

UNIKSB Solutions Limited

Kare Plus Bromley

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kare Plus Bromley is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of this inspection the agency was providing personal care to seven people.

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

We found a breach of our regulations because the provider's systems for managing people's medicines were not always safe. People's end of life care and support needs and wishes were not assessed or documented as part of their plan or care. The registered manager was not aware of the Accessible Information Standard (AIS) in relation to making sure people were provided with information in formats they could understand [when required]. The provider's quality assurance and monitoring systems had failed to identify the concerns we found at this inspection.

We have also recommended the provider follows nationally recognised guidance to make sure people are given information in formats they can understand.

The service had safeguarding policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed before they started to use the service. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and regular supervision. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them. 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.

People and their relatives (where appropriate) had been consulted about their care and support needs. The service had a complaints procedure in place. The registered manager knew how to access support for people at the end of their lives if it was required.

The registered manager had worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people and their relatives' views into account through telephone monitoring calls and quality service reviews. Staff enjoyed working at the service and said they received good support from the registered manager.

Rating at last inspection

This service was registered with us on 19/09/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We have identified a breach of regulations in relation to the management of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

Kare Plus Bromley

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Inspection team: Two inspectors carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

This inspection was announced. We gave the service 72 hours' notice of the inspection visit to ensure the registered manager would be present and ensure people's consent was gained for us to speak with them for their feedback. Inspection activity started on 7 August 2019 and ended on 8 August 2019. We visited the office location on 8 August 2019.

What we did before inspection

We reviewed information we had received about the provider. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We looked at five people's care records, two staff recruitment records, records relating to the management of the service such as medicines, quality assurance checks and policies and procedures. We spoke with a staff member, a director/coordinator, the registered manager and the nominated individual about how the service ran and what it was like to work there. We spoke with three people using the service and two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that 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 some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- Some people looked after their own medicines and some people required support from staff to take medicines. Where people required support to take their medicines this was recorded in their care plans.
- One person's care plan stated, '[My relative] loads the medication to the dispenser on a weekly basis and carers are to prompt the medication at the respective visit.' There was no record of the medicines contained within the dispenser, and the registered manager was unable to tell us what medicines staff supported the person with. They told us, "We do not know what medication it is. Hands on heart, I do not know."
- Staff signed a form titled, 'PRN Medication Record' confirming that the person had taken their medicines daily. However, there was no way of knowing what medicines or how much medicine staff were prompting the person to take. There was a risk staff could support the person to take too much or too little of their required medicines.

We found no evidence that people had been harmed however, robust systems were not in place to demonstrate medicines were safely administered and managed. This placed people at potential risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Training records confirmed that staff had received training on the administration of medicines and staff's competence in administering medicines had been assessed by the registered manager.
- After the inspection the registered manager told us they stopped staff from administering medicines to this person. The person's family member agreed to speak to the pharmacy to get their medicines changed to blister pack dispensing system. Until this occurred the family member had agreed to take over the responsibility to administering the person's medicines.

Staffing and recruitment

- Appropriate numbers of staff were available to support people's needs. One person told us, "The staff always turn up on time, I'm very happy with them." A relative said, "The carers turn up on time, three times every day when they are supposed to. We always get the same carers which is really good."
- The provider used a computer system to allocate staff support to people using the service. A director/coordinator showed us a rota and told us that people were supported by staff that lived in the same areas as they did. A member of staff told us traveling time was planned into the rota's, so it was easy for them to get between calls without being late.
- The director/coordinator told us there had been no missed calls and late calls were monitored through

timesheets. When staff knew they were going to be late they were expected to call the office and office staff would inform the person they were due to support. Where people had called to say staff were late they contacted the member of staff to enquire in their whereabouts. If necessary, they would send an alternative staff member or ask the staff member to take a taxi to the call. The registered manager told us they planned to update their computer system that would include an electronic call monitoring system. We will check on the implementation of this at our next inspection of the service.

- Staff were recruited safely. Appropriate recruitment checks were completed before staff started working with people, including gaining a full work history and appropriate references.
- Each staff member had a disclosure and barring service (DBS) check in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe with the support provided and staff were kind. One person said, "I feel very safe with the carers, they wear a uniform and ID and they always look very smart."
- There had been no safeguarding concerns or instances of potential abuse since the service had started providing support to people. The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC as required.
- There was a safeguarding policy in place and staff received training and were provided with information regarding who to report potential safeguarding concerns to. Staff confirmed they would inform the registered manager and knew where to go outside of the organisation if they had any concerns.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk to people in areas such as falls, moving and handling and medicines. They included information for staff about the actions to be taken to minimise the chance of accidents occurring.
- Where people had been assessed as being at risk of falling we saw guidance had been provided to staff on the prevention of falls.
- People told us they could receive support in an emergency. One person told us, "There is a number in the book the agency gave me that I can call them on anytime day or night for help. I also have the registered managers private number that I have used on two or three occasions they always get back to me quickly."
- Risk assessments had been carried out in people's homes relating to fire safety and the environment.

