

Ethica Services Limited

Kare Plus London Central

Inspection report

88 Kingsway
London
WC2B 6AA

Tel: 02071128186

Date of inspection visit:
17 April 2019

Date of publication:
15 May 2019

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: Kare Plus London Central is a domiciliary care agency. It provides personal care services to people in their own homes. The service provides care to people with a range of care needs including those living with dementia. At the time of this inspection there were five people receiving support from the service with their personal care. The service is part of the national Kare Plus franchise.

People's experience of using this service:

People received a service which was personalised and met their individual needs and preferences.

People and their relatives spoke highly of the care staff. They told us that people were cared for by regular staff who were kind, understood their needs and were competent in providing personalised care.

People's care was planned with the involvement of people using the service and their relatives. The service was flexible and responsive to changes in people's needs and preferences.

Staff respected people's privacy and dignity. They understood and valued people's differences.

Staff received the information they needed so they were able to provide people with personalised care.

Staff told us that they worked well as a team and reported any changes in people's needs to the registered manager. They told us they received the support and guidance that they needed to carry out their role and responsibilities.

Staff knew what their responsibilities were in relation to keeping people safe. They knew how to recognise and report any concerns they had about people's welfare.

The service assessed and managed risks to ensure that people received personal care and support safely.

The provider had systems in place to manage and resolve complaints. People had opportunities to provide feedback about the service, and action was taken to address issues they raised.

Systems were in place to assess and monitor the quality and delivery of care to people. Improvements to the service were made when needed.

Rating at last inspection: This was the service's first inspection.

Why we inspected: We inspected the service as part of our inspection schedule methodology for new registered services which had not been rated before.

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

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

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 London Central

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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: Kare Plus London Central provides personal care and support to people in their own homes.

The service had a manager registered with the Care Quality Commission (CQC). 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: We gave the service two days' notice of the inspection visit because the service provides care to people in their own homes and we wanted to make sure that the provider was available on the day of the inspection.

We visited the office location on the 17 April 2019 to speak with the registered manager and nominated individual (representative of the provider who supervises the management of one or more Provider Regulated Activities); and to review records and policies and procedures.

What we did: Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. We had asked the provider to complete a Provider Information Return [PIR]. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to us having changed the date of the planned inspection the date given to the provider to complete the PIR was after our inspection. However, the registered manager completed the PIR so that it was available for

us to review during the inspection. We used this information and the previous inspection report to plan our inspection.

During the inspection we spoke with the registered manager, nominated individual and three care workers. Following the inspection, we spoke with one person using the service [the other people were unable to tell us about their experience of the service] and four people's relatives. We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of five people using the service, four staff employment records and a range of other records including the service's statement of purpose.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from abuse and the risk of avoidable harm. Staff received training in safeguarding people. They were knowledgeable about types and signs of abuse and knew they needed to report any suspected abuse to the registered manager. Care workers needed some prompting before they were able to tell us that they needed to also report all abuse to the host local authority, safeguarding team, police and CQC, if managers did not take appropriate action. The registered manager told us that they would ensure staff were reminded of this.
- The registered manager was aware of their responsibility to liaise with the host local authority if safeguarding concerns were raised.
- Care staff were aware of the whistleblowing policy and told us that they were confident any concerns they raised including poor practice from staff, would be taken seriously by the registered manager and nominated individual.
- People and their relatives had no concerns about people's safety when receiving care and support from staff.

Assessing risk, safety monitoring and management

- Assessments of risk were carried out. Risk assessments included risk of falls, risks associated with the management and administration of people's medicines and risks associated with people's home environment. Risk assessments included least restrictive risk management plans to minimise the risk of people and staff being harmed. They were reviewed and updated when needed as part of ongoing reviews of people's care.
- Staff were aware of risks to people and knew that they needed to report any concerns to do with people's safety to the registered manager.
- Staff knew that they needed to report all accidents and incidents to the registered manager. They also knew how to respond appropriately in an emergency. There was guidance in place for staff to follow so the service could continue to function in the event of an emergency.

Staffing and recruitment

- The provider carried out appropriate recruitment and selection processes so only suitable staff were employed to care for people.
- Arrangements were in place to ensure that there were enough staff to meet people's care needs.
- People received support and care from regular staff who understood their needs. The provider had systems in place to make sure that calls were covered when care workers were not available to carry them out.
- Staff stayed for the full duration of the calls. One person using the service told us, "They [care workers] stay

the right length of time." One person's relative commented, "They [care staff] turn up on time." Another person's relative told us "A couple of times they [care staff] were late but [registered manager] phoned and told me."

