Kare Plus National Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection was announced and took place on 15 and 16 March 2017. Kareplus provides personal care to people living in their own homes or in a supported living environment. At the time of our inspection the service was supporting 37 people. This was the services first inspection since they registered with us.

There was not a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission 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 provider had appointed a new manager who was in post at the time of the inspection and told us they intended to make the necessary application to register themselves.

People mostly received their medicines as prescribed, however two people had experienced times when medicines had not been given at the appropriate times. Medicines recording practices were not always safe, however the manager had identified this and was making the required improvements. People mostly received their calls on time, however they were not always advised when staff were running late. People were supported by sufficient numbers of staff to ensure their safety and needs were met. Staff were safely recruited and people told us they felt safe when receiving support from them. Staff understood people's risks and how to manage them.

Staff received an induction to their role and the manager had identified staff ongoing training needs and had implemented a plan to refresh staff training. People were asked for their consent before care and support was provided. People who were supported by staff to prepare and cook meals were provided with choices, and staff were aware of people's specific dietary requirements. People were supported to access healthcare professionals if required.

People told us staff were kind and caring and staff treated them with respect. People were encouraged to make day to day decisions about their care and support. Staff promoted people's privacy and dignity and encouraged their independence.

People were supported by staff who understood their needs and preferences. People and their relatives were involved in the planning and review of their care. People's changing care needs were assessed and staff were told when people's needs changed. People knew how to raise a concern or complaint and there was a system in place to ensure complaints were appropriately managed.

People and their relatives told us the management of the service was improving. The manager had completed an audit of the service which had identified the concerns we found during the inspection. The manager had made good progress in improving the service. Opportunities for people and their relatives to provide feedback had improved. Staff understood their responsibilities and felt supported in their roles. The provider was appropriately notifying us of events they are required to do so by law, such as allegations of

abuse.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People did not always receive their medicines as prescribed. People were not always informed if staff were going to be late. People were supported by sufficient numbers of staff who had been recruited safely. People told us they felt safe and were supported by staff who knew how to keep them safe.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training to carry out personal care. People were asked for their consent to care and support activities. People were given choices about what they ate and drank and were supported to access healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring and showed respect. People were supported to make choices about their care. People were supported by a staff team who understood the importance of treating people with dignity and respect and promoting people's independence.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who understood their needs and preferences. People were involved in the planning and review of care and their changing care needs were regularly reviewed. People knew how to raise a concern or complaint.

Is the service well-led?

Good

The service was well led.
The provider had appointed a new manager who intended to submit their application to register themselves with us. People

told us the management of the service was improving. Systems and processes to ensure the quality of the service were effective at identifying the required improvements and progress was being made in making the necessary improvements to the service. Staff felt supported in their roles and felt listened to.

Kare Plus National

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 16 March 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection was undertaken by 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 use this type of service.

Before our inspection, we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a document that CQC asks providers to complete to give some key information about the service. The PIR tells us how they are meeting the standards and about any improvements they plan to make. We looked at statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as allegations of abuse or serious injuries. We also contacted the local authority service commissioners and the safeguarding team for information they held about the service. We used this information to help us to plan the inspection.

During the inspection we spoke with five people who use the service and 12 relatives. We also spoke with four members of care staff, a care co-ordinator, the operations manager and the newly appointed service manager. We reviewed a range of records about how people received their care and how the service was managed. These included four people's care records, medicines administration records (MARS) three staff files and records relating to the management of the service. For example, quality checks and complaints.

Requires Improvement

Is the service safe?

Our findings

Most people told us they received their medicines as required and in a safe way. However two relatives we spoke with told us their relative had experienced times where there medication had not been given. One relative told us, "It seems that the morning dose is often given when the afternoon dose gets forgotten. I have told them in the office and am monitoring the situation". Another relative told us that whilst critical medicines such as warfarin had been given, there were occasions when other medicines had not been administered by care staff. They told us staff contacted them to advise when medicines had been forgotten which meant the relative was able to support the person to take their medicines. The records we looked at confirmed that there were missed doses for these people. Whilst these had been identified the action taken had not been recorded. This meant we were unsure as to whether appropriate action had been taken to address these issues. We found that medicines recording practices were not always safe. People's medicines were not signed for individually. This meant there was a risk that people may not receive their medicines as prescribed. The manager had identified this concern and had started to make the necessary improvements to the recording practices.

