

PT Southern Services Ltd

Kare Plus Ashford

Inspection report

Suite M, 1 Elwick Road
Ashford
Kent
TN23 1PD

Tel: 01233801888
Website: www.kareplus.co.uk

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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:

This domiciliary care agency provides personal care to older people living in their own home. At the time of inspection 20 people were receiving personal care.

What life is like for people using this service:

People using the service and their relatives spoke positively about the kind and caring nature of staff who supported them and the positive relationships they had developed. People were treated with dignity and respect.

People had regular staff who knew how they liked to be supported. We saw staff responded to changes in people's needs and contacted the relevant health and social care professionals when required.

People told us they felt safe using the service and were confident with the knowledge and skills of the staff that supported them, especially with moving and handling procedures and managing their medicines.

People were well cared for by staff who treated them with respect and dignity and encouraged them to maintain their independence. People received care and support based on their individual assessment, needs and preferences.

People and their relatives felt the care they received was personalised and that the provider listened to them and was flexible in accommodating their needs. Reviews were carried out if staff reported any changes to people's health conditions.

People and their relatives knew who to contact if they needed to make a complaint and felt comfortable raising any issues or concerns. Health and social care professionals felt the provider was responsive and followed up any concerns accordingly.

Staff received training that was appropriate to them in their role and supported them in providing care in the way people wanted.

The provider promoted an open and honest culture and people and their relatives were confident with the management of the service. Staff spoke positively about the support they received, the working environment and told us they felt valued in their role.

The provider and registered manager continually assessed and evaluated the quality of care and made the necessary changes to improve the service.

Rating at last inspection: This is the first inspection of the service.

Why we inspected: First inspection since registration.

Follow up: We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well Led.

Details are in our Well Led findings below.

Good ●

Kare Plus Ashford

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.

Inspection team:

The inspection team consisted of one inspector

Service and service type:

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

Notice of inspection

This inspection was announced and took place on 11 February 2019. We gave the service notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback.

What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with five people using the service and seven relatives to ask about their experience of care. We spoke with the registered manager. We also spoke with the care coordinator, the field supervisor and three care staff.

We looked at the care records for four people, three staff employment related records and records relating

to the quality and management of the service.

Details are in the Key Questions below.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- People told us they felt safe with the support provided by the service and were happy to have the staff in their homes. Everyone we spoke to said safety was of paramount importance to Kare Plus. One relative told us, "My [relative] has dementia and staff know how to get the best out of him and keep him safe."
- Risks associated with providing care to people and environmental risks had been assessed and actions were in place to minimise risks. Risks assessments were updated regularly and any additional risks noted by staff were passed on to the registered manager and care coordinator who updated the assessments.
- People were supported by staff who were aware of the risks to them. For example, one person told us how they were supported by two staff to keep them safe when mobilising. They said staff had received training to do this safely.
- Staff worked with the same people and were familiar with their needs and support. One relative told us, "I think my [relative] is safe because she never sees more than four Carers in any one week."

Systems and processes

- The provider had effective safeguarding policies and procedures that were readily available to staff. The provider subscribed to a social care compliance company that ensured all policies and procedures were current and reflected relevant legislation and best practice.
- Staff members we spoke with had a clear understanding of safeguarding and the signs and symptoms of possible abuse. All staff told us they would immediately inform the registered manager if they were concerned someone was at risk of harm. One staff member told us, "I feel 100% confident to raise any concerns."
- The registered manager made sure staff remained safe whilst they were supporting people. There were lone working policies in place and staff were provided with equipment to help keep them safe. For example, torches and safety alarms. Staff were able to send texts and then someone in the office would call them back.
- The registered manager was aware who to refer to in the event of suspected abuse and when to notify Care Quality Commission (CQC) of referrals.

Staffing levels

- The registered manager would only provide care if they had sufficient numbers of staff available to provide such care.
- Staff told us they did not feel rushed when attending care calls and had sufficient time to travel between visits.
- Staff were recruited safely. There was a clear recruitment procedure and the relevant pre-employment checks were completed. These included completing application forms, obtaining full work histories, and obtaining references from previous employers.

- All staff working at Kare Plus had a Disclosure and Barring Service (DBS) check. The DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Using medicines safely

- People and their relatives told us they were happy with the support they received in managing their medicines. One relative told us, "My [relative] has his medication regularly."
- Staff were trained and administered medicines safely and the registered manager told us they observed staff practice to ensure they were competent.
- Where people's medicines were administered, information was recorded in their care plan and staff completed Medicines Administration Records (MARs). Where people were prompted with their medicines, staff recorded this in people's daily log books. People's MARs were returned to the office to be checked every month.
- Medicines records were checked by the management team and action taken when any errors, for example, missed signatures, were found.

