

Foxenden Healthcare Ltd

Kare Plus Guildford

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kare Plus Guildford provides care to people that live in their own homes. Services are provided to older people, people with mental health needs, physical and learning disabilities and sensory impairment. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were seven people receiving a personal care at the time of our inspection.

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

The risk assessments for people were in place, however more detailed guidance was required for staff. Improvements were also required around how staff recorded on people's medicines charts.

People told us they felt safe with the care staff. There were sufficient numbers of staff to provide care. There were systems in place to monitor whether staff were late for a call or if they had not turned up for a call.

Staff were aware of the care people needed and care plans contained information around people's preferences. Staff also communicated the needs of people through care notes and meetings. People were asked their consent before any care was delivered. Healthcare professionals were consulted in relation to the care delivery.

Staff received appropriate training and supervision to ensure safe and effective care was delivered. People told us staff were caring and considerate towards them. Staff maintained good relationships with people and people were treated in a dignified and respectful way. People told us staff supported their independence.

There were systems in place to review the quality of the care including audits, surveys and spot checks. Where shortfalls had been identified, actions were taken to address this. People, relatives and staff were very complimentary about the management of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 19 September 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection there had been significant improvements however the provider was still in breach of one regulation. The service no longer remains in special measures.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider made improvements. However, there were areas around the management of risk and medicines where

further improvement is needed. Please see the Safe, and Well Led sections of this full report. The provider gave assurances that these shortfall will be addressed. You can see what action we have asked the provider to take at the end of this full 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 work alongside the provider and local authority to monitor progress. 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kare Plus Guilford

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

The inspection was completed by three inspectors 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. One of the inspectors made calls to staff.

Service and service type

Kare Plus Guildford provides personal care and support to people living in their own homes. Services are provided to older people, people with mental health needs, physical and learning disabilities and sensory impairment.

The service had a manager that was registered with the Care Quality Commission (CQC). A registered manager 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

Our inspection was announced. We gave 48 hours' notice to ensure that the registered manager and the provider would be present at the office. The inspection took place on the 9 December 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

We spoke with four people and three relatives of people using the service.

During the inspection

At the office we spoke with the provider and two members of staff. We reviewed three people's care records, medicine records, audits, recruitment records for all staff and other records about the management of the service. We also spoke with five members of staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from the local authority.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to 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.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that whilst there had been improvements made there was still shortfalls around the risks associated with the management of medicines. The provider was still in breach of regulation 12.

- Improvements were still required around the management of medicines. Although the registered manager was undertaking regular audits they were still frequently finding shortfalls on how the medication administration records (MARs) were being completed. For example, there were frequent gaps in signatures on MAR charts to indicate whether they had received their medicines or not. Where handwritten prescriptions had been entered onto MAR they were not always signed or double signed by a member of staff in line with good practice guidance to help ensure their accuracy.
- Although staff had received medicine training they were not being competency assessed to ensure that they understood their training. There was a risk that staff lacked understanding of how they needed to administer medicines to people. One member of staff said, "There was no practical, and I haven't been observed giving medicines."

We recommend that the provider reviews staff competency around how they administer medicines to people.

- Staff understood the risks associated with people's care. One staff told us, "I have to look around for hazards, so for example I have this one person who lays awkwardly, and I encourage her to sit up when she is eating or drinking to stop her choking." Another staff told us, "We have a folder with all the risk assessments. My (person) has mobility issues and she needs to use the rotunda (mobility equipment) when moving. I check on risks every day."
- People confirmed they received their medicine. Staff were able to explain the process of giving people their medicines to ensure that it had been taken by the person. One told us, "When I give medicines I go down the MAR chart and look at the tablets and check they are right before I pop them out."
- Staff were knowledgeable on what actions to take to reduce the risk of pressure ulcers. One told us, "We've had training, regular turning is important or maybe put a pillow under their feet. We always report any redness straight away." One health care professional told us, "Any red mark is being picked up on and they contact us."

- There were risk assessments in care plans that were detailed and specific to the needs of people. For example, in one person's care plan it stated that they had poor mobility. Staff were to ensure bed was as low as possible, so the person could put their feet firmly on the floor. Staff were knowledgeable around managing the person's mobility.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that people were protected from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of regulation 13.

- At the previous inspection we identified that the provider had not always investigated allegations of abuse or contacted the local authority in relations to the allegations. At this inspection we found that this was no longer the case. The provider had ensured that all matter that related to safeguarding were investigated and actions taken to reduce any further risks.
- People told us they felt safe with staff. One person said, "I feel absolutely safe. They are experienced and do what I need." A relative said, "Mum is safe with the carer who has been with her a long time."
- Staff were aware of the types of abuse that could take place and what they needed to do if they suspected anything. One told us, "I'd report to the manager or the police depending on how bad it was. I could go to the safeguarding team as well."
- Staff received safeguarding training and there was a whistleblowing policy that staff could access. Staff told us that they would not hesitate to raise concerns. One member of staff said, "If I suspected this [abuse] was happening I'd go to [the provider] If he didn't do anything I'd go over his head." There was also information at the service for staff to access should they need to contact the local authority directly.

