We saw that the provider took appropriate steps in following up late references or asking for a second copy if a reference did not arrive. The recruitment manager told us, "We have a thorough process. Staff can start shadowing experienced staff when we get all references and the DBS back. Once they are confident and ready, they are able to start working."

Staff worked together in order to move people safely. Two staff were always present for double handed calls, to assist people that required help with moving and handling, for example, when the use of a hoist was required. Staff followed the provider's infection control procedures. Staff used Personal Protective Equipment (PPE) such as anti-bacterial gels, gloves and aprons to prevent any risks of infection when providing personal care.

Staff entered people's homes safely by ensuring they rang the doorbell and announcing themselves. Some people had a 'keysafe', which required a passcode for entry into their home. Care staff were given permission to access the code and enter the person's home at the required times.

The provider's policy stated that staff must wear a particular uniform and an identification badge. Staff were observed during spot checks, which are observations of staff to ensure that they are following safe and correct procedures when delivering care. We saw spot check records which showed that staff were observed wearing their uniform and identification badge and carried out tasks safely.

A medicine policy and procedure was in place and staff had completed medicine administration training. Where staff administered medicines, they recorded them on the appropriate Medicine Administration Record sheets (MARS), which were dated and completed without any gaps. People's personal details, the contact details of their GP, details of each medicine and the dosage required, were written on the sheets. Codes were on the sheets, which helped the staff to input the correct information after the medicine was administered.

Staff were also observed prompting and administering medicines to people by senior staff for their competency to safely administer medicine during spot checks. Records showed that staff were trained and assessed as competent to manage medicines. People told us they were happy with the way staff administered their medicines. One person said, "The carers know my medication routine. They do it safely." We saw a new system, which had been introduced, where staff were able to log what medicines were administered on their smartphone. It gave the staff an option to state whether or not the person took their medicine at the required time. If they did not, care staff were able to state the reason. For example, if the person refused, was in hospital or the medicine was not available. Staff ensured they logged this on their phone in order for appropriate action to be taken by senior staff, such as contacting the person's GP.

Good

Is the service effective?

Our findings

People and relatives told us staff met their individual needs and that they were happy with the care provided. One person said, "I am happy with the care." Other comments from people included, "They are generally pretty good" and "The carers know what to do and how to do things."

We saw there was a comprehensive induction programme in place for new staff. Documents showed that they had received training in a range of areas, such as first medicine administration, safeguarding adults, the Mental Capacity Act (2005), health and safety, infection control and prevention, stoma and catheter care and dementia awareness. We noted that the induction programme had changed in recent months and we found some staff had completed a different induction programme to other staff. The registered manager explained that the provider had introduced further topics that were essential for staff to be trained in, for example end of life care. We viewed a training matrix which showed that staff who had completed the earlier induction programme would attend the refreshed induction to ensure their training was up to date.

Staff told us they received the training and support they needed to perform their job well. New staff were able to shadow current staff to help them settle into their role providing personal care to people and learn. New staff were assessed after they had completed their shadowing training to check they had a willingness to develop and had good interaction with people. Care Certificate standards was incorporated into training. The Care Certificate is a set of 15 standards and assessments for health and social support workers who are required to complete the modules in their own time.

Staff were supported and monitored by the registered manager and the care coordinator. They telephoned people to check that they were happy with the service and visited them to carry out reviews. This ensured that care was being delivered and people were satisfied with their care and their care worker. We saw records of assessments and observations of staff who provided personal care.

Supervisions took place every quarter, where staff had the opportunity to discuss their training, development needs and receive guidance about any issues or concerns. Records confirmed that supervision meetings took place and were led by senior staff. Staff, who had been working for the provider for nearly a year were due for an annual appraisal to monitor their overall performance and to identify any areas for personal development. We noted that staff that had completed their probation after starting employment completed an End of Probation review, which looked at how the staff member performed in their role and whether a longer period of probation was required. This showed that staff were monitored to ensure they had the skills to carry out their work effectively.

We looked at the provider's policy on the Mental Capacity Act 2005. The 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 found that the provider was working within the principles of the MCA.

