Saharaa Limited

Kare Plus Mansfield

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service: Kare Plus Mansfield is a domiciliary care agency. It provides personal care people living in their own homes and flats in the community. It provides a service to older people, people with physical disabilities, learning disability, mental health and people who are living with dementia. Not everyone using this service received 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 there were 20 people using the service.

What life is like for people using this service:
People were kept safe by staff who understood how to safeguard people from abuse and the actions they needed to take to protect people from the risk of harm. There were sufficient numbers of staff to support people and staff were recruited safely. There were appropriate infection control practices in place and people were supported to take their medicines safely.

People were supported by staff who had completed the relevant training to give them the skills and knowledge they needed to meet people needs. People were supported to have sufficient amounts to eat and drink and protected against the risk of poor nutrition. Staff supported people to maintain their health and well-being. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind, caring and treated people with dignity. People were encouraged to remain independent where possible and were supported to be involved in the planning and provision of their care.

People and those important to them were at the centre of the assessment and care planning process. People were supported to express their wishes and preferences regarding their care and staff were provided with information which enabled them to provide personalised care. People and relatives were confident to raise concerns and complaints and these were listened to, resolved and used to drive improvements in the service.

The provider had systems in place to monitor the quality of the service to ensure people received good care. People, relatives and staff were given the opportunity to feedback on their experience of the service and contribute to the improvement and development of the service.

Rating as last inspection: We inspected this service in September 2017 and rated the service as Requires Improvement.

Full details of this report can be found at www.cqc.org.uk

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to monitor the quality of the service through the information we received until we return to visit as per our re-inspection programme. 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?

Good

The service remained safe.
Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.
Details are in our Effective findings below.

Is the service caring?

Good

The service remained caring.
Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.
Details are in our Well-Led findings below.

Kare Plus Mansfield

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service,and to provide a rating for the service under the Care Act 2014.

The inspection team:
The inspection team consisted of one inspector.

Service and service type:
Kare Plus Mansfield is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people, people with physical disabilities, learning disability, mental health and people who are living with dementia.

The service had a registered 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 visit because the manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:
Inspection activity started on 28 March 2019 when we visited the office location to meet with the registered manager, the director and review records. It ended on 4 April 2019 when we completed telephone calls to people, their relatives and staff.

When planning our inspection, we looked at the information we held about the service. This included any notifications received from the provider about significant events which they are required to tell us about by law. We reviewed the information from the provider's completed Provider Information Return. 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.

During the inspection we spoke with five people who used the service and one relative. We also spoke with the registered manager, the director of the franchise, the care co-ordinator and three care staff. We reviewed care records for three people, including their care plans to ensure the care provided reflected their current needs. We also looked at records in relation to the management of the service including four staff recruitment and training records and quality assurance systems and processes.

Good

Is the service safe?

Our findings

Safe - this means people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse:
•Staff demonstrated a good understanding of the indications of abuse and were clear on how to report concerns under safeguarding or whistleblowing procedures.
•The registered manager understood their responsibilities in relation to safeguarding, how to report and investigate concerns, and how to protect people from potential discrimination. They had made appropriate referrals to agencies where there had been potential safeguarding concerns.
•Staff had received training in how to safeguard adults.
•The provider's policies included guidance and information for staff and encouraged staff to 'speak up' and raise concerns about poor care or suspected abuse.

Assessing risk, safety monitoring and management:
•People and relatives told us they felt safe using the service. One person told us, "I feel safe because they [staff] know what they are doing; I have confidence in them."
•Comprehensive risk assessments were in place to protect people from potential harm associated with their care and support.
•Risks people faced had been identified, assessed and measures put in place to reduce the risk where possible. Staff demonstrated a good understanding of the measures they needed to take to keep people safe.
•One staff member told us, "I am aware of keeping people safe in their own home, such as keeping doors locked. Also, when supporting people with care, using equipment and being aware how much people can do for themselves and when they need help."
•The registered manager regularly reviewed risk assessments to ensure they were up to date.