Staffing and recruitment

- People told us they always received their calls. Staff said they felt there were enough of them to cover the calls. One staff told us, "We do get travel time now, we didn't before. We can phone the office if we are going to be late and they will phone the customer."
- The provider and manager ensured that there were sufficient staff to cover each call and where there was a last minute absence this would be covered by the team leader or the registered manager. They also ensured that the travel time was planned so staff had sufficient time with people.
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Preventing and controlling infection

- People were protected against the spread of infection as staff were following good practices.
- Staff understood what they needed to do to ensure that people were protected from the risk of infection. One member of staff said, "I'd wash my hands before I (I delivered care). We use gloves and aprons, I have a stock in my car and can come in and restock when I need to."
- We saw that there was a stock of gloves and aprons in the office that staff could pick up to use at calls. Staff also received training in infection control.

Learning lessons when things go wrong

- Where accidents and incidents occurred, the staff and the registered manager responded appropriately to reduce further risks. One member of staff told us, "If there was an incident I'd make sure they were okay, if needed ring an ambulance then call the office to let them know what's gone on. I'd write in the notes then come into the office and make a report."
- All accidents and incidents were reviewed by the registered manager and actions were then taken to reduce the risk of incidents occurring. For example, where one person had fallen the registered manager had contacted an occupational therapist to review the person's mobility.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this. The service had shown improvements on the previous inspection however we needed to see that this sustained and practices embedded.

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.

- Although there were no people that lacked capacity to make decisions the registered manager was aware that assessments of capacity needed to take place where there was a doubt.
- Staff had received training in MCA and understood people had a right to make their own choices. One staff told us, "It's about if they can make their own decisions or need help from family. May lack capacity through health or medication. You always assume they have capacity. It's about people's rights."

Staff support: induction, training, skills and experience

- People and relatives felt that staff were good at the care they provided. One person said, "They (staff) are very experienced." Another told us, "They (staff) know their duties."
- Staff were provided with an induction before they started work that included face to face training, e-learning and shadowing an experienced member of staff. One member of staff said, "I have done my induction, it was online training of 10 modules The induction also included having meetings, I met the clients that I would be supporting, and I had to go through all the policies and procedures. I also did two days shadowing."
- Staff were all required to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One member of staff said, "Training was really good and if you don't understand anything they explain it to you again."
- Staff were supervised in their role to ensure that they were delivering the most appropriate care. Staff were also required to meet with their manager regularly to discuss different aspects of their role. One member of staff said, "It helps you know you're doing things right. You can ask for any other training."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There had been no new people being taken on by the service since the last inspection. However, the registered manager had put in place new assessments forms so that they could ensure that people's needs could be met once the decision had been made to take new people on.
- People told us staff would assist them with appointments with health care professionals. One person said, "If carer feels I am not very well they write it in the book and contact someone".
- Staff worked with professionals to support people with their healthcare. We saw that any concerns relating to skin integrity were reported immediately to the district nurse. One member of staff said, "(The person's) health is declining and I have fed this back to the office, as there might come a time when I can't support her on my own."

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

- People told us that they were supported with their meals and drinks. Staff understood what they needed to do to ensure people had sufficient food and drink. One staff told us, "I make her breakfast and leave her snacks and drinks for lunch before I go. I always ask what she would like."
- Care plans referenced people's choices and prompted staff to leave drinks and snacks for people between visits.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect, and involved as partners in their care.

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

- At the previous inspection people and relatives told us they were not always communicated with if their carer was going to be late. We made a recommendation around this. At this inspection this had improved. One person told us, "Lately they have started to phone to let us know."
- People told us staff always stayed for the full length of the call and would never miss the visit. One relative said, "They come on time and I know they stay late if they need to, never rush off and leave mum."
- Care plans included information on when people wanted their call whether they preferred a male or female carer. People told us this was adhered to. One relative said, "The carer knows mum very well, she is never sick, never late, never lets her down". One health care professional told us, "They (staff) know the people they are looking after really well."

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were caring and kind towards them. Comments included, "Carers are very friendly" and "The girls are lovely."
- Staff supported people to remain as independent as possible. One member of staff told us, "Part of my role is to help with his confidence, so I do things like take (the person) to appointments and wait for him outside."
- People told us staff always treated them with respect. Comments included, "They are very experienced, they ask before they do things and treat me with respect" and "I am a wheelchair user and can't stand, and they treat me with absolute respect." A relative said, "The carers talk to her (their family member) all the time."
- People's religious and cultural needs were recorded in their care plans so that staff could respect their different beliefs.

