

JSH Care Services Limited

# KARE Plus Cheshire

## Inspection report

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CW4 8DP

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15 August 2019  
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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

KARE Plus Cheshire is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 68 people were receiving care and support from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Overall people and relatives were complimentary and positive about the support they received. Improvements had been made to aspects of the service since the last inspection.

Since the last inspection, improvements had been made to records in relation to medicines. These were administered and managed safely.

Risks to people were assessed and regularly reviewed and this had improved since the last inspection. Staff understood the actions needed to minimise the risk of avoidable harm. Risk management plans would benefit from including further details about actions being taken. Staff had undertaken safeguarding training and understood their role in identifying and reporting any concerns of potential abuse. Where necessary appropriate action had been taken.

People received care that was responsive to their individual needs. Staff were familiar with people and knew their likes and preferences well. People told us staff were kind and caring in their approach.

There were sufficient numbers of trained, experienced staff to meet people's needs. The service was recruiting staff on an ongoing basis. The provider had invested in an electronic scheduling system to manage and monitor care calls more effectively. Safer recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed.

Staff received an induction and on-going training and support that enabled them to carry out their roles positively and effectively. People had access to healthcare services and were involved in decisions about their care. Staff worked closely with other agencies and health professionals to support people effectively.

Care plans were being updated and included person centred information. In some cases, we found further information was needed to reflect changes to people's needs. This was being addressed.

Since the last inspection staff had received training and clearly understood The Mental Capacity Act 2005 (MCA). New documentation had been introduced to support staff to comply with the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least

restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Governance systems and oversight of the service had improved and were effective. Issues were identified, and actions taken to address any shortfalls where necessary.

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

Rating at last inspection (and update).

The last rating for this service was requires improvement (published 15 August 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

# KARE Plus Cheshire

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This 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.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 August 2019 and ended on 16 August 2019. We visited the office location on 16 August 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, care coordinators and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection records relating to risk management and medication were not always accurate, complete and up to date. Quality audits had been undertaken but had not effectively addressed the issues relating to records. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Since the previous inspection, improvements had been made to medication records. Information about people's medicines were fully recorded and included details about "as required" medicines.
- Staff had received training and competency checks before they were able to administer people's medicines.
- Records were kept of medicines the staff administered. These were checked regularly to help ensure any errors were identified and relevant actions were taken to reduce future errors.

### Assessing risk, safety monitoring and management

- Since the last inspection new risk assessments had been introduced. These included an assessment of the environment, general and physical health, mental health and well-being and any actions needed to reduce the risk.
- Staff had a good understanding of the actions needed to manage any risks as safely as possible, but this was not always explicit within the risk assessments. For example: action had been taken to minimise the risk of a person wandering out of their house, yet this was not fully recorded in their care plan. Actions were being taken to monitor the safety of bedrails, but this was not included. Following the inspection, the registered manager informed us this had been completed.
- There was business continuity plan in place for the service to ensure people's care would continue in the event of an emergency.

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

- People felt safe receiving support from KARE Plus Cheshire. They told us, "I feel very safe especially when going for a shower" and "Safe yes, I use a walker and they support me with patience".
- Staff knew how to recognise and report abuse, they had undertaken training and had access to the provider's safeguarding policy. Records showed that safeguarding procedures were discussed within staff meetings and supervision meetings.
- Staff were confident that management would address any concerns raised appropriately.
- The registered manager understood their responsibilities for keeping people safe from harm and had

informed the local authority about any safeguarding concerns. Appropriate action had been taken where necessary.

#### Staffing and recruitment

- The service recruited staff on an ongoing basis. There were enough staff to meet the needs of the people using the service.
- People were usually supported by familiar staff and told us the service was reliable. They told us, "The staff know me very well" and "Most of the time it is the same staff."
- The provider had recently introduced an electronic monitoring system, which scheduled and monitored care calls.
- The management team were on call, this meant any unexpected staff absences could be covered and staff told us they felt supported.
- The provider followed appropriate procedures when recruiting staff to ensure they were suitable to work with vulnerable people.
- Records in relation to references could be improved.

We recommend where the registered provider has been unable to obtain a reference from a person's most recent employer, the reasons are clarified and fully recorded.

#### Preventing and controlling infection

- Staff had training on infection control and food hygiene. They had access to personal protective equipment such as gloves and aprons.
- Staff were reminded about safe policies and procedures within supervisions and staff meetings.

#### Learning lessons when things go wrong

- The provider had a system to record accidents and incidents, and we saw appropriate action had been taken where necessary.
- The provider had regular oversight of any incidents to help identify any themes or trends and to learn lessons for future practice.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

Following the last inspection, we made a recommendation that the service found out more about training for registered managers, based on current best practice in relation to MCA and adjust their practice accordingly. The provider had followed this and improvements were evident.

- People's consent was sought and agreed before support was provided. We saw that people had signed their care and support plans.
- Staff were trained in the MCA and had good understanding of how to apply it when supporting people to ensure their rights were upheld.
- Consideration was given to people's mental capacity within their assessments. New documentation had been implemented and MCA assessments were carried out where necessary. If required best interest meetings had been held.