Using medicines safely

- There were policies and procedures in place to ensure that staff provided the support people needed with their medicines. Staff received training about safe handling and administration of medicines. Care staff told us that they were provided with the information they needed to administer people's medicines safely. At the time of the inspection, one care worker administered one person's medicines. A written medicines assessment had not been completed to show that the care worker was competent to carry out the task. Following the inspection, the registered manager provided us with a record of this completed assessment.
- Regular checks of people's medicines administration records were carried out to make sure they were accurate and to check that people received their medicines as prescribed.

Preventing and controlling infection

- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves.

Learning lessons when things go wrong

- There were systems in place to ensure that incidents and accidents were reported and recorded. The registered manager told us that there had not been any accidents since the agency started providing a service. They confirmed that they would ensure that there was a system put in place to regularly review all accidents and incidents and to identify when there were lessons to be learnt.
- The registered manager informed us of the action they had taken in response to a missed call, which had addressed the concern and minimised the risk of it 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

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

- People's relatives told us that before people started receiving a service from the agency they and people using the service had been asked a range of questions about people's needs. The process of initial assessment helped the service identify people's care needs and preferences, so they could provide people with personalised care. One person using the service told us that they had been fully involved in the initial assessment of their needs and in the development and completion of their care plan.
- People's care plans included information about their individual needs, including their cultural, religious and dietary needs and preferences, so that care staff could effectively provide the care that they needed. One person told us about how their individual needs were met by the service.
- People's care needs were regularly reviewed with their and when applicable their relatives' involvement. Care plans were updated when there were changes in people's requirements and preferences. People's relatives and one person using the service confirmed people's care was delivered in line with their preferences and assessed needs.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to deliver safe, effective care and meet people's individual needs. People's relatives and one person using the service told us that they felt that care staff were competent in carrying out their role and responsibilities. One person's relative told us, "The carers are very very good."
- Staff received an induction that included shadowing experienced staff to learn about their role in supporting people and completing care duties effectively and safely.
- Staff told us that they felt supported in their role and were confident they had received the training they needed to deliver care effectively. Staff had the opportunity to discuss their training and development needs during meetings with the registered manager.
- 'Spot checks' of staff providing care in people's homes were carried out by the registered manager. These checks focused on a range of areas including time keeping, staff carrying out personal care tasks, confidentiality, and safe administration of medicines. During these checks people had the opportunity to provide feedback about the quality of care they received.

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

- People were supported to eat and drink in line with their personal preferences and dietary needs.
- Care staff knew the importance of ensuring people were offered regular drinks to minimise the risk of dehydration. They told us that they would report to the registered manager if they noticed people were refusing meals and drinks or if their dietary needs and preferences had changed. One care worker spoke of one person's particular dietary needs and of the support that the person needed to minimise the risk of

malnutrition.

- One person's relative told us when a care worker had become aware that the person no longer liked a pre-prepared meal, they had cooked a meal that the person particularly enjoyed,

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in collaboration with people, their relatives and others involved in people's care.
- Staff confirmed that there was good team work, which included good communication with each other and with the registered manager, so that any changes in people's care needs were communicated effectively.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs and medical conditions were identified by the service. Staff knew that they needed to report to the person's relatives and the registered manager any concerns to do with people's health, such as changes in a person's mood or the condition of the person's skin.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People living in their homes can only be deprived of their liberty through a Court of Protection order. At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
- Staff had completed training about the MCA. They knew that it should be assumed people had the capacity to make decisions about their care and other aspects of their lives unless assessment showed otherwise. Staff were aware that when people lacked capacity to make a particular decision or give consent to their care and treatment that people's relatives, healthcare and social care professionals would be involved in making those decisions in the person's best interests.
- Staff told us that they always asked for people's agreement before supporting them with personal care and other tasks. One person told us that they made all decisions to do with their care, and that these choices were respected by staff.

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke warmly about the people they supported and could describe in detail people's personalities likes and dislikes. They were aware of people's individual preferences and differences and of how to provide people with the care and support they needed.
- People received care from regular staff who knew them well. People's relatives and one person spoke of the importance of people getting consistent care from care staff who knew them well
- People's relatives told us that staff were kind and friendly and treated people with respect. Comments from people's relatives included, "I am happy with the service. People are treated well," "Managers always return my call if I ring them. They are easy to get hold of" and "The carers are lovely."

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

- People and when applicable their relatives were involved in the planning of people's care. They told us that they were listened to and staff respected the decisions they made. People were aware of their care plans. One person told us they had taken the lead in the development and content of their care plan They told us about some of their preferences that had been detailed in their plan of care and support.
- Staff were aware that people's needs including sensory needs could affect the way people communicated. The registered manager told us that they would always ensure that information was provided in a format that met people's individual needs.
- The service employed care staff who shared the same language as people they supported. One person's relative spoke of how this helped meet the person's communication needs and encouraged their well-being.

Respecting and promoting people's privacy, dignity and independence

- People's relatives and one person told us that staff were polite and respected people's privacy and dignity.
- Care staff spoke of the importance of supporting and promoting people's independence. They told us that they encouraged people to do as much as they could for themselves but ensured they provided help when needed. One person's relative spoke about the positive ways staff engaged with the person and of how they encouraged them to participate in everyday activities.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care was planned with them and when applicable their relatives. People's care plans were personalised and included information about their needs and preferences. People's relatives and one person using the service confirmed that people received personalised care and support. Staff we spoke with were knowledgeable about people's individual needs and about how they should be met by the service.
- Care staff told us about people's individual interests and preferences. One care worker spoke of regularly playing songs that originated from a person's country of birth. The person's relative spoke of the enjoyment that the person had from listening to that music.
- The service was responsive to changes in people's needs and wishes. Staff told us that they reported any changes in people's needs to the registered manager, who would then reassess the person's needs if required.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People knew how to make a complaint. They told us that they had the contact details of the office and registered manager if they needed to call about an issue to do with the service. One person's relative told us that the registered manager had been very responsive in addressing an issue they had raised to do with the service received by the person.
- Care staff knew that they needed to report to the registered manager any complaints and concerns about the service that were brought to their attention by people using the service and/or people's relatives.

End of life care and support

- The service was not currently providing end of life care. The registered manager told us that if they started to provide care and support to people at the end of their lives, they would ensure that staff received the training and support that they needed to provide people with personalised care at the end of their lives.

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

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

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

- The registered manager had the skills, knowledge and experience to manage the service. They and the nominated individual and care staff were committed to providing a caring and effective service to people.
- The lines of accountability were clear. Staff confirmed that the registered manager and the nominated individual were very approachable and provided guidance and direction whenever they needed it.
- People spoke in a positive way about the service provided by the agency and spoke highly of the care provided by care workers.
- There were systems in place to monitor the quality of the service, and any risks to people's safety. The service also worked closely with the Franchisor, which the registered manager told us was available for advice and support at any time. A representative of the Franchisor carried out quality checks of the service. For example, a check of staff recruitment records had recently been completed by them.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and the nominated individual knew the importance of being open, honest and transparent with relevant persons in relation to the services provided to people.
- The service promoted a culture of person-centred care. People and their relatives told us they felt management staff were open and responsive and kept them informed about changes to do with the service. People's relatives and one person using the service told us that they were notified when staff were running significantly late or if there had been changes to the staff rota.
- The registered manager ensured that staff had the information and up to date guidance they needed to provide people with the personalised care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The registered manager engaged with people and their relatives on a regular basis using a range of methods including visiting their homes, speaking with them by telephone and communicating by email. People's relatives spoke of there being good communication between them and the registered manager. Records showed that feedback from people had been positive and that the registered manager had made improvements to the service in response to some people's feedback.
- Staff told us that they could visit the office or phone their manager at any time to discuss any issues to do with the service that they may have.
- Staff understood and fully considered people's equality needs and differences when providing people

with care and support.

- Records showed that during a staff meeting staff had been thanked for their achievements in providing people with good quality care and when going the extra mile.
- The national franchisor shared best practice and provided the registered manager and nominated individual with support and guidance.

Continuous learning and improving care

- People and their relatives confirmed that management responded quickly to feedback about issues to do with the service and made improvements to the service when needed.
- The registered manager ensured that they kept up to date with legislation changes and guidance about best practice.
- The registered manager demonstrated an open and positive approach to our feedback and spoke of their plans to develop and continue to improve the service.