People's capacity was assessed using a screening tool, which was a series of questions about the person and helped the assessor identify if they had capacity to make their own decisions. We saw that people were able to make decisions and if they were not, they were helped to do so when needed. Staff understood their responsibilities under the MCA and what this meant in ways they cared for people. We saw that people were asked for their consent for the provider to provide care and signed a document to confirm it. One staff member said, "We always make an assessment of people's capacity to make decisions."

Where needed, people were supported to have their nutritional and hydration requirements met by staff. Care plans included details of types of food they liked to eat and what they preferred to drink. People told us that staff ensured they were provided with food and drink. One person told us, "My carers heat up my food in the microwave. They prepare lunch and an evening meal for me. My family member] does my shopping and knows the carers." A staff member said, "Whatever the person wants to eat, we make sure they get it."

People's care was planned and delivered to maintain their health. Relatives and the GP were informed of any concerns raised about people's wellbeing or any deterioration in their health. Staff were aware of how to respond to any concerns they had about a person's health. A member of staff said, "I would contact the doctor if they were unwell. I would call an ambulance and inform the office staff when there is an emergency." Staff were also able to contact the registered manager or the care coordinator, who were on call out of office hours and during weekends in case of an emergency. A staff member told us, "Because some of our clients receive end of life care, we have a procedure for what to do if someone passes away. We know who to contact to make sure we provide them with dignity."

Good

Is the service caring?

Our findings

People and their relatives told us that care staff treated them with respect, kindness and dignity. They also told us they felt the staff listened to them and provided them with care that suited their wishes. One person said, "Very friendly, very nice carers." A relative told us, "Yes very happy with their attitude. The carers are friendly and caring."

Staff respected people's privacy and dignity and knew about people's individual needs and preferences. One member of staff told us, "We have to be person centred and provide people with dignity so we make sure we cover the person when washing them for example." People and relatives told us staff were friendly and helpful. One person said, "They look after me well. I am bed bound so need help with washing and with my meals."

People felt comfortable with care staff who visited them regularly. They enjoyed their company because there was an understanding and familiarity between them. Staff had a good understanding of all people's care needs and personal preferences. One person said, "The carers understand me. They know me and see me all the time. They can gauge my feelings well. We have a nice chat and can have a laugh together."

People's care records identified their specific needs and how they were met. Although most people had limited mobility or were bed bound, we saw that they were supported to remain as independent as possible by staff. For example, we noted that one person's care plan said, "I am able to brush my teeth and get myself ready. I moisturise my face myself. I require the carer to support me to shower." This showed people were supported to do things for themselves as much as possible by staff but were assisted with other aspects of their personal care.

Where information about people's requests and needs were required to be communicated, care staff or people themselves informed office staff and relevant notes were compiled for each person. However, we noted that some 'client log notes' about people used language that did not demonstrate appropriate levels of respect and dignity for the person. For example one entry read, "[person] has messed themselves up."

We recommend the provider seeks best practice guidance on how to compile notes about people, particularly when referring to personal hygiene and care.

Staff had received training in equality and diversity. This helped staff understand how to treat people equally regardless of their race, religion, age or gender. They were respectful of and had a good understanding of all people's care needs, personal preferences and their religious beliefs. The registered manager was aware of how to access advocacy services to enable people to have a 'voice' and air their views. However, relatives and staff advocated on people's behalf, when needed, to ensure their human rights were protected.

People and relatives told us they had involvement in their care plan when it was reviewed and updated. They had opportunities to have their say about the care they received from the provider. There was evidence

in the care plans and through our discussions with people, that they were involved in their care.

People had DNAR (Do Not Attempt to Resuscitate) forms where applicable, which meant that they confirmed they did not wish to be resuscitated should they fall into cardiopulmonary arrest. Some people were supported with palliative care, which meant they had a terminal illness and were reaching the end of their life. We found that staff ensured people were comfortable, were cared for and regularly checked up on. Support was received from health professionals and St Francis Hospice, who provided advice to staff on managing people's end of life care sensitively and in accordance with their wishes.

Requires Improvement

Is the service responsive?

Our findings

People and relatives told us the service was responsive and said that they were satisfied with the care they received. One person said, "Very good, always listen to what I have to say. Very attentive." A relative told us, "Excellent. Carers are always on time. I can't fault them. We get on very well." Most people were complimentary about the service and said they had regular carers and care arrangements. Where people were unhappy with the times care staff arrived or lateness, people said they would contact the office branch.

