Brew and Clapp Service Limited

Kare Plus North Cheshire

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?	Requires Improvement

Summary of findings

Overall summary

This was an announced inspection which took place on 23 and 24 January 2018. The inspection was announced to ensure that the registered manager or another responsible person would be available to assist with the inspection visit. This was the first inspection of the service since it was registered with the Care Quality Commission (CQC).

Kare Plus North Cheshire is registered with CQC to provide personal care and support to people living in their own home. At the time of our inspection 23 people were using the service and being supported in meeting their care needs.

Not everyone using Kare Plus North Cheshire received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection the service had appointed a new manager who was in the process of becoming a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and their relatives were positive about the care they received. People we spoke with told us they felt well cared for and that staff knew them well. Comments we received included; "They are very friendly and caring." and; "They're caring and do everything I need."

People told us they were encouraged to remain as independent as possible and had been involved in deciding how their care was being given. At the time of our inspection the manager was in the process of visiting every person using the service to review their care plans and agree new ones.

Care workers told us they felt supported and had noticed an improvement since the manager had been appointed. They told us the staff in the office were very approachable and they felt able to speak to them at any time if they had any concerns and had confidence the concerns would be dealt with appropriately.

The service owner and manager told us that they were committed to providing the best quality service they could. At the time of our inspection the manager was implementing new systems to monitor quality and evaluate where improvements could be made however it was too soon to see how effective the systems would be.

The service owner told us that employing the right staff was very important and they would not take new care packages on unless they had the right care workers in place to do it safely. He told us; "If I can't see you looking after my parents then I'm not going to take you on.

Care workers underwent a through recruitment and training process and additional training was available which staff we encouraged to complete.

During our inspection we found a discrepancy in one care worker's recruitment file. Although we were satisfied the recruitment process had been safe, the discrepancy should have been identified by management. We recommended the service review its sign-off process for new care workers.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe and there were robust procedures in place to help protect people. Care workers demonstrated they understood these processes.

People using the service had regular care workers and received care in an un-hurried way.

Care workers underwent thorough induction training.

Is the service effective?

Good

The service was effective. People using the service felt the care workers knew them well and respected their preferences.

People's needs were well documented and were regularly reviewed to make sure they were up to date.

Care workers told us they felt supported by management.

Is the service caring?

Good

The service was caring. People using the service told us they felt cared for and treated with respect.

People were encouraged to remain as independent as possible. People using the service told us they were treated with dignity and respect.

The importance of maintaining confidentiality was understood throughout the service.

Is the service responsive?

Good

The service was responsive. People using the service and their relatives told us they felt involved in the way care was provided.

People's care records were person-centred and reviewed regularly.

People felt able to make a complaint and had confidence it would be dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led. During our inspection we found a discrepancy in documentation that should have been identified during the recruitment sign-off process.

At the time of our inspection a manager had recently been appointed who was going through the process of registering with CQC to become the registered manager for the service.

Improvements to the governance and quality systems in the service had been identified and were being implemented by the service however they had not been in place long enough for us to see how effective they had been.

The management had a clear vision of wanting to provide a high quality service. Care workers said they felt proud to work for the service and were confident in the management team.

Kare Plus North Cheshire

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 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.

The inspection took place on 23 and 24 January 2018 and both days were announced. The inspection team consisted of one adult social care inspector and one 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.

The provider was given notice before our visit and advised them of our plans to carry out a comprehensive inspection of the service. This is because the location provides a domiciliary care service and we needed to be sure that the Manager or another senior member of staff would be in the office to provide information we would require as part of the inspection process.

Prior to the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned by the provider in line with the requested timescales. We also contacted the local authority, the local Safeguarding team and Healthwatch to seek their views about the service and no concerns were raised.

We also considered information we held about the service, such as notifications in relation to safeguarding matters and incidents which the provider had told us about.

As part of the inspection we spoke with three people who used the service, two relatives of people using the service, two care workers, the manager, the service owner, the care coordinator and the care quality officer.

We also reviewed a sample of people's medicine records, four care files, three staff recruitment records, staff training and development records, records relating to how the service was being managed such as records for safety audits and a sample of the services operational policies and procedures. We also saw feedback from service users and relatives given directly to the service.

Good

Is the service safe?

Our findings

People told us they felt safe and their preferences were respected. We looked at how the service protected people from abuse. We saw the service had a safeguarding and whistleblowing policy and care workers we spoke with were clear what their responsibilities were in order to keep people safe. We saw records confirming care workers received safeguarding training as part of their induction and update training was planned for staff in line with best practice guidelines. Care workers we spoke with gave examples of concerns they had raised regarding the safety of people using the service which had been dealt with appropriately.