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

- People's needs were assessed before the service began to provide support. Their preferences and choices were considered as part of the assessment. One person commented, "I was asked my preferences before the carers came".
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, so staff could meet those needs.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, and their competency was checked.
- People said "They (Staff) are very competent" and "Trained, I expect so they all seem efficient, they know what they are doing".
- New staff completed an induction and shadowed existing staff. They were supported to develop through ongoing qualifications.
- Staff told us they felt supported and received regular one to one supervisions, appraisals and spot checks. One carer commented, "The support is fantastic"

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

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- Care plans included information about people's nutritional needs and their preferences around food and drink.
- People told us staff gave them choices before preparing meals and drinks. They said," Staff know my likes and dislikes in what I can eat."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with health and social care professionals to provide effective care.
- People were supported to maintain good health and had access to healthcare support as necessary.
- Staff kept detailed records of care visits in each person's care plan folder at their home. This enabled other staff members to understand any changes in the person's care.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were supported by staff who were kind and caring in their approach.
- There were many positive examples where staff had shown care and compassion towards people. The service had received several compliments about the care and support provided.
- Comments included, "They're caring definitely." and "Yes they're very kind, good listeners, you can have a talk with them". People generally felt staff had time to listen to them and didn't feel rushed.
- The management team and staff had built effective relationships with people and understood their needs well.
- Staff were trained in equality and diversity, which covered treating people as individuals and respecting opinions, views and lifestyle choices. The management team provided examples where people's religious beliefs or needs around their sexuality had been supported.

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

- People and their relatives had been involved in discussions about their support plan and had been asked for their opinions. One person said, "I have seen my support plan and signed it. (Name) from the office especially came and discussed the package with me".
- People said staff were very good at keeping them updated and regular reviews were held.
- Where necessary the service had supported people to access advocacy services. The service also advocated on behalf of people at times to ensure their views were expressed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity was promoted.
- Comments included, "Yes they (carers) show respect, they first asked my permission before calling me by my first name" and "The carers are very caring toward me. They treat me with dignity especially when I use the commode. I maintain my Independence by showering myself and then they help me to get dry".
- Staff were able to give examples of how they maintained people's dignity. The management team checked the way people were treated by staff through reviews and spot checks.
- Where possible staff supported people to maintain as much independence as possible. For example, people were supported to take their own medication where safe to do so.
- Staff had received training on protecting people's private information and records were kept securely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised support from staff who knew what they needed. They all told us staff treated them fairly and took into consideration their preferences.
- Care plans were in place which included person centred information about people's preferences, likes and dislikes. These had been updated and were well organised.
- Reviews of people's care needs were carried out. However, changes to care needs had not always been fully updated and reflected people's care plans. The management team confirmed they had made the necessary updates shortly after the inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff considered people's individual communication needs. For example, one relative told us, "(Relative) has dementia, the carers when dressing or putting slippers will talk gently, showing pictures and or using hand gestures."
- People's care plans detailed their communication needs.
- The registered manager explained they could make information, such as the service user handbook, available in braille or large print when required.

Improving care quality in response to complaints or concerns

- People knew how to complain and felt able to raise any concerns with the management should they need to. This had recently been promoted further following feedback from a questionnaire to people who used the service.
- The provider had a complaints procedure and people had access to this information through a service user guide, this included the contact numbers for the management team.
- Where complaints had been raised, records demonstrated these had been dealt with appropriately, following the provider's procedures and used to improve practice.

End of life care and support

- The service provided palliative care and worked alongside healthcare professionals such as district nurses and health commissioners to provide this care.
- People were given the opportunity to discuss end of life wishes if they chose to. This information would be

used to develop future care and support plans for people when required

- Staff had recently received training to provide effective end of life care.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to establish and operate effective systems and processes to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The management and staff understood their roles and responsibilities. The registered manager was supported by an effective team.
- Quality assurance systems had improved, and the registered manager planned to ensure improvements could be sustained by having clear oversight.
- Systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.
- The registered manager submitted monthly reports to the provider to give a detailed information about the service, such as the number of complaints received.
- Notifications to CQC as required by the regulations had been appropriately made.

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

- The management team continued to work effectively together and demonstrated a commitment to providing a quality service for people who used the service.
- The service had policies and procedures in place which staff were able to access if they needed any guidance. The policies and procedures were up-to-date and regularly reviewed.
- Head office had undertaken an audit of the service in May 2019 and followed up in June 2019 to ensure any actions identified had been completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team worked closely with other agencies to achieve good outcomes for people. This included healthcare professionals and commissioners of services.

- People and their relatives knew the management team well and told us they were approachable.
- People were asked to provide feedback through an annual survey. People views were also sought through review meetings and spot check visits.
- Staff meetings were held on a regular basis and staff told us they were able to provide feedback. Staff were motivated and felt supported in their roles.
- The service had some links to the local community. They had organised fundraising events at a local housing complex.

#### Continuous learning and improving care

- Learning and development was important to the management team. They attended local authority provider meetings and had used online guidance and publications to keep up to date with best practice.