The service provided people with a 'service user guide' when they started receiving support from the agency. The service user guide included the person's care plan and important information about their support, as well as information about the service, such as contact details, a service structure chart, how to make a complaint and the provider's values and aims.

Each person had a copy of their care plan in their home. Care plans were also available to be viewed electronically on the provider's systems and online for staff to refer to on their phones. We saw that care plans contained details of the type of support people wanted for each part of the day when a member of staff was scheduled to visit, such as in the morning, lunchtime or in the evening. One person told us, "Yes, there is a folder with my care plan in it. We have seen it." A relative said, "The care is very good. We have all the information for [family member] at hand in the house."

We looked at daily records written by staff and found that they contained details about the care that had been provided to each person and highlighted any issues. This helped to monitor people's wellbeing and respond to any concerns. We noted that they were supported by a fast track document that was compiled by the Clinical Commissioning Group (CCG), which contained background information on the person's health needs and history. The provider also produced their own care plan. The CCG is a local health service that works with patients and healthcare professionals and in partnership with local communities and local authorities.

Care plans were reviewed and updated to reflect people's changing needs. The care plans included details on how they wished to be cared for, their likes and dislikes, details of significant relationships, and some information on their histories under a section called What Is Important to Me. We noted that people were able to highlight a specific activity they enjoyed. For example, one person's care plan said, "My house is important in my life. I watch TV and cook." This information was important because it enabled people to describe themselves and informed care workers about the things they enjoyed doing.

However, the information was quite brief and we found that the care plans were more focused on task orientation, such as administering medicines, creams and helping people with their mobility. They required further details to ensure they were more person centred. One person's care plan talked briefly about the person's family and that the person was worried about the impact their health would have on their family members. There was little or no further information for care staff about this to help them fully understand what affect this might have on the person and their relatives. The registered manager said, "I plan to make the care plans more developed. We are getting there." Most people's care plans were also saved

electronically and we saw that these versions also required some additional detail.

We recommend the provider seeks further guidance from a reputable source on developing more detailed and personalised care plans to ensure staff were better able to meet people's needs.

People told us they were aware of the complaints procedure. We saw there was a complaints process chart in place. After a complaint was received, a complaint report form was completed with follow up actions to help resolve the complaint. People and relatives were contacted informing them of the outcomes of investigations and a note on whether they were satisfied with the outcome was recorded. One person said, "I have all the information and I know how to complain and who to speak to. I have no concerns at the moment. I previously had issues with carers but it's all been resolved."

Since the service registered with the CQC, they had received three formal complaints. We were assured that the service dealt with any concerns or complaints from people. However, a complaint about the conduct of some care staff that we were made aware of, was not logged and recorded. The nominated individual explained that this was because it was about an incident that took place outside a person's home and was not related to their care. They received advice from the CCG and responded to the complainant, although it was not logged as a complaint. They showed us a copy of the response to the complainant. We were concerned that although the incident took place outside of a person's home, it still involved care staff who were on duty and worked for the provider. They had caused some distress to the person and their family members, prior to entering their home.

We recommend that all complaints and responses related to the service are logged appropriately.

The service received referrals from the CCG, who referred people to the provider who required assistance with personal care at home. The service also received referrals privately from people who funded their own care. Referrals were also received for people who were being discharged from hospital. The service provided support to people with differing levels of need, including people who wished to remain in their homes and receive end of life care. Staff ensured they contacted health professionals, such as district nurses, for support with people who required pressure relieving mattresses and slide sheets. This helped people feel comfortable and receive the care they needed at home.

We saw an assessment of people requiring support which set out the needs of the person and the times the care and support was required. The initial assessment by the service usually took place within two days of the referral being made and in the person's home. Discussions were held with other health or social care professionals for further information.

Good

Is the service well-led?

Our findings

Before our inspection, we received concerns about the safety and overall management of the service. Feedback we received included complaints about the attitude of staff, their timekeeping and the lack of response from the management team.

However, people we spoke with during our inspection were positive about the service. One person said, "Excellent, they are well run and well managed." A relative told us, "They provide a good service for my [family member]. I have no complaints. I would give them 10 out of 10." Another person said, "Since the new manager started, the standard has improved." Most people and relatives told us the service was managed well and were happy with the way the service was run. We found that the management team worked well together and staff felt confident in being able to meet the challenges of their work. One member of staff said, "All staff in the office are very supportive. The manager is very approachable."