Preventing and controlling infection

- Staff were trained in infection prevention and control.
- Staff had access to personal protective equipment to prevent the spread of infection.
- Staff infection prevention competencies were checked by the care coordinator or registered manager.

Learning lessons when things go wrong

- Accidents and incidents were recorded on a central log to enable the registered manager to review concerns and establish if there were patterns or actions that would help in reducing future incidents.
- The registered manager was in regular contact with people and their relatives and had ensured that there had been no missed calls.
- The registered manager was aware of the importance of reflecting on incidents and reviewing care plans and risk assessments to minimise future incidents.

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.

Good: 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

- Before agreeing to provide care to people, the registered manager and care coordinator completed an assessment of each person's needs and considered if they had capacity to support them and meet their needs.
- An initial care plan was devised following assessment and the registered manager and care coordinator supported the individual several times to ensure their needs were as expected. Care plans were reviewed at least six monthly or as necessary.
- Care plans were person centred and reflected people's preferences as to how their care should be delivered. Care plans included outcomes that people wanted to achieve. For example, "To continue to live in my family home for as long as I possibly can."
- The provider supported staff to deliver care and support in line with best practice guidance. Where needed and identified at assessment the provider sourced specialist training to ensure staff could meet people's needs. Nurse specialists were contacted to provide training and guidance to enable staff to provide appropriate care that met people's needs.

Staff skills, knowledge and experience:

- Staff were knowledgeable about their role and records showed they completed an induction and programme of mandatory training when they started with the service, with training refreshed regularly. All of the staff we spoke with were positive about the content and quality of training they received and told us they were contacted when it was due to be refreshed.
- We also saw training related to people's more specific needs, such as PEG feeds, a way of introducing food and fluid directly into the stomach, and motor neuron disease, a progressive weakness of the muscles and body.
- Staff had received end of probation reviews following their three-month probation period. Staff received informal supervision but nothing was recorded. We highlighted this with the registered manager who recognised the importance of recording supervision. Following the inspection, the registered manager sent us a schedule of supervision for all staff and confirmed that this would be recorded.
- Staff said they were well supported in their roles. They said they were able to discuss any concerns, progress or changing needs with the management team regularly.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported people to prepare and eat a balanced diet. Most people had pre-prepared meals heated in a microwave or oven and served, however some people liked home cooked foods.
- People's dietary needs and the level of support they needed was recorded in their care plans, including

whether relatives provided support. Staff we spoke with were aware of the support people needed, their preferences and any involvement from relatives.

- Nutritional risks were highlighted in people's care records. Guidance from the Speech and Language Therapists (SALT) was being followed.

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

- Staff were aware there were consent forms available in people's care records however, would ask before acting when providing personal care. A staff member told us, "I always ask people if it's ok for me to do something."

- 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.

- Staff had completed training in the MCA.

- Staff told us that information about a person's capacity would be found in their care plan. A staff member told us, "I always read care plans – it's part of my responsibility."

Staff providing consistent, effective, timely care

- People told us they had regular care workers and if a new care worker was recruited they were properly introduced to them.

- When considering new referrals to the service, the registered manager told us they would only take people for whom they had capacity in existing staff rounds. As staff were recruited, new customers were accepted and a new route developed.

Accessing healthcare

- People were referred promptly to health professionals when they showed signs of ill-health or had falls.

- People were supported to attend health appointments. Staff ensured people received their support in a timely way so people would be ready for transport to appointments.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported

- All people we spoke with said they were treated with kindness. People gave very positive feedback about the caring and respectful approach of staff.
- Everyone we spoke to stated they could not receive better care anywhere else. One person told us, "The Staff show they care by taking an interest in me."
- People had regular care workers which helped to develop positive relationships. One person told us, "They [staff] like to care for people and build up personal relationships."
- Staff told us they enjoyed working with the people they supported. One member of staff said, "They [people] are the best part of the job."

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

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence.
- Peoples care plans were constantly reviewed to ensure they contained current person-centred details about how to provide care to the individual.
- People and their relatives were actively involved in developing and reviewing their care plans. We saw when there had been changes in people's needs these were reflected in their care plans. For example, one person had recently had a bereavement and was finding this difficult and it was causing them to have low moods. This was written in the care plan with information about how staff could help to support them.
- Where people required additional support, their relatives were involved. One relative told us, "The manager and supervisor discussed my [relatives] care plan and listened to my suggestions."
- Staff knew people's likes, dislikes and preferences and used this knowledge to care for them in the way they liked.

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

- All people we spoke with said staff treated them with dignity and respect. One person told us, "They always treat me with dignity and respect."
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; or stepping out of the room to respect when a person needed space.
- People told us staff respected their homes. One person said, "It's their home that they have let me into I need to respect that."
- Staff supported people to express themselves in the way they dressed; people chose what they wanted to wear.
- Staff referred to people in a respectful way; people's notes also reflected this.