Staffing and recruitment:
•People and relatives told us they were supported by the number of staff required to meet their assessed needs.
•Staff rotas were planned in advance and people usually received care from a consistent team of care staff who were on time and stayed the full length of the visit.
•Staff recruitment processes were in place which helped to ensure staff were suitable to provide care and support. These included checks of previous employment, identification and criminal record checks through the Disclosure and Barring Service (DBS).
•Where outcomes of DBS checks were not positive, the provider followed robust procedures to assess any potential risk and ensure staff were suitable to work in the service.

Using medicines safely:
•People received their medicines safely and as prescribed.

•People's care plans included details of the support people needed to take their medicines, if people had consented to this support and details of their current prescribed medicines.
•Medicine records included details of any allergies people may have and areas of application for topical medicines, such as creams and lotions.
•Daily medicine records maintained by staff were not always completed accurately. For example, we found gaps in staff signatures which were not supported by any explanation. The registered manager told us these gaps were due to family administering medicines. They told us they would ensure staff used correct codes on records.
•Staff had received training in how to manage and administer medicines.

Preventing and controlling infection:
•People's care plans advised staff on actions they needed to take to protect people from the risk of infection. For example, where people had known infections, guidance was in place for staff to follow when providing day to day care and in the event the person should be admitted to hospital.
•Staff were supplied with personal protective equipment, such as gloves and aprons.
•The provider had monitoring systems in place to ensure people were protected from the risk of infection and staff complied with the guidance in the providers' procedure for controlling infection.

Learning lessons when things go wrong:
•The provider had processes in place to analyse and review incidents and accidents in the service and ensure lessons were learnt to reduce the risk of harm.
•At the time of our inspection, there had not been any incidents or accidents that had occurred within the service.

Good

Is the service effective?

Our findings

Effective - this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
•People's needs were assessed prior to them using the service to ensure the care provided met their needs and wishes.
•One person told us, "The manager came to my house and asked lots of questions about how I wanted things done and what I liked and didn't like. They also gave me the opportunity to ask any questions I had."
•Assessments were used to develop care plans and guidance for staff, and included any specific needs or requests that people had.
•Protected characteristics under the Equality Act had been considered. For example, people's lifestyle preferences, religious and cultural needs and relationships.

Staff support: induction, training, skills and experience:
•People and relatives felt staff had the skills and knowledge they needed to meet their needs. One person told us, "They [staff] know what they are doing. Some of the new staff haven't worked in care before, but they are competent and provide very good care."
•Staff told us they had completed training which gave them the skills and knowledge they needed in their role. One staff member told us, "The on-line training was really good, quite interactive, which made it easier to do. We also complete practical training for areas such as using the hoist and first aid. I was given time to get to know clients over the course of a week through working alongside experienced staff."
•New staff were supported to work through the Care Certificate, a set of nationally recognised induction standards for staff who are new to care.
•The registered manager had recently reviewed training and made improvements to ensure the training was relevant for staff and met their needs. Staff were positive about the improvements and the impact on the care they provided.
•The registered manager and care-co-ordinator regularly assessed staff competency and working practices and discussed training in staff meetings as part of on-going evaluation of training.
•Staff told us they felt supported by managers and received regular formal and informal supervision which supported them to develop in their roles.

Supporting people to eat and drink enough to maintain a balanced diet:
•People's care plans included the support they needed to ensure they had sufficient amounts to eat and drink, and included likes and dislikes.
•Where people were at risk of poor nutrition, guidance was included in their care plan. For example, one person required their food to be cut into bite sized pieces to reduce the risk of choking. A second person required staff to check use by dates on food to support them with food safety.
•One person told us, "They [staff] know that I need to eat little and often. They help me with my meals and

drinks. They always leave me a snack and drink beside my bed at night in case I need it."

Staff working with other agencies to provide consistent, effective, timely care:
•Where staff had concerns about a person's care or well-being, they made appropriate, timely referrals to health and social care professionals.
•Where a person required staff support to maintain a healthcare needs, such as catheter care, their care plan did not clearly outline how staff worked in partnership with healthcare professionals. For example, when to report any changes or concerns and who to contact.
•The registered manager told us they would develop catheter guidance to be included in the person's care plan.

