

Neil's Healthcare Limited

Kare Plus Chelmsford

Inspection report

Rochester Suite
145 New London Road
Chelmsford
Essex
CM2 0QT

Tel: 01245330335

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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 is a small domiciliary care agency providing care and support to people in their own homes. The organisation offers support to people living in Chelmsford and the surrounding area. The service started providing care to people in November 2016 this was therefore their first inspection since they became registered with the commission.

At the time of our inspection there were 27 people using the service. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk.

People received care from a consistent staff team who were well supported and trained. People were treated with kindness and respect by staff and their dignity was maintained.

Care staff understood the need to obtain consent when providing care.

The provider had systems in place to support people to take their prescribed medicines safely.

People were supported with meals and to make choices about the food and drink they received. Staff supported people to maintain good health and access health care professionals when needed.

Assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences. The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

The service benefitted from a clear management structure and visible leadership. A range of systems were in place to monitor the quality of the service being delivered and drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood how to protect people from harm and abuse.

There were enough staff who had been recruited safely and who had the skills to provide people with safe care.

Staff followed correct procedures for supporting people with their medicines so that people received their medicines safely and as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training relevant to their roles.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their assessed needs and any changes in their needs or wishes were acted upon.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Is the service well-led?

Good 

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Kare Plus Chelmsford

Detailed findings

Background to this inspection

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

This inspection took place on 27 April 2017 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service, and the manager is often out supporting staff or providing care. We needed to be sure that someone would be available. The inspection team consisted of one inspector and an 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.

Before the inspection we reviewed the information we held about the service, this included notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to us.

On the day of the inspection we spoke with the registered manager, director, deputy manager and the care co-ordinator at the agency's office. We also spoke with two support staff. We visited the homes of two people that received the service to talk to them and look at the paperwork that was in place.

Following the inspection we spoke with nine other people who used the agency and five relatives.

We looked at five people's care records and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

Is the service safe?

Our findings

People we spoke with confirmed that they felt safe and comfortable with the staff who visited them. One person told us, "The carers help me to have a bath and are very careful." One relative told us, "My [relative] has four calls a day they are very careful in how they manoeuvre [relative] in and out of bed yes quite safe with them never need to worry." People told us staff are always on time they had never been let down.

We were told that staff ensured people's safety when entering and leaving their home. One person commented that staff used the key safe system to access their house, and always ensured it was securely replaced on leaving. They said that staff would only disclose the number in an emergency to health care professionals.

Staff told us they carried a mobile phone and had direct contact to the office or to the on-call manager any time if they needed. One member of staff told us, "There is always someone at the end of the phone to ask for help or advice."

Staff had been provided with training in safeguarding people from abuse. Staff understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns.

There were sufficient staff employed to keep people safe. People who used the agency and their relatives told us that there were enough staff to provide their care needs. One person told us, "I get help when I need it so yes, I do feel safe." Staff told us there were always two staff when required, for example to assist someone using a hoist or standing aid. Staff told us they had sufficient time to deliver the support required. If they experienced any difficulties completing their schedule they would inform the manager who would then arrange extra support.

The registered manager told us that whilst they were always recruiting for new staff they have enough staff with the right skills and experience to meet people's needs. They have purposely limited taking on new packages so that a consistent team were available to provide continuity to the people who used the service. Both of the managers were also available should additional care be needed which could not be covered by the staff team.

People had detailed risk assessments which were reviewed regularly. The risk assessments were personalised and based on the needs of the person. The assessments were completed with the person and identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks of falls and risk of dehydration or malnutrition.

Recruitment files we looked at showed that the service had a clear process in place for the safe recruitment of staff. Staff confirmed that they had completed an application form outlining their previous experience, provided references and attended an interview as part of their recruitment. We saw that a Disclosure and Barring service (DBS) check had been undertaken before the member of staff could be employed, this was carried out by the DBS to ensure that the person was not barred from working with people who required

care and support.

Most people who use the agency were able to take their medicines independently or with support from relatives. However, staff were appropriately trained and had competency assessments carried out by senior staff. The manager told us that 'spot checks' were also carried out and people's medicines would be checked along with the paperwork to ensure they were being given safely. People who needed support with their medicines told us that they were happy with the arrangements. One person told us, "The staff make sure I have my medication when I need it." Staff told us, "I am trained to give medication and I make sure I complete the chart, I would let the office know immediately if there was a concern about someone's medication." The registered manager told us if someone made error administering medicines they were expected to re-do their training and have a further competency assessment carried out.