Other compliments were received into the service and included, "(Member of staff) is brilliant", "Thank you for all your support" and "Just wanted to say how happy we are with the care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People told us they would know how to make a complaint. One person told us, "I have never complained but if I wanted to I would go to the owner."
- People and relatives' complaints were recorded, responded to, and the manager ensured improvements in the care delivery. For example, one relative had complained about the timing of a call. They were contacted by the registered manager and the matter was resolved to the relative's satisfaction.
- Complaints were kept centrally in order for the registered manager to review and look for trends. Staff told us they would support people to make complaints. One told us, "The information about this is in the care plan package that is given to people when they join. There is a sheet in their about how to complain and gives the contact details of CQC."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

At the previous inspection we found that care and treatment was not always provided that met people's individual and most current needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- At the previous inspection there was insufficient information for staff to state what care was required for people. At this inspection there was guidance in the care plans around the specific needs of people. For example, in one care plan there was a detailed description of support required at each visit including their favourite fruits and foods and to only fill cup three quarters full. It stated how the person liked their tea.
- Staff read people's care plan to gain an understanding of the background of the person. One told us, "The care files have information about what to do, MAR's, daily logs and things like that. They also have the history of the person and the care plan as well. We have to look at this at every visit."
- Care plans included detailed information around people's medical conditions and how these affected the person. After each visit Staff wrote a diary of the care they provided. These were detailed notes which commented on person's mood, what they ate, what they chatted about, if home phone was checked and fully charged, and that they were wearing life line pendant.
- The provider told us they were not providing end of life care to people. However, people's preferences and choices around their end of life care was in the process of being requested from people that wished to

discuss this. One member of staff told us they were undertaking a course to assist people at the end of their life. They told us, "You still go in and talk to them even if they can't communicate back so they know someone is there for them."

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.

- Each care plan detailed how best to communicate with the person. One person was unable to hear clearly on one side. The care plan gave details on how staff needed to speak with them by speaking clearly to the left side of the face.

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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was consistent and created a positive culture. Leaders continued to work towards the delivery of high-quality, person-centred care.

At the previous inspection we found that there was a lack of leadership and systems and processes were not established and operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of regulation 17.

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

- Since the last inspection the new registered manager had made significant improvements around the quality assurance that was undertaken. However there were still some areas that required improvements.
- The records at the service required some improvements to ensure that they were accurate and up to date. The care plans contained a large amount of information. It was not always easy to navigate to the most up to date and accurate care plan. There was a risk that new staff would not know what information was still relevant to the person. The risk assessments also required more detail for staff to ensure they provided the most appropriate care. The registered manager and provider told us they would archive the information that was no longer relevant.
- There were still shortfalls in the management of the medicines and although the registered manager was undertaking audits these were not always effective in reducing the errors found. The registered manager told us they were addressing shortfalls with staff and had planned to undertake medicine competency assessments with all staff.
- People and relatives were positive about the provider and the registered manager at the service. One person said, "Always someone at the end of the phone." A relative said, "They are very good, communicate well and look after mum well."
- Staff were complimentary about the leadership and told us they felt supported. Comments included, "I'm very happy working here, I have worked for loads of agencies in the past, and this come across as sincere and nice to work for", "I always feel welcome in the office and (the provider) always makes tea" and "I think the management are good, they are more organised now. I do absolutely love my job because they are a good bunch here."

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

- The registered manager continuously sought the opinions of people and their representatives to improve the quality of care. People received calls and visits from the registered manager and provider to seek their views. One person said, "I get regular visits to look at the records from someone in the office and they always ring first to ask if it's convenient to come." A relative said, "The manager has been once or twice, and an assistant manager comes about once a month to check, asking if we are happy when she comes to do the paperwork."
- Announced and unannounced spot checks on staff took place in people's homes to check on the quality of care. One member of staff said, "They do spot checks on you and they show you where you need to improve, and we sign the sheet."
- Staff attended meetings to share and discuss how they could improve care at the service. The registered manager, team leader or the provider were also available outside of working hours. One member of staff said, "They sent out an email last week saying they are holding a staff meeting and have given two dates asking which we can attend." Another staff said, "You can bring up anything if you have concerns and they can let us know if we're not doing wrong or they need to change anything."
- Staff told us they felt supported and valued, one told us, "I do feel valued. They give us updates on positive things the clients are saying. They (managers) always say thank you to us, they're really appreciative."

Continuous learning and improving care; Working in partnership with others

- Systems were in place which continuously assessed and monitored the quality of the service. These included audits of care plans, staff training, medicines and care records. These included action plans to address any areas of concern. For example, the registered manager had identified that there was a concern with the completion of MAR charts. They advised us that competency assessments were going to take place with every member of staff within a short time frame.
- Steps were taken by the registered manager to drive improvements and they worked with external organisations to help with this. The service worked with the 'Registered Managers Network' - a network that offers local, practical support and peer support, and 'Skills for Care' which is the strategic body for workforce development in adult social care in England.
- After the inspection the registered manager advised us they had made improvements since the inspection. They told us that they had started including more information on the care plans about people's risks.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed CQC of significant events including significant incidents and safeguarding concerns.
- People and staff told us that the management team were open and transparent about the challenges at the service and what steps were being taken to address this. One member of staff said, "They have been honest with me, they told me about their issues, and I have seen such a positive change in the last six months."