Supporting people to live healthier lives, access healthcare services and support:
•Staff followed any guidance provided by health care professionals involved in people's care.
•Effective communication systems were in place to support handovers of information between staff regarding people's health and well-being.
•Action was taken in a timely manner if staff had concerns, such as contacting relatives or appropriate healthcare professionals.
•Staff demonstrated a good understanding of how to support people in the event of an emergency.
•One staff member was able to describe how they had supported a person in the event of an emergency by working alongside a family member, in line with the person's wishes.

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 with appropriate legal authority, through the Court of Protection.

•Staff had a good understanding of the MCA and how to support people in the least restrictive way. They were able to explain how important it was to offer choice and support people to make day to day decisions and choices about their care.
•People and relatives told us staff always sought consent and consulted with people before providing care and support.
•People's care plans included an assessment of their mental capacity and the support they needed to make day to day decisions and processes to follow for more complex decisions.
•MCA assessments were kept under review.
•Staff were able to describe the actions they took in the event a person declined their care. This included appropriate encouragement but also reporting to ensure the person was kept safe.

Good

Is the service caring?

Our findings

Caring - this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; equality and diversity:
•People and relatives told us staff provided good support and were kind and caring.
•Comments included, "They are very polite. If I want anything, they do it. They are very caring and supportive," and "They are very good and accommodating; they put themselves out for us. We can relax with them; they get our sense of humour," and "They are very respectful and spend time talking with me."
•Staff told us they had the time they needed to meet people's needs without rushing.
•Staff were encouraged to spend time with people, building positive relationships.
•Wherever possible, people were provided with consistent staff who got to know people, and those important to them well. This resulted in positive communication between people, staff and relatives.

Supporting people to express their views and be involved in making decisions about their care:
•Care plans reflected people and those important to them had been involved and consulted about how they wanted their care to be provided.
•Care plans included details of people's life history, wishes and preferences.
•This knowledge was used by staff to ensure they provided care to meet people's needs, in the way they wished.
•Care plans included guidance for staff to ensure people's specific requests were met. For example, how staff should enter a person's home and greet them, or the support people needed to maintain relationships.
•People and relatives were provided with information about the service before they began to use it. This included details of independent advocacy agencies who could support people to share their views and make decisions about their care.

Respecting and promoting people's privacy, dignity and independence:
•People and relatives told us staff provided care in a dignified and respectful manner.
•The registered manager and care co-ordinator were dignity care champions and ensured these values were embedded into staff working practices.
•Staff demonstrated a good understanding of protecting people's dignity and right to privacy and independence. For example, recognising and supporting a person's ability to do small things for themselves during personal care, rather than simply providing care. Being respectful of people's home and belongings.

Good

Is the service responsive?

Our findings

Responsive - this means that services met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
•Each person using the service had a care plan that identified their needs, wishes and preferences for how they received their care.
•Care plans included detailed routines and practices that people required staff to observe. For example, the order they liked their support to be provided in and specific requests.
•Staff had access to information about people's life history, interests and hobbies and the outcomes they would like from their care. For one person, it was important that they attend chapel regularly. For a second person, it was important for them to have access to and maintain friendships and relationships.
•Staff used this information to provide personalised care.
•People and relatives told us they were consulted and involved in planning their care, and staff provided care that was in line with their wishes.
•Care plans were kept under regular review by the registered manager to ensure the care provided continued to meet people's needs.
•People's care plans included details of how their communication preferences. For example, one person preferred information to be provided by telephone or face to face. The provider had not yet established a policy that demonstrated how they complied with the Accessible Information Standard. The registered manager told us they would ensure a policy was in place and complied with where required.
•Where required, staff were able to support people to go out into the local community. Staff were aware of the risk of social isolation and spent time talking with people about common interests and events.

