

Southwest Healthcare Ltd

Kare Plus Bournemouth

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

Kare Plus Bournemouth is a domiciliary care agency. It provides personal care to older people living in their own houses or flats in the community. At the time of this inspection 13 people received the service.

This announced inspection site visit activity started 23 May 2018 and ended 8 June 2018. It included visiting the registered location (the office) to see the registered manager, staff and to review records, policies and procedures.

There was a 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 registered manager was dedicated and passionate in their role. They knew people's needs well and were prominently involved in the day to day running of the service.

Staff understood about people's preferences, routines and the support they needed to maintain their independence and remain living in their own home.

Risks to individuals were assessed and monitored. When incidents took place, the registered manager reflected on the events to ensure learning was embedded for future practice.

Appropriate checks were made before staff started to work to make sure they were suitable to work with people.

People were supported by staff who were committed, compassionate and enthusiastic. Staff told us they felt supported in their roles and had received training that provided them with the necessary knowledge and skills.

Staff understood the need to gain consent and followed legislation designed to protect people's rights and freedoms. Staff understood people's individual needs and were able to make adjustments to ensure these needs were met.

There was a complaints policy in place which people felt comfortable using if they had concerns.

Management and quality assurance systems were in place to drive continuous improvement and the service. The whole team were committed to providing a quality personalised service to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Staff were deployed in a way that ensured people received the care they expected, and when they needed it.

People were supported by staff who had been recruited safely and had the necessary skills and knowledge to support them.

People were supported by staff who understood how to reduce the risks people faced. Staff understood how to protect people from abuse.

There were systems in place to manage people's medicines and to protect them from the risk of infection

Good ●

Is the service effective?

Staff had the knowledge necessary to deliver the care to people as they expected and needed.

Staff benefitted from training, induction and a programme of supervision, which helped staff remain effective.

Staff understood the need to gain consent and followed legislation designed to protect people's rights and freedoms.

Good ●

Is the service caring?

People received care from staff who cared about them and liked and respected them.

People and their relatives were listened to and felt involved in making decisions about their day to day care.

Whilst attentive the staff also respected people's space and autonomy within their homes.

Good ●

Is the service responsive?

There were arrangements in place to respond and learn from feedback from people, relatives and staff. Ongoing improvement was seen as essential.

Good ●

People and their relatives were confident they were listened to and knew how to complain if they felt it necessary.

Is the service well-led?

The registered manager was dedicated and passionate in their role and was an excellent role model who led by example.

Staff, people and relatives were encouraged to raise issues of concern, which were always acted upon.

Management and quality assurance systems were in place to drive continuous improvement. When incidents took place, the registered manager reflected on the events to ensure learning was embedded for future practice.

Good ●

Kare Plus Bournemouth

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 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.

This is the first inspection since the service registered with us in March 2017.

This inspection took place on 24 May 2018 and was announced. We announced this inspection to ensure people could be contacted and asked to take part in our inspection. The inspection team was made up of one 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 expert by experience made calls to people who used the service, their relatives and staff.

Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. We received a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three care workers, a social care professional and the registered manager and the nominated individual. An expert by experience in Dementia and older people spoke with a total of 12 people by telephone on 23 May 2018. We visited three people in their own homes with the member of staff providing their care on 24 May 2018.

We reviewed a range of records which included four care and support plans and daily records, four staff records relating to training, personnel files and the staff duty rosters. We saw policies and procedures and quality monitoring documents.

We requested further information from the manager related to the management of the service and we received this as requested on 24 May 2018.

Is the service safe?

Our findings

People told us they felt safe. One person described how they, "Get a rota every week so I know who is coming, you only get someone different if there is sickness but they are all so lovely I don't mind who comes. I do feel safe with them, they are so nice. They wear their gloves and aprons and they are very tidy when they work."

A relative said, "They (two staff) come in twice a week when I am not here (relative) has a hoist and they manage that fine. it's usually the same ladies which is nice. The registered manager is coming out soon as we are getting a new overhead hoist."