Preventing and controlling infection

- People were protected from the risk of infection. People told us staff wore gloves and aprons when they were being provided with personal care and support.
- Personal protective equipment (PPE) was always available for staff. Staff said the service provided them with gloves, aprons and hand gel as required.
- Training records confirmed that all staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong

- There were systems and processes in place to ensure that lessons were learnt when things went wrong.
- The registered manager told us there had been no accidents or incidents since the service started providing support to people. People's daily notes confirmed that this was the case.
- Staff told us they would inform the office and fully document any accidents or incidents that occurred, and the registered manager said they would investigate them fully and analyse multiple accidents or incidents to

look for any trends or patterns to reduce the chance of them happening again.

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.

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

- Assessments of people's care and support needs were carried out before they started using the service. These assessments were used to draw-up care plans and risk assessments.
- Care records documented the involvement of people, their relatives and where appropriate any health and social care professionals. This ensured people's needs were fully considered and addressed.
- People's care plans and risk assessments had been kept under regular review.

Staff support: induction, training, skills and experience

- People told us staff were well trained. One person said, "I think the staff are well trained because they all know what they are doing."
- Staff completed a full induction in line with the care certificate before they started working with people. This included essential training such as equality and diversity, safeguarding, mental capacity act and involved shadowing experienced staff to allow individuals a chance to get to know the people they were working with.
- Staff had also completed training in a range of topics such as health and safety, moving and handling and infection control. A member of staff told us they received comprehensive training and regular supervision with the registered manager. They told us training on moving and handling had been particularly helpful as they had learned how to use lifting equipment. A relative commented that staff appeared competent when supporting their loved one using a hoist.

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

- We saw people's meal preferences and any support they required from staff with eating and drinking was recorded in their care files. One person told us, "The staff make my breakfast every morning. They will leave me a drink and a snack for later too." A relative said, "They cook my loved one's breakfast, lunch and supper. They are eating much better since the carers started looking after them."
- Staff said they cooked meals for people when it was recorded in the persons care plan. One staff member told us they supported one person on a regular basis. They said, "I know what this person likes to eat. I cook fresh meals; sometimes microwavable meals and I make snacks such as tea and toast or pastries."

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

- The registered manager told us they and staff worked in partnership with health and social care professionals, for example GP's, district nurses, physiotherapists and occupational therapists to plan and deliver an effective service for the people they cared for.

- One person told us, "I arrange any GP visits myself, but I am sure if I wasn't feeling well the staff would contact my doctor for me."
- A member of staff told us, "Sometimes family members have asked me to make a GP appointment for their loved one and I have occasionally supported people to attend appointments. If there was an emergency or the person wasn't well I would call their GP or an ambulance if need be and I would let the office and family members know."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- We saw completed capacity assessments in all the peoples care records we looked at.
- The registered manager told us the people they currently supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to decide they would work with the person and their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.
- Staff had received training on the MCA. They told us they sought consent from people when supporting them and they respected people's decisions.

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; equality and diversity

- Staff supported people with respect and showed an understanding of equality and diversity. People told us they were supported by staff who were respectful to their individual needs and were kind and caring. One person said, "The carers are very good, they listen to what I am saying they take good care of me. I can't fault them." Another person told us, "The staff are very nice. If I didn't like them I wouldn't have them." A relative commented, "The care my loved one receives is very good. The carers are kind and respectful towards them."
- People's diverse and cultural needs were respected and documented. Care records included equality and diversity forms for people to complete if they wished to do so. This included information relating to their disability, religion and sexual orientation.
- Staff received training on equality and diversity and they worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.
- A member of staff told us the training on equality and diversity had helped them understand how to work with people from different backgrounds."

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

- People and their relatives had been consulted about the care and support they received.
 - One person said, "The registered manager came to interview me before they started to provide the care. I told them what I wanted, and they have carried everything through without any problems." Another person told us, "When they came to see me, we talked for ages about what I needed. It's all written up and I get everything done. I am very impressed with them."
- A relative commented, "I am fully involved with planning for my [loved one's] care. They [registered manager] came out and done assessment and made sure we got everything we needed."

Respecting and promoting people's privacy, dignity and independence

- A member of staff told us they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their homes. They explained to people what they were doing for them when they carried out personal care tasks. They said they maintained people's independence as much as possible by supporting them to manage as much as they could for themselves.
- One person told us, "My carer draws curtains and shuts the door while they help me to get washed and dressed. Everything is done perfectly privately." A relative said, "They [staff] respect and maintain my loved one's dignity. They make sure my loved one is looked after, and they keep things private."

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 requires improvement. This meant people's needs were not always met.