To manage any potential risks in the delivery of care and support, we found appropriate risk assessments were in place, including a medication risk assessment, which were used to assess the level of support a person would need to take their medicines safely. In the care files we reviewed we also found risk assessments relating to the support the person may need with eating or drinking or any assistance they may need with their mobility, including risk of falls. There was also an assessment of risks relating to care workers working alone and a risk assessment of any hazardous cleaning materials that the care workers may need to use.

The care records we looked at were legible and contained up to date information. They were stored in a locked cabinet in the office but were easily accessible to staff.

We looked at care worker recruitment records. Checks had been made with the Disclosure and Barring Service (DBS) before the care worker was allowed to work unsupervised. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to ensure only suitable applicants are offered work with the agency. Checks had also been made with previous employers to verify the care workers' suitability for the role.

One of the care worker recruitment files we looked at contained a reference from a company not stated in the person's employment history. The provider explained the reasons for this and we were satisfied the care worker's recruitment had been safe. This will be explained in more detail in the well-led section of this report.

The induction programme for care workers was linked to the Care Certificate which is a set of minimum standards that should be covered as part of a new care worker's induction. The training is provided by an accredited external training provider and also by the local district nursing team. The manager told us that all care workers have to undergo the organisation's mandatory training and have a DBS and satisfactory reference checks before they shadow an experienced care worker. The service owner checks that all new recruits have undergone appropriate checks and training and this is double checked by staff at the service's head office before a new care worker can start work. This helps to minimise the risk of unsuitable people being employed by the service.

We looked at care workers rotas and found them to be well planned with regular breaks and travel time between visits included. People receiving the service told us the care workers stayed the full length of the visit. A care worker we spoke with told us; "It's only when people go off sick that I get asked to do extra visits." This meant there were enough care workers available to provide care safely.

People we spoke with told us they received support from regular care workers. One person we spoke with said; "Yes, [my relative] has three regular care workers and new care workers shadowing them." Another person said; "Now I have regular care workers but in the past I didn't." The manager told us; "I have enough staff at the minute. I'm trying to create a bedrock of staff so we can give continuity to the service users. We try to keep the same care workers going so they get to know the people and can pick up little signs that [the people receiving the care] aren't feeling right."

The service employed a care quality officer whose role was to carry out spot checks on care workers and review their competency when supporting people with their medicines and checking their skills when record keeping. The service owner explained that the care quality officer was an experienced care professional who had started with the company as a bank worker and had identified a number of areas improvement in how the care was delivered. To address these areas of identified improvement the post of care quality officer had been created.

The care quality officer had introduced new medication documentation to reduce the risk of errors and provided guidance for care workers on how to complete the new records. She explained that medication administration records (MAR) were audited weekly and checked for completeness, accuracy and cross referencing with the daily care records and had very quickly seen an improvement in record keeping and a reduction in possible errors.

We saw people's support needs with medication were documented in their care files. One file we reviewed contained detailed guidance for care workers on administering medicines that had been prescribed 'as required' (PRN). We saw records confirming care workers had received medication training and the training was updated annually. The MARs we saw had been fully and legibly completed. This meant the provider was helping to ensure the proper and safe administration of medicines.

The service had an infection control policy giving care workers guidance on preventing, detecting and controlling the spread of infection. In addition training records showed that all staff had completed training in this area as part of their induction. Staff we spoke with confirmed they had access to stocks of disposable gloves, aprons and other protective equipment and were able to collect more whenever they needed to.

Good

Is the service effective?

Our findings

People using the service told us they felt the care workers had the skills and experience needed to deliver effective care. One person we spoke with told us; "Yes and new care workers shadow existing care workers." Another person said; "Yes, very much so." One care worker we spoke with said; "The training is a mix of in the office and online, it's quite intense." Another care worker said "The online training is good. You can go at your own pace and dip in and out of it until you're sure."

The service owner told us that additional training was offered to care workers. He told us; "We get care workers to do the mandatory training first but I will put on what other training they want as it helps them develop. If they have ambition we want to encourage them" The manager told us that if people had more complex care needs and care workers needed specific training then this would be sought from the district nurse team or the external provider before the person started to receive care.

Care workers told us they felt supported in their role. One person we spoke with told us; "If I had a problem I know I can speak to [the office]. They would definitely sort it." Another person said; "The new management is brilliant, I feel really supported." Care workers gave us examples of how the management had taken into account their personal commitments when arranging their work. We saw records showing care workers had individual supervisions in addition to team meetings.