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, "The staff know what needs to be done and what help I need they are excellent."

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and food hygiene. The service had its own fully equipped training room located within the office and the deputy manager and director were qualified to deliver some of the training.

The registered manager told us that due to the location of the office they had organised a number of staff to have parking permits in order for them to be able to park nearby and call into the office to drop things off or pick items up such as gloves and aprons.

The care co-ordinator told us they were in the process of looking at a 'rolling rota' for staff and that they tried to allocate the same member of staff where possible to ensure consistency for people. They also told us that when they allocated staff they took into account the staffs strengths and skills and matched them up accordingly with people.

Newly appointed staff completed an initial induction this included shadowing more experienced workers to learn about people's individual routines and preferences, before working on their own. Staff told us the induction training they received was good and provided them with the knowledge they needed.

Staff were well supported and monitored. They told us that supervision and spot checks took place regularly, which they found helpful and supportive. Records we saw confirmed that face to face supervisions took place on a regular basis and staff confirmed that any training needs, or areas of concern were discussed and targets were identified for the next three months.

The registered manager explained that they observed staff and supported them as they provided care and support to ensure they were competent in their job role. Staff told us, "The [manager] is always available for advice and support." One person who received care told us, "Sometimes it takes a while for new staff to know what they are doing, they come with someone else at first until they know what to do."

People's consent was sought before any care and treatment was provided and the staff acted on their wishes. People told us the staff asked their consent before they provided any care. However, people's care plans were not signed to demonstrate they agreed with their planned care. We discussed this with the management team and they told us they would immediately rectify this.

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. The registered manager told us that they were following best practice guidance about mental capacity and best interest decisions. Staff understood their responsibilities under the Mental Capacity Act and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager.

Most people told us that their care visits were usually on time and they were contacted if the carer was going to be late. However, one person told us that their carer was on occasion late and they were not contacted, we discussed this with the manager who investigated this and has put measures in place. Staff have been instructed that it is important to contact people if they are not going to arrive at the expected time. Relatives told us, "The girls are on time and always stay as long as needed, they never rush [relative]."

The service used an electronic monitoring system which logged the time the carer arrived and how long they stayed for. This also gave details of the tasks that needed to be carried out during the visit. Messages could be left for the next staff member on the system which enabled people to receive continuity of care at all times.

Where needed, people were supported to have sufficient to eat and drink and had their nutritional needs met by staff. One person told us, "They always make sure I have a drink and something to eat on my table before they go." Staff had information about people's likes and dislikes. Staff told us that they would know if there were any concerns from talking to people about their diet and observing any food that had not been eaten.

The staff told us that people's shopping was often done by relatives if they were unable to go out, but that they were responsible for doing some people's food shopping. Staff explained how they would sit with people and plan a menu discussing different options and making suggestions to try and ensure they had a varied balanced choice of meals. One person told us, "The girls help me with my meals they always ask me what I want."

When a person's health was of concern they would refer to health professionals if needed. One staff member told us, "We have the contact details of the GP surgery and ring if necessary then let the office know." Records confirmed that staff had taken the appropriate steps when they had noticed a person had been unwell.

Is the service caring?

Our findings

People told us that the staff always treated them with respect and kindness and were thoughtful and caring. One person said, "I look forward to their visits so I can have a chat." Another said, "The staff are excellent, they are all very kind and bright and cheerful." Relatives told us, "The girls are all kind and caring they are all lovely."

People confirmed their privacy and dignity was respected at all times. Staff understood the importance of respecting and promoting people's privacy and dignity and gave examples of how they did this by ensuring curtains and doors were closed before delivering personal care. Staff knew about people's individual needs and preferences and spoke to us about the people they cared for in a compassionate way.

Staff told us how important it was to have regular schedules so that they saw the same people as this enabled them to build up positive relationships. One person told us, "It is really nice to have the same carer so I get to know them; I look forward to their visits I would hate to have lots of different carers."