- People were supported to maintain their independence by staff allowing people to do as much as they could for themselves and supported people only where needed.
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

Personalised care:

- People had care plans that were written specifically to meet their care needs as they wanted them to be met. We were told by people that care packages had been increased as their needs had increased and decreased as their health improved.
- People told us they got support in the way they preferred.
- If people needed any changes made to care plans they were made easily by contacting the registered manager. One person told us, "They always listen and respond to requests quickly."
- People said as they had regular staff, they had built good relationships and knew their likes, dislikes and preferences.
- Staff respected people's individuality and diversity and were aware of people's personal preferences. Staff spoken with described people's preferences and how they liked to be supported.
- The provider met the requirements for the Accessible Information Standards (AIS). The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns:

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. One person told us, "The office listens to feedback and take prompt action if necessary."
- People told us they knew how they would complain about the care if they needed to. People told us they had not made any complaints, but if they had a concern they were happy to speak to staff; and they felt confident that these would be listened to and acted upon in an open and transparent way.
- The registered provider advised us that no written complaints had been received. The provider had a complaints policy in place and said they would look at any complaints received to assess if action could be taken to prevent further occurrences.
- We reviewed a sample of compliments that the provider had received from people using their service, relatives and health and social care professionals.

End of life care and support

- At the time of the inspection the registered manager told us that they were not supporting anybody receiving end of life care. They explained that they had supported people in the past and would receive referrals if people needed this support.
- Staff had received training and support relating to end of life care.
- Staff worked closely with people's GP and district nurses to support people to receive their end of life care where they wished, for example, at home.
- When we asked, staff had supported people at the end of their life and had found the experience to be a positive one. A staff member told us, "I enjoyed it, it felt good as I was making them feel comfortable."

Support was available for me and for the family."

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

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

Leadership and management

- We received only positive feedback about the registered manager from staff and people who received a service from the provider. One person told us, "The manager is decisive-approachable and a good listener." A staff member told us, "The manager and the Care coordinator make our jobs easier."
- The registered manager and care coordinator were both involved in the day to day running of the service as well as management. They frequently completed care visits and used these as opportunities to gain feedback on staff, care provided and generally about the service. The registered manager told us, "I don't expect the staff to do anything we wouldn't do ourselves."
- Health and social care professionals were confident in the management of the service. One health and social care professional told us they had prompt communication with the management team and felt they had good systems in place to oversee their service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a clear structure to the service, the registered manager was supported by a care coordinator and field supervisor who all supported a team of carers.
- People spoke highly of the service. One person said "It's the best care I've ever had. They are always on call and are very responsive."
- The registered manager was aware of their registration requirements regarding statutory notifications and they had submitted the necessary notifications for any incidents that occurred across the service.
- Audits of the service were completed including care planning, task plans, skin charts and MAR charts. Actions were passed to staff either via a direct message or at a staff meeting.

Engaging and involving people using the service, the public and staff; working in partnership with others

- People told us that the registered manager was always available to them if they phoned. One person told us, "The manager rings me and asks my opinion of any issues."
- Staff told us that they felt able to approach the registered manager if they had ideas about how they could improve aspects of the service or specific care plans. We saw staff coming to the office between visits and shifts and interacting with each other and the registered manager.
- Staff surveys had been completed. Staff were positive about the service and said they felt supported. One staff member said, "I have felt appreciated and listened to. I feel I always have support when any problems arise." Another staff member commented, "Kare Plus is organised, approachable and has great work ethics."
- The registered manager sought people's and their relative's views about the quality of service and their

overall satisfaction. All responses were positive.

- The provider worked in partnership with other agencies for the benefit of both people using the service and staff teams. The registered manager attended regular provider forums with other registered managers in the area to discuss current issues within the homecare sector and to share good practice. The service worked in partnership with a range of health and social care professionals.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Peoples care plans reflected the providers commitment to person-centred care.
- The registered manager was aware of their responsibility in terms of the duty of candour and there was an open and honest culture which focussed on learning rather than blame if something went wrong.
- Spot checks of staff were completed informally when the management team supported at home calls and more formally recorded every three to six months.

Continuous learning and improving care

- The provider had a wide range of policies and procedures. All policies and procedures were updated in line with changes to legislation and the registered manager was notified about any changes and printed all new documents for staff to see. Staff could also access the online documents.
- We saw the registered manager and care coordinator continually discussing peoples care and issues that had arisen. They devised plans to minimise risks and improve care provided.
- Staff told us they were encouraged to develop their skills. One care worker said, "They are the only company that have offered me the opportunity to get an NVQ (National Vocational Qualification)." The registered manager told us they were offering all staff the opportunity to complete an NVQ.