The service owner explained that equality and diversity ran through the business from recruitment onwards. He told us; "If we recruit from a diverse range of people it helps us give care to a diverse range of people." The manager told us that cultural, religious and personal preferences were encompassed in the care and support planning process. We saw records showing care workers underwent equality and diversity training.

People were supported to eat and drink. One person using the service we spoke with told us; "Yes they help me. The carers give me microwave meals." Care records we saw where people were receiving support with meals contained food and fluid charts with visual guides about portion sizes. The care records also detailed personalised ways in which care workers could encourage people to eat and drink. One record stated; "I may decline a meal but please prepare food and leave it in my sight." Another record stated; "Please leave water in the kettle but not full and leave two bottles of water by my side."

At the time of our inspection the service were evaluating different electronic call monitoring systems which would record that people using the service had received the visits when they were expecting them and that care workers had arrived safely.

We found the service worked well with other organisations. We saw records of conversations with the local authority and where specialist training was required they approached other care providers to invite them in to deliver the training. The service owner and the manager had recently met with the local authority to discuss the service and invited the local authority to perform a quality audit.

People were supported to receive care from other healthcare services. People's care records contained

contact numbers for people's doctors and dentists. Care workers we spoke with gave us examples of where they had contacted the office when they felt the person using the service needed support from healthcare professionals and we saw records showing these referrals had been made.

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 make particular decisions, any decisions 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.

People using the service and their relatives confirmed care workers always asked for their consent before doing anything. Care workers we spoke with demonstrated a good understanding of the MCA. One care worker we spoke with told us; "I support a person with dementia but I always ask what she wants to do. Just because she has dementia doesn't mean she can't make some decisions."

People's care records contained an assessment of their mental capacity and a flow chart to illustrate what sort of decisions the person was able to make.

Good

Is the service caring?

Our findings

People told us they felt their care workers were caring and treated them with respect. A person using the service we spoke with said; "Yes, they're very friendly and caring." A relative of a person using the service told us; "It's like a new lease of life for [my relative] and they seem really happy." Another relative said; "I would recommend the service and would use them for myself if I ever needed it."

Care workers we spoke with told us they knew the people receiving the service well. One care worker we spoke with told us; "I have a set area and a set rota so I get to know my people well so I know if they're not right." Care workers we spoke with told us they would contact the office if they felt the person using the service needed to see a General Practitioner (GP) or other health professional. People using the service and their relatives had been involved in completing the "My Life Story" booklet in the front of their care records which gave care workers more information about the person and their interests. The care coordinator for the service told us that rotas were organised so the same care workers had the same rota wherever possible so they got to know each other which enabled consistent care to be provided.

People were encouraged to be as independent as possible. Relatives we spoke with told us; "Carers do help [my relative] to be as independent as possible and enable them to wash and dress as much as they can" Another person said; "Carers have helped [my relative] to be as independent as possible." We saw care plans had been written to encourage people's independence. One example we saw read; "I can dress myself but I will need help with the zips and buttons." Another read; "I can wash myself but will need reminding. I need help drying myself."

We found that people were listened to and their choices respected when they were receiving care. One person told us; "[The care workers] do things how I like them."

People we spoke with told us their privacy and dignity was maintained and protected. A person we spoke with told us; "They treat me with respect and always close the bathroom door for privacy." Another person said; "They close the bedroom door when doing personal care." Care plans we looked at showed people's dignity had been taken into account when deciding how the care should be given. One person's care plan read; "Prompt [the person] from outside the shower."

The different assessments and agreements in the care records all had space for the person receiving the service to sign. For people who were less able to write, their dignity was protected by having a single summary sheet which they could sign once and indicate which assessments they had agreed to.

Care workers were aware of the importance of maintaining confidentiality and had received training as part of their induction programme. Service user and care worker records were stored in locked cabinets in the office and computer records were held in a password protected system. This helped to ensure that confidentiality was maintained.

Good

Is the service responsive?

Our findings

People we spoke with said they felt involved in their care planning and their family had been involved too with their consent. People we spoke with told us; "Yes, I can remember the manager, the social worker and me were involved." Another person told us; "Yes, the manager visited me and [my relative] to assess their needs."

People also felt involved in their day to day care. They said; "They do things the way I like and if they don't I tell them." A relative said; "Yes, they involve [my relative] and they will tell the care workers how they like things done." Care plans we saw encouraged care workers to involve people using the service. One example we saw read; "I need help to make choices but please ask me." A care worker we spoke with told us how one of their regular service users liked to change the day of a visit and she was happy to accommodate their choices.

