

Alcedo Orange Limited

Kare Plus Wigan & St Helens

Inspection report

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09 September 2019
11 September 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

Kare Plus Wigan & St Helens is a domiciliary care service based in Wigan and provides personal care and support to people in their own homes. The services are operated by Alcedo Orange Limited.

People's experience of using this service:

Although people told us they were happy with the service they received, we were told communication could be better. This was because people were not always informed by staff if they were going to be late for their care visit.

People told us they received their medicines safely, although the record keeping of when medicines were administered needed to be improved.

People said they felt safe using the service, with staff demonstrating a good understanding about how to protect people from the risk of harm. Staff were recruited safely, with appropriate checks carried out when their employment commenced.

There were enough staff to care for people safely, with staff telling us their weekly rotas were well managed. Accidents and incidents were monitored and any actions taken to prevent future re-occurrence were recorded.

People received the support they needed to eat and drink. People said they felt treated with dignity and respect and staff promoted their independence as required.

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. Decision specific mental capacity assessments were completed as necessary.

Complaints were handled appropriately, with responses sent to people if they had been unhappy with the service they received.

Audits and quality assurance systems were in place to monitor the quality of service. We received positive feedback from everybody we spoke with about management and leadership within the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

This service was registered with us on 20 September 2018 and this was the first inspection we had undertaken.

Why we inspected:

This was a routine comprehensive inspection and in line with our timescales for newly registered services.

Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement rated services, however if any information of concern is received, 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 not consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kare Plus Wigan & St Helens

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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.

Service and service type:

Kare Plus Wigan & St Helens is a 'domiciliary care service' It provides personal care to people living in their own homes and flats.

The service had a manager registered with the CQC. 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 carried out this inspection on 9 and 11 September 2019. At the time of the inspection there were approximately 60 people using the service.

The inspection was announced on 6 September 2019 to ensure the inspection could be facilitated by the registered manager at the location office. We also informed the registered manager we would be returning for a second day to complete the inspection.

What we did:

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

We also viewed the provider information return (PIR). 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 contacted Wigan and St Helens local authority for feedback about the service.

The first of day of the inspection was spent at the main office, reviewing documentation and speaking with staff. On the second day, we carried out several home visits to speak with people who used the service and their relatives about the care provided by Kare Plus Wigan & St Helens.

During the inspection we spoke with the registered manager, seven staff, six people who used the service and two relatives. This was to seek their feedback about what it was like to receive care from and work for Kare Plus Wigan & St Helens.

Documentation reviewed included six care plans, five staff personnel files, six medicine administration records (MARs) and other records about the management of the service to help inform our inspection judgements.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people were not always safe and protected from avoidable harm.

Staffing, recruitment and using medicines safely:

- Although we found there were enough staff working for the service to care for people safely, some of the feedback we received was that communication could be better when staff were running late for a care visit.
- People told us if staff were going to be late that they weren't always informed about what was going on. One person said, "Somebody always turns up, but not always on time. I just wish they would let me know." Another person said, "My morning call should be at 10am, but sometimes can get towards 10.30 and I am not always informed about that." Another person added, "They can be 10-15 minutes late, but they don't always let me know that."
- We raised this feedback with the registered manager who said they would address the issue with staff and include it as an agenda item at the next team meeting for discussion.
- The remainder of the people we spoke with were happy with the timeliness of their care visits.
- The feedback we received from staff was their rotas were well managed. We looked at a sample of staff rotas which showed staff generally stayed for the correct length of time.
- Staff were recruited safely and we found all relevant checks had been carried out prior to them commencing their employment.
- People told us they received their medicines safely, although the record keeping of when medicines were administered needed to be improved. We were also able to determine that medicines had been given from the blister pack by staff.
- At four of the six houses we visited, we found unexplained gaps on the medication administration record (MAR) where staff had not signed to say medicines had been given.
- A separate section was available for staff to record why medicines were not given, although this was not recorded.
- Cream charts were also completed by staff and were up to date.
- Staff had received medication training and had their competency assessed by management.