Improving care quality in response to complaints or concerns:
•The provider ensured people and their relatives had access to a complaints procedure that detailed how they could raise concerns, and how these would be managed.
•People and relatives told us they felt confident to raise concerns and that these would be listened to and resolved.
•The registered manager maintained clear records of complaints which demonstrated these were investigated and resolved.
•Actions were taken following complaints being made to improve the service.

End of life care and support:
•The provider had policies and procedures in place to meet people's health needs and their wishes for end of life care.
•People were able to express choices for their end of life care and these could be recorded in care plans.
•There was no one receiving end of life care and support at the time of our visit.

Good

Is the service well-led?

Our findings

Well-Led - this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
•People and relatives all knew who the registered manager was and were unanimous in their praise for them. Comments included, "They [registered manager] do what they say they are going to do," "They are so much better than other agencies we have had. They advertise their services and actually do provide them," and "They [managers] are very approachable and we can always get hold of someone at the office. If you have a problem, they are there to help. We definitely made the right decision to use this agency."
•Staff also gave positive feedback about the management of the service and improvements that had been made. Comments included, "[managers] email me quite a few times, asking how things are, and telephone to check I am okay. They genuinely care about me as a person, not just a staff member. They are approachable," and "I feel comfortable with [managers]. We work alongside each other providing care and I feel I can share my views with them and these are listened to."
•The registered manager had made several improvements since their appointment. These had included developments to care plans and care records, staff training and staff support.
•These improvements had had a positive impact in ensuring staff provided person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
•The director and registered manager were clear about their roles and responsibilities. They promoted person-centred care and a culture that was open and transparent.
•The registered manager undertook audits and checks, including spot-checks, which helped to monitor the quality of the service.
•Outcomes of these, together with external quality assurance from head office and other agencies, were used to drive improvements and develop the service.
•For example, the registered manager had made significant improvements to risk assessments and care records. This in turn had developed staff knowledge and improved consistency in the care provided.
•The registered manager was supported by a care co-ordinator who was also involved in the day-to-day service provision. The director had contingency planning in place in the event they were absent from the service for any period of time.
•This simple management structure ensured effective communication between people, staff and managers.
•The registered manager demonstrated they were aware of the regulatory requirements, including the requirement to notify CQC of significant events and incidents in the service.
•Staff understood their roles and felt confident to seek advice and guidance from managers if they needed to.

•Managers worked alongside staff in providing care which helped to ensure best practice was embedded in the care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
•People and relatives were able to share their views about the service through regular quality monitoring surveys or telephone calls.
•These were used to drive improvements to the service.
•For example, feedback in 2018 was used to improve and develop staff training.
•Records did not always demonstrate the response taken to feedback. For instance, one person had noted 95% of staff wore aprons and gloves. The registered manager had taken action to ensure all staff complied with infection control procedures, but this was not noted on records.
•The registered manager told us they would ensure actions taken as a result of feedback were recorded.
•The service had received compliments, relating to people's positive experience of using the service and praising individual staff of the care they provided. Where feedback was for individual staff, the registered manager passed this on which to them which helped them to feel valued and promoted good care.
•Staff told us they were confident to make any suggestions for improving people's care through meetings with managers. Minutes of staff meeting showed these were used to discuss best practice, reinforce the providers' polices, share ideas and consult on changes and developments in the service.
•Staff described team working as 'brilliant', where staff were treated equally and felt respected and valued by managers.

Continuous learning and improving care:
•The registered manager displayed a commitment to improving the care people received.
•This was based on achieving best possible outcomes for people.
•The director was clear on how they wanted to develop the service. They had reviewed the business plan and focussed on getting the right management team on board, which included the creation of the role of care co-ordinator.
•The director told us they had learnt from experiences in providing the service. This included identifying realistic targets for the growth of the service, which had been developed through consultation with the registered manager and staff, and being more involved in the day-to-day running of the service.
•The director was supported by the provider and had access to a range of services and information, including human resources and latest guidance on best practice and changes in the care market. This enabled them to keep up to date with changes and development in social care.

Working in partnership with others:
•The director liaised with other care providers in the franchise to share best practice and ideas.
•Records showed staff worked in partnership with relatives and health and social care agencies to ensure people received care that met their needs.