The care records we reviewed were signed by the person or their representative confirming they had been involved in the drawing up the plan and agreed with the outcomes. At the time of our inspection the service was creating "My Life Story" booklets to go in the front of people's care records to summarise issues that were important to the person. The manager told us; "People using the service and their families can get involved together to make sure we are including the things they want."

The care records also included a care passport that could be taken with the person if they were admitted to hospital or needed support from another care provider. The care passport contained medical information about the person and also their likes and preferences. The front of the care record indicated to other health professionals such as paramedics that they were able to remove the passport from the care record.

People's communication needs were identified when they were referred to the service, recorded and flagged in their care record and kept under review. The service owner explained the service's head office would provide support if people required information in a different language or format but they would contact local organisations like the Royal National Institute for the Blind (RNIB) for advice first.

At the time of our inspection the manager was in the process of visiting all the people using the service to introduce herself and review their care plans. The manager explained; "I want to check that the care plan suits their needs and whether the assessments are current. I also want to see if there is anything else we can do to help the person."

People we spoke with told us they knew how to make a complaint and felt happy speaking to the management if they had any concerns. We looked at the complaints records held in the office. The complaint records we saw were clearly documented and contained statements from staff showing the complaints had been thoroughly investigated. The records also contained the written response to the complaints. The manager told us; "It's important to meet people to provide a resolution. I always offer to meet the person to apologise."

We also saw actions had been taken as a result of the complaints received. People who had raised concerns with the current management felt their concerns had been addressed but this had not always been the case with previous management.

At the time of our inspection the service was not providing end of life care to anyone. The manager told us that they had previously cared for people at the end of their life and all staff had received training during their induction and through updated training providing them with the necessary skills and knowledge should they be required to support people who were nearing the end of their life.

Requires Improvement

Is the service well-led?

Our findings

The service owner had a clear vision of the type of service he wanted to provide. He told us; "We want to give people the best care. Someday my parents might need it. We want people to turn up on time, do what they ask and spend time with people." A member of staff we spoke with confirmed; "In a nutshell we want people we look after to receive the standard of care we would want our parents would receive and nothing less."

During our inspection we found the management team of the service to be open and transparent. Members of staff we spoke with confirmed they felt this too. One member of staff told us; "The culture is open, honest and transparent and it's the same from [the service owner] to the care workers."

The Care Quality Officer told us; "It's important to us that we are encouraging and praising when things are right but also that we are open and honest when things are wrong. People need to know things will not be ignored." Care workers we spoke with told us they felt able to raise issues with the office and were confident they would be dealt with. One care worker we spoke with said; "They're belting, they've been brilliant. I know they will help you if they can. You couldn't ask for better people there."

The manager had recently been appointed and had been previously registered with the Care Quality Commission (CQC). At the time of our inspection the manager had submitted her application to become the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager understood their role and their responsibility to notify CQC and other organisations about certain events relating to the service. Care workers told us they had noticed an improvement in the organisation since the appointment of the manager. One care worker told us; "[The manager] is making changes for the better and doing things her way."

At the time of our inspection the service was making improvements to its governance procedures to monitor quality and identify where improvements could be made. We saw minutes of management meetings where these issues, people's responsibilities for actioning them and the progress made had been discussed. The minutes of these minutes indicated that views of all the office staff had been sought and that the ideas would be discussed with care workers at an upcoming meeting. This meant people's responsibilities were clear and staff were involved in the development of the service. These processes had not been in place long enough for us to see how effective they had been.

The manager had invited the local authority to conduct a quality audit to help identify any further issues and ensure they were compliant. The local authority said about the service; "They call for advice when they have issues and are very receptive to anything we tell them." This showed the agency worked well in partnership with other agencies.

People using the service and their relatives were sent questionnaires asking for their feedback on the service. At the time of our inspection the manager was reviewing the feedback and exploring different ways of seeking feedback from people.

The care coordinator explained that the times of visits were agreed when people were first referred to the service but as people's needs changed a visit to provide a service at a different time may suit the person better. They told us; "Care workers tell us if people want a different time. When they do I speak to [the local authority] and try to agree new times."

The service owner explained they were keen to implement an electronic call monitoring system. They told us; "It needs to be right and it needs to have the functionality we need to monitor quality."

When we looked at the recruitment files for care workers we found one reference that did not match the employment history stated on the person's application. This should have been identified as part of the service owner's sign off of the care worker's recruitment process. We recommended the service owner and manager review their recruitment sign off process.