Another relative said, "Well we are pretty happy with it now we have regular ladies (carers), to begin with we had lots of different ones and my (relative) didn't like it, but that wasn't the agencies fault really, people kept leaving but now we have a couple of regular ladies (carers) and my (relative) is happy. we get a rota and they are on time, they come twice a week and (relative) says she feels safe with them."

A third relative explained how having regular carers was, "Marvellous to have the same person."

People said they were informed if a carer was going to be late, for example due to traffic. And without exception everyone said carers wore personal protective clothing when necessary. We saw stock of personal protective clothing was available to staff at the office and staff confirmed they, "Have plenty".

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff we spoke with were aware of the signs of possible abuse and what to look for. They were aware of the action to take and who to speak to if they were concerned. A staff member said, "I do feel that if I saw anything wrong I could go to (registered manager) and say, absolutely."

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. People had risk assessments in relation to their health and wellbeing, maintaining independence and daily routines. Staff showed a good understanding of each person's risks and how to support them to maintain their independence and keep them safe. People were supported by sufficient numbers of staff to meet their needs and preferences. Staff told us they enjoyed coming to work and felt supported to do their job.

Medicines were stored, administered and managed safely. Medicines were only administered to people by staff who had been trained to do this and who underwent an annual review of their skills, knowledge and competency to administer medicines safely.

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS). DBS checks alert the provider to any previous convictions or criminal record a potential staff member may have which helps them to make safer recruitment decisions. As part of the recruitment process each staff member had provided an application form, a full employment history and proof of identity and attended a competency based interview to check their suitability and competency for the role.

Is the service effective?

Our findings

People described their care was provided by "regular staff" at times that suited them. One person said, "I have (name) regular in the morning and she has got into a good routine."

A detailed needs assessment took place that included any cultural and spiritual expression, diet, and sexuality. We could see this lead to detailed care and support plans which reflected people wishes, needs and preferences. People were involved in the development of these plans and they detailed information about friends, family, activities and communication styles.

People were cared for and supported by staff who had relevant training and skills. For example, staff had completed training in dementia awareness, moving and handling, equality and diversity, epilepsy awareness as well as medicine management and safeguarding. Two relatives described the staff as being, "Well trained" and "The girls all knew what they were doing."

A staff member said, "Well I have just finished my probation, I am in to get signed off and I have to say it's been great, I have done my on line training and I went to Christchurch to do my first aid, moving and handling and medicines and I get my certificates today, so now it will all have to bed in. I shadowed for a week then I was on my own."

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 people lack mental capacity to take 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. We were told that no one lacked capacity to consent to their care by the registered manager. We saw people's ability to consent has been assessed as outlined by the MCA. Staff had received training in the MCA and all spoke passionately about promoting people's choices and ensuring their care was provided in the least restrictive way. They were confident in how they should respond respectfully and appropriately when people declined care.

Staff who had recently joined the team had started the Care Certificate. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. Staff also learned about people's needs through a shadowing period and by working alongside more experienced staff. The competency of staff was checked before they worked alone and through regular spot checks on their practice.

Ongoing support for staff was achieved through individual supervision sessions and an annual appraisal. Staff told us they received regular supervision which was useful in measuring their own development and identifying additional training needs.

Where people were supported by care staff to eat and drink they were involved in decisions about this. This meant that any dietary, cultural or religious needs were respected. People were encouraged to have a balanced diet that supported their health and well-being whilst respecting their rights to make unwise decisions.

Is the service caring?

Our findings

People spoke highly of the staff, describing them as being, "Very polite and so kind, we chat all the time and have a laugh." And "They are very nice, very pleasant." A relative said, "I have been very impressed with the carers I have seen which does give you confidence." Three other relatives told us, "They are very nice with (relative)", "They are very kind and gentle" and "They are all nice to (relative) and they are polite to me, they look after her privacy."