We contacted the CCG for their feedback and they told us that the service had improved over the past few months. They said, "We have addressed any issues with the managing director and they have been quick to respond and look into the concerns that have been raised. They have implemented any relevant changes required for them to improve the service."

The service was managed by the nominated individual, who was the managing director. They had recruited a new registered manager, who had been in post since April 2017, after the previous registered manager left the provider. Since then, the provider had notified us that they were relocating the service from Romford, Essex to a new office in Hornchurch, Essex. The provider was in the process of updating their policies and procedures to reflect the change of address.

The registered manager told us that the last few months were very busy with the office move and establishing new systems to improve the service. They said, "I have implemented changes because there were areas that needed improvements, such as staffing and rotas. We had some difficulties. Some care workers left and we had to recruit more staff. Things are better now and I am working well with the Director." Staff said they were happy with the management of the service and were confident they could approach the management team with any concerns. Another staff member said, "My supervisor is really good. The new manager is good. The Director is really nice and listens."

The nominated individual told us, "I did have some issues previously with staff. We have made lots of changes and have got a new manager now. We have addressed issues such as lateness with calls." One person said, "I think they have got better. I used to get different carers turn up or they were late. It's much better now with the new manager. [Manager] is very good."

There was a system to monitor that care workers were following their individual rota at the scheduled times. Staff were required to log in when they commenced care and support in their homes, using a "Pass System" on their smartphone, which was issued by the provider. This helped the team in the office see that staff had arrived to carry out personal care for people according to the wishes of the person and that people were not

left unattended or waiting for a long time. The nominated individual told us, "We are a developing service. We use technology now, such as with our medicine recording and care planning, in an effort to become paperless and be more efficient."

Daily log sheets, which contained information on tasks that were carried out were completed and brought back to the office each month to be quality checked by the registered manager. Care staff were able to leave notes securely on their smartphones following completion of tasks or visits, which were automatically updated on the monitoring system in the office. This helped senior staff respond to any queries or take action if required.

Staff felt appreciated for their work and were given an opportunity to be Employee of the Month within the service as an incentive. One member of staff said, "We work well together. There is good teamwork in the office and with the care staff. The manager and director are lovely." Staff attended team meetings where important topics were discussed such as medicine handling, health and safety, the Mental Capacity Act and ensure infection control practices are followed. There were weekly meetings between office staff to ensure training, systems and records were up to date. Staff were able to voice their opinions in care worker questionnaires and we saw that the results were collated and analysed. The nominated individual and registered manager took on board suggestions and feedback from staff. For example, they provided more work to staff and tried to make their travel routes easier, where they were able.

We looked at records of observations of staff practice and competency of providing personal care to people, which were completed by the care coordinator. The coordinator had recently taken on this extra responsibility to also act as a field care supervisor and they told us, "The service is doing well. Our carers are pretty much all very reliable and competent." People confirmed they had been visited by the registered manager or care coordinator. One person said, "Yes I know the manager. They come and see me to make sure everything is fine. [Manager] also provides when my regular carer is not around. " Another person said, "Yes, the agency checks up on the carers." The registered manager addressed any concerns people had about times, occasional lateness and care provided at weekends.

There were quality assurance systems in place to monitor and improve the quality of the service. The provider used surveys, monthly spot checks and phone calls to gain people's views about their care and support. People were provided with questionnaires to complete as part of the provider's quality assurance systems. The surveys helped to ensure people were satisfied with the care and support that was delivered. Feedback from people who were visited by senior staff, was received and was positive. Records of questionnaires and telephone surveys indicated people were happy with the service provided. One person wrote in their feedback, "I look forward to the carers coming through the door." Another person wrote, "Very satisfied. I am really happy with the service I am receiving." The registered manager completed daily and monthly audits of medicine records, daily logs, staff files, care plans and visits. Where improvements were required, action was taken by providing further training to staff or having discussions in staff meetings.

People's records were filed securely which showed that the provider recognised the importance of people's personal details being protected and to preserve confidentiality. Staff were aware of confidentiality requirements and adhered to the provider's data protection policies. Providers of health and social care inform the CQC of important events which took place in their service. The provider notified us of incidents or changes to the service that they were legally obliged to inform us about.