Due to the medication recording issues, this meant there had been a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 regarding good governance. This was because staff did not always maintain securely an accurate, complete and contemporaneous record in respect of each service user.

Assessing risk, safety monitoring and management; preventing and controlling infection;

- Each person using the service had risk assessments in place covering areas such as moving and handling, the home environment, smoking and fire safety. Where risks were identified, there were details about how they needed to be mitigated.

- People were protected from the risks of the spread of infections. The feedback we received from people was that staff always wore personal protective equipment (PPE) when supporting them with their care such as gloves and aprons.
- Staff told us PPE equipment was always available in sufficient quantities.

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

- People receiving this service and their relatives told us they felt the service was safe. One person said, "I do feel safe knowing the staff are coming to see me each day." Another person said, "I feel very re-assured knowing the staff will be arriving. I trust the staff."
- Staff confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns.
- A log of safeguarding incidents was maintained, along with any alerts that had been made to the local authority.
- A safeguarding policy and procedure was in place and provided information about how to escalate concerns. This information was also detailed in the service user handbook which was available at people's homes.

Learning lessons when things go wrong:

- Systems were in place for when things went wrong. Accidents and incidents were monitored closely, with details recorded about actions taken to prevent re-occurrences.
- The registered manager displayed a positive attitude towards acting on things when they went wrong and was committed to making things right to improve the service people received.
- An out of hours systems was used so people and their families could contact someone in the event of an emergency.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the deprivation of liberty safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- Staff had an understanding about the MCA legislation. For instance, working with families in people's best interests if they lacked capacity.
- Decisions specific capacity assessments were undertaken as necessary. These had been carried out in relation to the safe storage of medication and receiving personal care.
- Signed consent forms were available within people's care plans where people had given their permission to receive services from Kare Plus Wigan and St Helens.
- People had signed contracts where they agreed to the service being provided.

Staff support: induction, training, skills and experience:

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role.
- A training matrix was used which showed the different courses staff had completed.
- Staff spoke positively of the training provided and said enough was available to support them in their roles.
- Staff supervisions were carried out and gave staff the opportunity to discuss their work.
- Annual appraisals had not yet been undertaken and were scheduled once the service had been operational for 12 months.

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

- The care and support people needed to receive from staff had been captured as part of the initial assessment process and was recorded within care plans.
- When a package of care commenced, staff visited people at home to carry out an assessment to ensure they were able to meet their needs.
- People told us they were involved in this process and were able to contribute towards the care they received.

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

- People and relatives we spoke with were complimentary about the support provided by staff to help people eat and drink.
- People said staff always offered to make them a meal, or snack for later in the day if they were not hungry at the time of the care visit. Drinks were always made for people and were accessible throughout the day.
- People had specific eating and drinking care plans in place and this provided staff with an overview of the support people needed.

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

- Appropriate referrals were made to other healthcare professionals as required.
- People who used the service told us staff had assisted them to healthcare appointments, if they were unable to attend on their own.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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:

- People who used the service spoke positively about the standard of care provided and said staff treated them well. Staff were described as being kind, caring and considerate. One person said, "They are good. I find them very caring and they look after me." Another person said, "They are okay for me and I get on with them all. They are really friendly and have become friends to me." A third person added, "I have found them to be very good. They keep on top of things and are very good towards me."
- The relatives we spoke with also made positive comments about the care provided. One relative said, "There has been such good progress since being back at home. All the staff are very good and very helpful. No complaints about anything whatsoever."
- We observed staff appeared very kind and caring in their approach towards people who used the service and knew them well. We saw lots of positive interactions such as appropriate hugging, laughing and joking.

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

- Both people who used the service and relatives told us staff always treated them well and were never made to feel uncomfortable or embarrassed.
- People said staff always assisted them with their personal care in private and we saw doors being closed by staff when this was in progress.
- People said they were encouraged to do things for themselves to increase their independence. One person told us how staff allowed them to attend to aspects of their own personal care and only helped them if they were struggling.
- People's equality, diversity and human rights needs were fully taken into account and detailed in their care plan. This included their daily routines and things staff needed to be aware of.