People received care from staff who cared about them and liked and respected them. Staff developed relationships with people and took the time to get to know them individually.

People and their relatives were listened to and felt involved in making decisions about their day to day care.

When talking with people staff were friendly and used words of encouragement that people responded to positively. People were relaxed in the company of staff and the staff demonstrated good interpersonal skills when interacting with people.

Whilst attentive the staff also respected people's space and autonomy within their homes.

Staff were not rushed and promoted encouraged people's independence by encouraging people to do as much for themselves as possible. People told us staff respected their privacy and dignity. Staff described how they maintained people's privacy and dignity whilst providing care. Such as ensuring personal care was provided in private and as the person wanted.

We saw care plans that promoted independence and reinforced people's human rights.

Is the service responsive?

Our findings

People told us their needs were assessed prior to care commencing. One person recalled how the registered manager visited them; "We had a full discussion about everything we needed and we signed all the papers." Another person said, "They came and saw me and did the care plan."

Care plans were written in a personalised way and included information about what and who was important to the person. We saw care plans and risk assessments were in place and reviewed when necessary. One person said, "The (registered manager) is coming out for a risk assessment soon and she's doing the review at the same time. She (registered manager) came out when we started with this and we have all the information in a folder and the care plan." A relative described the service as being, "So responsive if you ask them to change anything."

Our observations indicated that people received care and support that was personalised to their individual needs and wishes. For example, throughout the inspection staff and people were seen to be comfortable in each other's company and staff were able to anticipate people's needs and respond to their wishes.

At the time of our inspection no one was having end of life care. This was discussed with people and their relatives to ensure their wishes were respected. Compliments had been received from families expressing their appreciation of care provided when loved ones had died.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Staff were aware of the communication needs of the people they supported from the information in the person's care plan. There were regular meetings so that staff were able to make sure people were kept up-to-date with information about the running of the service, and had an opportunity to ask questions and have their say.

The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. We saw where action had been taken to resolve issues, these had been reviewed by the registered manager and provider to establish what lessons needed to be learned and if improvements to the service needed to be made.

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. This 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.

Everyone spoke highly of the registered manager, describing them as being, "Approachable, honest, passionate about ensuring a good service is provided and hard working." Staff spoke of their role and said they were, "Proud" to work for the service as they, "Shared the same values of what good care should be."

People described the service as being; "Very good so far am very happy with it all, very." And "If I have had to ring they have been most helpful and we have had no problems at all, it's been very good."

The registered manager promoted an open and inclusive culture within the service, and has developed good working relationships with the local authority and various charities and organisations to promote opportunities for people and to share information. Such as a national high street bank provided information to people regarding data protection and safety. 'Network' breakfasts were held with the local hospital discharge teams to ensure appropriate level of care and equipment is in place ready for person's discharge back home. Staff told us they felt respected, trusted and through this empowered to do their job well. A staff member said, "The other staff are very good and I get time to travel, the girls I work with are really nice. Communication is very good, we all feel included."

Regular audits of the quality and safety of the service had continued to take place and were recorded.

People's care records were kept up-to-date and accurately reflected the daily care people received. Records relating to staff recruitment and training were also up-to-date and reflected the training and supervision care staff had received. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required.

People received a service that was monitored for quality throughout the year using the systems put in place by the provider. The registered manager completed regular audits which reviewed the quality of care people received. They spoke with people, including relatives and healthcare professionals about their experiences and regularly observed the staff going about their duties to check they were working in line with good practice.

Suggestions from people were acted upon and discussed at team meetings. This contributed towards ensuring the service was efficiently managed and that day-to-day care practices were reviewed and reflected upon by the staff team as a whole to identify areas that could be improved.

Staff said the registered manager was very supportive and approachable. Staff also confirmed that there

continued to be a positive culture. This inspired teamwork and the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the registered manager and provider.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.

There were clear lines of responsibility and accountability within the service.