People were supported by sufficient numbers of staff to ensure their safety and needs were met. The provider had identified that staffing levels required improvement and had recently recruited more staff. They told us recruitment was ongoing to ensure there were adequate numbers of staff to provide safe care and support to people. Staff we spoke with told us they felt staffing levels had improved and there were sufficient staff to ensure people's safety. One staff member said, "When two staff are needed, for example if someone is hoisted, there is always two provided". Another staff member said, "There are always two staff on a double up call". Staffing levels were determined by people's level of need. Care records we looked at confirmed this. The provider had sufficient plans in place to cover staff absence.

People told us they mostly received their care calls on time and staff mostly stayed for the full expected duration of the call. However people and relatives told us they were not always informed if staff were running late. One person said "They are generally on time. However they never let me know if they are going to be late, I have to contact them which is frustrating". Another person said "When they are late coming I wait for 1/4 hr before I phone the office. They don't tell me I have to ask". A relative said "They are usually on time although they don't let me know if they are going to be late". Staff we spoke with told us they mostly arrived at calls on time but occasionally there may be times when they were running late. For example, due to heavy traffic or attending to an incident. The provider had a late call procedure which staff were able to tell us about, however lateness was not always being communicated to people by the office staff. People and their relatives signed to say the call time and duration of the call was accurate and the provider was monitoring the call times by checking the call sheets. However this meant there could be a delay at identifying and rectifying the issues promptly. The operations manager told us they were looking to introduce a new electronic system which would enable them to identify and address issues, such as late, calls sooner. We discussed the feedback we received from people with the newly appointed manager and they told us they would look to address the communication issue and make the necessary improvements.

People were supported by staff who had been recruited safely. Staff told us they were not able to start

working until the provider had received suitable pre-employment checks, such as references and DBS checks. DBS checks help the provider reduce the risk of employing unsuitable staff to work with vulnerable people. Records we looked at confirmed this.

Everyone we spoke with told us they felt safe with the staff that provided their care and support to them. One person said "The staff help me to do things and keep me safe". Another person said "I feel safe no question about it". A relative told us, "I absolutely feel my (relative) is safe". Staff had received training in keeping people safe and knew how to recognise and report potential harm or abuse. Staff told us they were confident the manager would take appropriate action if there was a concern about a person's safety and were confident to escalate concerns if they felt appropriate action had not been taken. The manager understood their responsibilities to escalate concerns about people's safety to the local authority. Records we looked at confirmed this. This meant people were safeguarded from harm.

People were supported by staff who understood their risks and how to manage them. For example, One person said "The staff will tell me if I have any red areas and we make sure I am well off those when I am turned". Staff were able to tell us about people's individual risks and how to manage them. One staff member told us, "When there is a change in risk we get a text to alert staff to the changes, for example if there is a new piece of equipment that needs to be used". We looked at people's care plans which confirmed staff's understanding of people's risks. However staff's knowledge of how to reduce people's risks was not always reflected in people's care records. Where changes to peoples risks occurred staff were aware of these changes, however records were not always updated. Accidents and incidents were reported and recorded. We saw these were analysed and information was used to ensure they did not reoccur.

Good

Is the service effective?

Our findings

Most people and relatives we spoke with felt staff were suitably trained to carry out their role. One person said "I think they are quite well trained. I feel safe with them". Relatives told us staff were confident to use equipment such as hoists. A relative told us, "I am confident they know what they are doing". However some people felt some staff had more confidence than others and felt staff training could be improved. One relative told us, "I think more training could be needed". We looked into the training staff received. Staff told us they had to complete an induction which included the completion of the care certificate, training and time spent shadowing more experienced staff before they could work with people alone. The care certificate is a set of national minimum standards that new care staff must cover as part of their induction process. Records we looked at confirmed what staff had told us. The manager had identified that staff required follow up training and had started to implement a plan to ensure staff received refresher training. One staff member confirmed this and shared with us how they had recently attended a challenging behaviour course. They told us this had helped them to communicate better with people and manage behaviours that challenge in a more effective way. This showed us that the manager had identified staff training needs and had made progress to address this.