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

- Both people using the service and their relatives said they felt involved in their care package and were invited to any meetings that took place to discuss progress.
- Questionnaires had not yet been sent to people and the intention was to send these once the service has been operational for 12 months.
- Reviews of people's care had also been undertaken with involvement from people using the service and families.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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:

- Each person who used the service had their own care plan in place. They provided information for staff about the care and support people needed.
- People's care plans contained person-centred information about their life story and included details regarding their childhood, employment, school years, hobbies and interests and details about their family.
- During the inspection, we spent time speaking with people and asked if they felt their care plans were followed by staff. People said staff always delivered their care as required and in line with their assessed needs.
- Staff were aware of people's choices and preferences. Where care plans made reference to things people liked to do during the day, these were respected by staff to ensure people's care was person centred.

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.

- Care plans contained information about people's communication and if they required the use of any sensory equipment.
- The registered manager confirmed they could provide documents in different formats if required such as large print. This had been arranged as part of the initial assessment.

Improving care quality in response to complaints or concerns

- A central log of complaints was maintained, along with details about how each one had been responded to.
- People knew how to provide feedback about the care they received and information about how to make a complaint was available in the service user handbook when their care package first commenced.
- A complaints policy and procedure was also available and this explained the process people could follow if they were unhappy with the service they received.

Supporting people to follow interests, maintain relationships and take part in activities to avoid social isolation:

- People were supported to access the local community by staff as part of their care package as needed. This included being supported to local parks, baking cakes, to the shops for ice-cream and various dancing events in the area.

- People were encouraged to maintain relationships where possible, with people's relatives involved in the care people received.
- We observed people's relatives visiting during the inspection so they could spend time with their loved ones.

End of life care and support

- Due to Kare Plus Wigan & St Helens being a domiciliary care service, end of life care and support was not provided directly. However, staff worked closely alongside other relevant healthcare professionals such as district nurses and palliative care teams to provide the personal care element of the support.
- Nobody was in receipt of end of life care at the time of the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service was not always consistently managed and well-led.

Managers and staff being clear about their roles, understanding quality performance, risks, regulatory requirements, continuous learning and improving care

- We identified a breach of regulation 17 regarding Good Governance within the Safe section of this report. This means the well-led question cannot be rated higher than Requires Improvement.
- Audit systems were in place to monitor the quality of service provided and ensure any shortfalls could be acted upon. These included checks of communication books, care plans and medication.
- The medication recording concerns we identified had occurred around the time of the inspection (early September 2019) and would not have been identified until the audit took place at the end of the month.
- Spot checks and observations of staff were undertaken so that management could observe staff in their roles and provide feedback as necessary. Competency assessments were also completed for areas such as medication and moving and handling.
- Confidential information was stored securely and we saw documents such as care plans and staff recruitment files were stored in the main office which was always locked.
- Events which the provider is legally required to report to us were submitted as required when any incidents had occurred within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings took place in the service which gave an opportunity to discuss work and improve the service people received. Staff said these took place regularly and minutes were available after the meeting, detailing what had been discussed.
- The staff team used WhatsApp chat groups to communicate any issues to each other. This also enabled management to share any wider messaging about the service in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted best practice in person-centred care. There was a clear culture based on achieving positive outcomes for people. Care plan documentation was person-centred and empowered people to be independent as possible.
- People told us the staff knew them well and responded to their needs in a person-centred way.
- All the staff we spoke with told us they liked working for the service and that staff worked well together.
- Both staff and people using the service said they felt the service was well-led and staff felt supported in their roles. People told us the registered manager often came to visit them at home to see how their care

package was progressing.

- The staff team told us the registered manager was heavily involved with the care that was provided and often helped out with care visits. This presented the opportunity for them to observe staff practices.

Working in partnership with others

- The service had developed a number of links within the local community. This included social services, district nursing teams and day centres.
- The service had strong connections with both Wigan and St Helens rugby clubs who facilitate several events in the local area and enabled people to follow their passions, having had an interest in rugby throughout their lives.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Appropriate systems were not always in place to ensure good governance. This was because staff did not always maintain securely an accurate, complete and contemporaneous record in respect of each service user.</p>