People's care records identified people's specific needs and how they were met. The records also provided guidance to staff on people's preferences regarding how their care was delivered. The staff used their electronic system to pass communication on relevant information to each other which meant that staff had the information to provide continuity of the care.

People told us that they felt the staff listened to what they said and acted upon their comments. One person said, "The staff ask me if I want them to do anything for me, I need encouragement to do things for myself they do respect that." This confirmed to us that the staff promoted and respected people's independence. Records showed that people had been involved in their care planning and where appropriate family members had been involved. The agency had not been providing care for very long and therefore people had not required formal annual reviews however, the registered manager explained the review process to us. We noted from the care plans we looked at that amendments had been made to reflect changes in someone's care. For example, someone did not need the length of time for each visit that they had initially been assessed as requiring. The staff member had fed this back to the office and arrangements had been made to decrease the allocated time for each visit and this was clearly documented.

Is the service responsive?

Our findings

People told us the service was responsive to their needs for care, treatment and support. One person told us, "I would definitely recommend this agency to other people; they have been great I have no regrets." Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to be cared for.

People were assessed prior to receiving a service from the agency to determine whether the service could provide the necessary required support. Assessment meetings were used as an opportunity to discuss and record people's needs and wishes about their care. The registered manager told us they carried out the initial visit to ensure they would have the necessary staff to take on the package. A support plan was then developed from the conversation which outlined their needs. People had support plans in their homes and a copy was held in the office. Support plans were regularly reviewed and updated to reflect people's changing needs. We saw that where people required social interaction to reduce their feelings of isolation, this was also included in their care plans.

People told us they were involved in the compilation of their support plan and they had involvement in it being reviewed and updated. People told us that they were happy with the care and support they received from staff. One person told us, "[manager] is really good I would talk to her if I needed the staff to do anything more for me."

Daily records were well written by staff and contained a good level of detail about the care that had been provided and any issues that other members of staff needed to be aware of. Staff we spoke with were able to outline the needs of the people they were supporting and explained how they would check the support plan to see if there had been any changes since their last visit. People's preferences were listened to and acted upon. For example, one person told us they were not happy with the carer they had been allocated and contact the office although they told us the carer still came for one more visit after that a different carer was allocated to them.

The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in information left in their homes. People we spoke to told us, "I know how to complain but I have never had the need to." Another person said, "I would speak to [manager] they know me very well they sometimes care for me I would definitely speak to them."

Is the service well-led?

Our findings

The agency had a clear management structure in place. The director told us they had recently appointed a deputy manager as they were in the process of expanding the area they provided care to and the registered manager would be required to facilitate this. The deputy manager was office based we met with her on the day of our inspection. She was able to demonstrate a good understanding and knowledge of the people who received a service from the agency as well as the staff team. The service had also recruited a care coordinator who role was growing within the service and would expand as the people the service provided care to increased.

The director explained to us how they felt it was important to have these staff members in place prior to them taking on any further care packages to enable them to be trained and full conversant within their job role and responsibilities.

Staff told us the service was well organised and they enjoyed working at the service. They said the manager and the director had a visible presence in the daily running of the service. They also told us that they were treated fairly, listened and that they could approach them at any time if they had a problem and that they felt valued. The service nominated a 'carer of the month' and the person would receive a gift voucher or a bouquet of flowers for 'going the extra mile'.

The Staff told us they had team meetings which enabled them to get together to discuss any issues or concerns and this was confirmed by the records we looked at.

Staff said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs.

Quality audits were completed to identify where any necessary improvements were needed for example, completed daily records including medication charts, this was to ensure that staff completed them thoroughly if any discrepancies were found then the manager would action this by having a discussion with the staff member and taking any necessary action to improve the service.

The registered manager explained to us how they were planning to use a range of ways to seek the views of people who used the service. They told us that they monitored the quality of the service by regularly speaking and visiting with people who used the service and their families to ensure they were happy with the service they received. This was confirmed to us by the people we spoke with. In addition, unannounced 'spot checks' were carried out on staff to review the quality of the service provided by them and to ensure they followed the provider's policies and procedures. The manager advised that the 'spot checks' also included a review of the person's care plan record and daily notes so as to ensure that these were appropriately completed. They also intended to send surveys to people and their relatives to seek their views and opinions on a regular basis.