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.

- People's assessments included a section on their communication needs.
- People were provided with information such a customer guide, statement of terms and conditions and consent forms. We asked the registered manager if they provided information in different formats to meet people's communication needs, for example different written languages. The registered manager told us they did currently provide information and told us they were not aware of the AIS.

We recommend the provider follows the Accessible Information Standard (AIS) to make sure people are given information in formats they can understand.

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

- People had been involved in developing person centred care plans that met their needs and preferences. The care plans had been agreed and signed by people and their family members.
- Care plans described people's health care and support needs and included guidelines for staff on how to best support them. For example, there was information for staff about supporting people with meal preparation, personal care tasks and moving and handling.
- People told us their needs were kept under regular review. One person said, "The carers know what they need to do for me. If anything changes I can tell the carers, or the registered manager and they will update my plans." A relative commented, "I can call the registered manager anytime I want and if I tell them something different is happening with my loved one we will review the care they receive."
- Staff had a good understanding of people's care and support needs. A member of staff told us care plans contained good information about people's needs and they were easy to follow. They received training relevant to peoples care and support needs. They said, "The registered manager would always make sure staff know what they are doing. Staff would not be allowed to support people with any specific health conditions or behaviours unless they are trained first."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place which provided guidance on actions the service would take when a complaint was received including the timescales for responding.
- People and their relatives told us they were aware of the complaints procedure and they knew how to

make a complaint. One person told us, "I would complain but I haven't needed to. I am sure the registered manager would sort things out for me if I did." Another person said, "I would get the registered manager on the phone and I am sure he would deal with things."

- Complaints and concerns were used to drive improvement. There had been one complaint since the service had started providing support to people. This related to staff accidentally giving someone mouldy food from their fridge. The registered manager had fully investigated this concern and apologised to the person and their relative involved.
- Learning from the complaint was discussed at a team meeting to ensure all staff were aware of the issue going forward.
- The registered manager told us they would analyse multiple complaints if they had more than one to look for trends and patterns.

End of life care and support

- Peoples end of life care and support needs and wishes were not assessed or documented as part of their plan or care. The registered manager told us they were reviewing their care planning to include people's wishes for their end of life care. The review would include cultural, religious and spiritual needs and any funeral preferences. We will check on this at our next inspection of the service.
- The registered manager told us no one currently using the service required support with end of life care. However, they would work with people, their family members and health professionals to make sure people were supported to have a dignified death.

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 management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had a registered manager in post. They understood their responsibilities regarding the Health and Social Care Act 2008. They demonstrated good knowledge of people's needs and the needs of the staffing team. However, they were not following NICE guidelines in relation to supporting people to take their prescribed medicines. They were not aware of the Accessible Information Standard (AIS) in relation to making sure people were provided with information in formats they can understand [when required], and people's care records did not include any reference to their wishes for their end of life care.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Office staff completed regular unannounced spot checks on staff working with people in their homes, and staff met regularly with their manager to discuss their work and reflect on any matters which have arisen.
- The provider recognised the importance of regularly monitoring the quality of the service. We saw records confirming that regular care plan, medicines and complaints audits were being carried out at the service. Were a complaint had been raised we saw the registered manager had been open and honest with the person and their family members. However, the quality assurance and monitoring systems had failed to identify the concerns we found at this inspection.

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

- One person told us the registered manager was very easy to get on with, always available to help, very accommodating and flexible with care arrangements. A relative said, "The boss is very good, they will always help. I am very happy with them. I hope it continues." Another relative commented, "We had problems with our last care provider, so we moved to Kare Plus and it's been a pleasant surprise working with them."
- The provider carried out telephone monitoring calls to ask people their views about the service they received. Comments on completed form included, "All my needs are met and more.", "The carers are very reliable.", "The carers are timely and very professional." And, "They [carers] are proactive and helpful."
- The provider also carried out quality service reviews with people in their homes. Under the comment/improvements section of the form one person had recorded, "I am very pleased with the service offered by the company. The carers are courteous and professional." Another person's relative had recorded they had seen an improvement since their loved one started using the service.

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

- The registered manager told us they and the company directors operated an open-door policy. They encouraged staff listen to people in order to maximise their independence and to come to them with any suggestions they might have to improve the service that people received.
- Staff told us they received good support from the registered manager and office staff. One member of staff said, "I get good support from the registered manager, they are always available to talk with. There is also an out of hours system in place for staff to call for advice and support in emergencies."
- The member of staff told us there were regular team meetings. They found the meetings useful for discussing people's needs and sharing good practice.

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They said they had regular contact with health and social care professionals and they welcomed their views on service delivery.
- The registered manager told us they regularly attended provider forums run by the local authority. They learned about good practice and introduced some of what they had learned into the service. For example, following a presentation by Skills for Care they had implemented the care certificate induction training programme for all staff. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely.