

Glow Care Services Limited

Kare Plus Oldham

Inspection report

Hollinwood Business Centre
Albert Street
Oldham
Lancashire
OL8 3QL

Tel: 01617110220
Website: www.kareplus.co.uk/oldham

Date of inspection visit:
20 December 2018
21 December 2018

Date of publication:
02 January 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

We carried out an announced inspection at Kare Plus, Oldham on 21 and 22 December 2018.

Kare Plus, Oldham is a domiciliary care service providing personal care and support to people in their own homes. The office is based in Oldham. At the time of our inspection care was being provided to eight people.

The service was registered 25 November 2016. This was their first rated inspection.

A registered manager was 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 2008 and associated Regulations about how the service is run.

The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. Checks were carried out on staff to assess their suitability to support vulnerable people.

The service was responsive and people received individualised care and support. People were encouraged to make their views known and the service responded by making changes. The registered manager welcomed comments and complaints and saw them as an opportunity to improve the care provided.

Staff received regular supervision and training to carry out their role effectively.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Systems to ensure medicines were managed safely were in place however, the service was not supporting people with medicines at the time of the inspection.

People knew how to complain and raise any concerns. People and their relatives did not raise any concerns with us.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and worked to ensure people's rights were respected.

People were cared for by staff who knew them well. Staff treated people with dignity and respect. The manager and staff had a good understanding of equality, diversity and human rights.

The vision and values of the service were clearly communicated to and understood by staff. A quality

assurance system was in place. This meant the quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

Kare plus, Oldham had a comprehensive business continuity plan in place to prepare the service in case of unforeseen circumstances and emergencies.

The culture within the service was personalised and open. There was a clear management structure and staff felt well supported and listened to.

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 safeguarding processes.

People told us that they felt safe and there were enough staff to meet their need

There was an effective system in place for the recruitment of staff.

There were effective systems in place for managing medicines.

Is the service effective?

Good ●

The service was effective.

Staff were well trained and people felt confident in their abilities to care for them.

Capacity and consent issues were considered, meeting the requirements of the Mental capacity Act 2005 (MCA).

The management team liaised effectively with health care professionals.

Is the service caring?

Good ●

The service was caring.

Staff treated people in a caring and compassionate manner

Staff spoke kindly about the people they supported.

People's privacy and dignity was respected, and personal information was securely stored.

Is the service responsive?

Good ●

The service was responsive.

Visits to people's homes were not rushed and all people we

spoke with confirmed this was the case.

The service had systems in place for receiving, handling and responding appropriately to complaints.

Care plans reflected people's needs and how they would like their care to be delivered.

People were encouraged to voice their opinions about the quality of their service, and their views were taken into consideration.

Is the service well-led?

The service was well-led.

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

Systems were in place to assess and monitor the quality of service provision, and the service had developed good systems to audit the quality of care provision.

The registered manager and registered provider understood their legal obligation to inform CQC of any incidents that had occurred at the service.

Good ●

Kare Plus Oldham

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out on 20 and 21 December 2018. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us. The inspection was carried out by one adult social care inspector. This was the first rated inspection at Kare Plus, Oldham.

Before the inspection we reviewed any information we held about the service in the form of notifications received from the provider. We also reviewed any safeguarding or whistleblowing information we had received and any complaints about the service. We liaised with stakeholders who were involved with the service including the local authority. This helped us determine if there might be any specific areas to focus on during the inspection. Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service.

At the time of the inspection the service provided care and support to eight people in the surrounding area. As part of the inspection we spoke with the registered manager, a director, a care coordinator, a field supervisor and four staff members. We also spoke with four people who used the service; this was to seek feedback about the service provided from a range of different people and help inform our inspection judgements. We also spoke with two health and social care professionals who had liaised with the service.

During the inspection we viewed four care plans, two staff personnel files, policies and procedures and other documentation relating to the running of the service, such as satisfaction surveys, complaints, spot checks/observations and risk assessments.

Is the service safe?

Our findings

Kare Plus, Oldham provided safe care. People told us they felt safe. Some people who used the service lived alone and staff required the use of a key to access their house. This required staff to enter a pin code before gaining access to the key so they could go in and deliver care safely. Codes were held securely at the office and given to staff as required. One person we spoke with told us, "The carers take care to ensure my home is secured when they leave."

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken seriously if they raised any concerns relating to potential abuse. One member of staff said, "I would report any concerns immediately and I know they would be dealt with properly by the team at the office."

Staff were also aware of the provider's whistleblowing policy. When asked about this, one staff member told us, "We can talk to them about anything and call with any concerns we have and I know I will be supported. I do know about the whistleblowing policy if there was a situation where this wasn't the case." A whistleblowing policy shows a commitment by the service to encourage staff to report genuine concerns with no recriminations.

People told us that there was enough staff to provide safe and effective care. People said they always had familiar staff sent to support them. One person told us, "There is a regular team that come in, never anyone we don't know." Another person told us, "I always have someone I know and I've never had a call missed."

Care plans contained risk assessments in; moving and handling, pressure area care, falls and environmental risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person required support from staff to transfer from bed to a chair. This person's care record contained a 'moving and handling' plan which gave guidance to staff on reducing the risk associated with each care task. Staff were aware of this guidance and told us they followed it.

The provider had safe recruitment and selection processes in place. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers.

Kare Plus, Oldham was not currently supporting people to take medicines however, there was guidance in place instructing staff on how to administer medicines safely should this be required. Medicines administration records were available to record that people received their medicines as prescribed. All staff had been trained to administer medicines. The provider had a clear system in place to respond to any errors with the administration of medicines. The registered manager told us, "Staff have their competency to administer medicines checked regularly to ensure they are safe to support people to take their medication in case we start to provide this service." The systems in place should ensure people are kept safe from the risks associated with the management of medicines.

The provider had a procedure in place for investigating accidents and incidents. This detailed the process and included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. This meant the registered manager and staff had clear guidance on how to investigate accidents and incidents and learn and make improvements.

We saw that the office base was a pleasant space where health and safety checks included asbestos, fire drill records, evacuation plan, fire alarm check, floor plan, emergency lighting, boiler check, legionella and the portable appliance testing (PAT) of electrical items. We saw a clear business continuity plan that identified steps the service would take should there be an emergency, for example, if there was a missing person or a flood.

The registered manager and staff told us that checks were carried out at the homes of people that used the service to keep people and staff safe. Water temperatures were recorded each time someone was supported with bathing and an individualised environmental risk assessment was in place for each home.

Staff had been trained in infection control procedures. We looked at infection control practices within the service. We asked people if staff wore personal protective equipment (PPE) when necessary. Everyone told us they had no issues with hygiene, with gloves and aprons were consistently worn as required and disposed of safely in people's homes. Stocks of PPE were available in the office premises which we saw during our visit. Staff were aware of precautions to take to help prevent the spread of infection. For example, staff said they would wash their hands regularly and use aprons and gloves when supporting people in their own homes.

During the inspection we reviewed the number of staff in post and found this to be sufficient to meet the needs of people using the service. We spoke with staff who told us they felt staffing numbers were sufficient and they could fulfil all the home visits allocated at the agreed time. Staff travel time had been built into the rotas to assist them to have sufficient time between visits.

Staff used a mobile device used for call monitoring purposes, which they used to log in and out at every home visit; this was linked to the electronic scheduling and care planning system and meant they did not have to use the home phone of the person they were supporting. The electronic system allowed the registered manager to see the start and finish times of home visits in real-time, which meant they could track calls as they happened and contact staff immediately if a discrepancy in the timing of visits was noted. This protected both the staff member and the person being supported.

Is the service effective?

Our findings

Kare Plus, Oldham provided effective care. People's needs were assessed in sufficient detail to inform the delivery of care. We saw and were told about care being re-assessed as people's needs changed. Initial assessments were thorough and fed into detailed support plans that were regularly updated.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. We saw that people or their relatives had signed a 'consent to their care' document which was located in each of their care files.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "I ensure that I support people to make their own choices. It's their life. I would run it by a manager if I was concerned about something."

We asked staff how they sought permission from people before providing care. One staff member said, "I always ask people if it's ok for me to help them, and describe exactly what I'm doing so they know what to expect next."

The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us that if they had any concerns about the capacity of a person using the service, they would contact the office. We saw where people lacked capacity this was clearly recorded within their care plan.

People were supported by staff that had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme which included training from an external provider before working on their own. Staff shadowed an experienced member of staff. A staff member told us, "We aren't expected to go and support people on our own until we feel confident. I worked with someone experienced initially." Staff completed training which included: health and safety, moving and handling, safeguarding, food hygiene and the Mental Capacity Act. Another staff member told us, "The induction programme was well structured and really thorough, I felt well prepared to start work as I shadowed an experienced member of staff for a few weeks." Staff training was going to be refreshed regularly to provide an effective service, the registered manager told us "We plan to refresh staff's training regularly in line with good practice, for example, staff will complete their first aid training and moving and handling training annually."

There was a positive response when we asked people if they considered staff to be knowledgeable and skilled in meeting their needs. However, one person raised concerns relating to staff competence in dealing with diabetes. We discussed this with the registered manager who immediately arranged for staff to

complete a training course in diabetes awareness.

Staff we spoke with told us they received regular supervision (supervision is a one to one meeting with a manager). Unannounced spot checks were also completed to check whether staff continued to work with people safely. The staff told us the registered manager checked their knowledge, whether they supported people in the way they wanted to be supported, used protective equipment to maintain infection control standards, arrived at the correct time and whether they were suitably dressed. Any issues identified were addressed in a positive manner with staff being given additional support and training to promote improvement.

People's care records documented how their needs were met. This included when and how care was provided. Individual plans were in place and specialist input from other professionals had been obtained when required. One person told us, "It really has made such a terrific difference to family life having these carers, they really are great."

When we looked at care records we saw these contained an eating and drinking care plan which accompanied a risk assessment so people could be supported with their nutritional requirements safely. Staff told us that if they had concerns about a person's dietary intake that they would report this to the manager and seek advice.

One staff member explained that any equipment that was required in order to provide effective care for people who used the service was provided. Equipment required for moving and handling procedures was supplied following an assessment and a demonstration by a manager on how to use it.

The registered manager told us, "We currently don't support anyone who requires us to communicate in a different way, but we review these needs as part of the assessment process. We can develop easy read information or communication aids if they are required."

People told us that the service communicated well with them and kept them informed of any changes. One person told us, "They've never been late, in fact sometimes they are early, [named manager] is very flexible as we have had to make changes at short notice, they are always at the end of the phone and we have no trouble getting through to the office."

We saw that staff wore smart uniforms bearing the logo of the service and were provided with all the equipment they needed to fulfil their roles.

Staff told us they had enough time when visiting people to effectively meet people's needs. One staff member said, "I generally have enough time to support people properly on all my calls, unless something unusual has happened. I'm not rushing all the time."

Is the service caring?

Our findings

Kare Plus, Oldham provided a caring service. People benefited from caring relationships with staff. People's comments included; " Kare Plus staff are amazing, providing dignified, quality care" and "I have absolutely no complaints they are really good."

Staff we spoke with described how the caring culture of the service was supported by the provider and the registered manager. One staff member said, "There is a very caring ethos from the top down, it is a lovely place to work." Another staff member said, "Our [registered] manager knows people really well and stays up to date with everything that is going on."

Staff demonstrated a caring and compassionate approach to their work. Staff morale was positive and they were enthusiastic about the service they provided. Staff we spoke with told us they would be happy for someone they loved to be cared for by Kare plus, Oldham. A health and social care professional told us, "The feedback I have had from both families and colleagues has been really positive, they feel that the quality of care from Kare Plus is excellent so far."

The service recruited staff based on their values rather than their experience. The practical elements of the support worker role were covered during the induction period and staff were assessed as to their suitability during a probationary period to ensure that they were able to meet the high expectations of the service. This meant that the staff were driven to provide a service by their caring natures which was evident to us during the inspection.

Whilst we did not observe staff providing personal care directly, staff did give appropriate examples of ways in which they would ensure people's dignity was maintained; for example, by ensuring curtains and doors remained closed whilst supporting with personal care tasks. Staff had undertaken mandatory training in 'dignity' during their induction period to help them understand how to support people in a respectful way.

It was clear from our discussions that staff knew people, their needs and preferences well and provided care accordingly. One person said, "The carers always take an interest in what has been going on, they chat to me like friends."

Information about people was kept securely. The registered manager ensured that confidential paperwork was collected regularly from people's homes and stored securely at the registered office. People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff.

The provider had a policy on equality and diversity. The care planning system in place included an assessment of people's needs regarding, culture, language, religion and sexual orientation. Staff understood the values of the service, recognised the importance of ensuring equality and diversity and human rights were actively promoted.

Is the service responsive?

Our findings

Kare Plus, Oldham provided responsive care. People's care records contained details of people's likes, dislikes and preferences. Staff were knowledgeable about people's needs and reviews were carried out to ensure the records matched how people wanted to be supported. The staff completed records of each visit which provided a brief overview of the care provided and any changes to their wellbeing.

People we spoke with who used the service and their relatives confirmed that they had been involved in planning their care which considered the support people required and what they could do for themselves. People we spoke with told us when their care was planned at the start of the service staff from Kare Plus, Oldham visited them and spent time finding out about their preferences, and needs and how they wanted their care to be delivered. One person told us, "There was a very thorough assessment before care started then plans were updated as time moved on." The initial assessment also included information about any risks and support was sought from other relevant professionals. This helped to ensure that people's needs could be met by the service.

People's care plans were person-centred. For example, they gave guidance for staff on supporting people to be independent during personal care tasks that matched their individual wishes and needs. These clearly documented people's needs and what support they required with day-to-day living tasks such as eating meals or with personal care.

Staff gave us examples of how they provided support to meet people's diverse needs such as those related to disability, gender, and sexual orientation. The field based supervisor told us, "We will soon be supporting a person with specific cultural preferences so we will brief staff and give them the information they need to do this appropriately." Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. Staff told us they read the care plans and checked them at each visit for any changes. When people's needs changed, staff carried out further assessments to ensure their needs continued to be met appropriately.

People we spoke with received support at the time they wanted and staff arrived when expected. People told us there were no issues with timeliness. Staff told us they would make telephone call to explain and apologise for the inconvenience should they be running late.

It was clear from speaking with people who used the service that there was an emphasis on not rushing the delivery of care, ensuring people were comfortable with all activities agreed and undertaken. People we spoke with told us they never felt rushed and staff stayed the full length of the visit although sometimes staff could be late.

We saw that the service had received no official complaints since they began operating. The registered manager told us, "We have received no complaints but we have a complaints procedure in place. If there was a complaint then I would follow our procedure and investigate fully." People and relatives were confident to raise concerns and that they would be responded to effectively. One person told us, "I've not

had to complain but the [registered] manager is very approachable and sorts out any minor issues straight away."

The service had an end of life policy in place which detailed the end of life pathway, care planning, coordination, care in the last days and how to support the family after death. The service regularly provided specific end of life care and the registered manager explained that the service had registered for the 'six steps to success in end of life care' which would upskill and further develop staff in this area. A health and social care professional told us, [Name] is really happy with the [end of life] care that Kare Plus is providing and reported that they always go above and beyond." We saw that other health and social care professionals had also given positive feedback to the service particularly in relation to the high standard of end of life care.

Is the service well-led?

Our findings

Kare Plus, Oldham was well-led. 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 2008 and associated Regulations about how the service is run. The registered manager had registered with the CQC in October 2018.

The registered manager was held in high esteem by people using the service and staff. The staff felt part of a supportive team and told us the registered manager was approachable and listened to them. Staff told us the service was well-led, open and honest. One staff member told us, "I've worked for other places but this is the best. As an employee I feel really valued and I'm treated well."

There was a 24 hours oncall service to ensure that people had a point of contact in case of an emergency. People knew who the registered manager was and felt the service was well-led.

The provider sought people's views on the quality of service provision during their individual review and invited people to complete an independent satisfaction survey. We saw that all the feedback received was positive.

There were systems in place to monitor, analyse and improve the service. The registered manager completed regular audits which included; staff files, care plans and training. The registered manager described how medicines management would be audited when they were providing support in this area. Where improvement actions were identified these were passed to the staff for action and the registered manager monitored to ensure actions were completed. The registered manager had thorough oversight of the care plans and related documentation.

The registered manager demonstrated to us that they were keen to work alongside other services such as commissioners and the local authority in order to support people's care needs and share information where needed. The positive ethos of the service was very evident to us. The registered manager told us, "I am totally committed to my work here and providing a service to be proud of." A health and social care professional told us, "I have had a positive experience when dealing with the [registered] manager at the service, they clearly want to get things right for people."

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 was aware of their responsibilities and had systems in place to notify CQC about reportable events.

We saw that the registered manager had developed a detailed action plan that clearly outlined outstanding work to be done and provided a timeline for actions to be completed. The action plan also included plans to move the office base to larger premises to allow for the expected expansion of the business. This shows that the provider is committed to continually improving the service.

During the inspection we found the service was managed by professionals with an obvious dedication to the people they support and the staff that work with them.