Staff told us they had appropriate support and one to one supervisions sessions to carry out their role. One staff member said, "Supervision is useful, you can discuss concerns, training needs and any improvements required to your practice". Staff told us they were subject to regular spot checks to ensure they were providing safe and effective care and they received feedback on their performance or any areas for improvement. Records we looked at confirmed this. This meant that staff received appropriate support to provide effective care.

People were supported by staff who sought their consent before supporting them. Staff we spoke with all said they would ask a person for their consent before providing care and support. One staff member said, "If people don't want to do something you can't force them, you have to respect their decisions". Staff gave examples of how they gained consent from people where they were unable to communicate verbally. For example, by using hand gestures, observing body language or facial expressions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us there were some people who they supported who lacked capacity to make decisions for themselves and records we looked at confirmed this. People's care plans detailed the decisions people could make for themselves and decisions people were unable to make themselves. Staff had a basic understanding of the MCA and how this applied in practice. They could recognise where people lacked the capacity to make specific decisions. The manager told us they were going to look at ways to further improve staff knowledge. We saw where decisions were being made in people's best interests, for example finance decisions, these were not always documented. We spoke to the manager about our concerns and they told us they would look to arrange further training for staff and make the necessary improvements to the records.

Where people received support with preparing food, they told us they had enough to eat and drink and could choose what they wanted. One person said "They always ask what I fancy for breakfast and will do anything I want". Relatives of the people who lived in Supported Living Accommodation explained that people helped develop the menu for the week and were taken out to shop for food. One relative said, "They have healthy meals and there is always plenty to drink". Staff were aware of people's individual likes and preferences in relation to food and drink and could tell us about people's specific dietary needs. For example, low sugar diets for people who were living with diabetes and adding thickener to fluids or a pureed or mashed diet for people at risk of choking. Where people were at risk of poor nutrition this was being monitored. This meant people were supported to make choices about what they ate and drank and received the appropriate support to eat and drink sufficient quantities.

People mostly managed their healthcare appointments themselves or were supported by relatives. Staff told us where people required support to access healthcare appointments they would provide this. Staff were able to tell us about the action they would take if they noticed a deterioration in a person's health. For example, contacting a GP or calling 999 in an emergency. People's health was monitored. We saw one person was having re-occurring urine infections. The manager had introduced fluid monitoring charts and we saw that the frequency of urine infections had reduced. A relative told us, "They are pretty good at letting me know about changes. For instance one mentioned yesterday that there was some blood in (relative's name) urine. There is a history of infections so I have been on to the doctor". We found, where required, appropriate health care professional advice was sought and staff were able to tell us the ways in which they followed this advice. This demonstrated people were supported to access healthcare professionals when required.

Good

Is the service caring?

Our findings

Everyone we spoke with told us the staff treated them with respect and people felt staff cared about them. Relatives told us they felt their family members were well looked after by staff. One person said "The staff are very good, very caring". Another person said "I am quite happy with the service I am getting. They never rush me. They are all very nice some are first class". A relative said "They are all caring and kind. They know [person] very well. They have a good rapport". Another relative told us, "Staff are very caring they have a good rapport with [person]. Everyone is really nice they respect [person]". Staff we spoke with demonstrated a kind, caring and respectful approach to the care and support they provided for people. One staff member told us, "I enjoy the job, I love the company of the people I work with. To put a smile on their face is rewarding. I look forward to spending time with people, particularly those who are lonely". Another staff member said, "I adore the clients, we just want the best for people". This showed us that people felt well cared for by a staff team who were kind, caring and respectful to the people they supported.

People were involved in making day to day choices about their care and support. People we spoke with told us they were encouraged to make choices such as what they ate and what time they got up and went to bed. One staff member said, "You need to understand people, your job is to assist not to tell people what to do". They went on to say, "I don't' dictate to people, I ask what they want like what would they like to eat". Staff shared examples of how they ensured people who were unable to communicate verbally were provided with choice and control over their care, such as showing them a selection of clothes for them to choose or the options of food and drink that were available to them. Staff were respectful of the decisions people made. One staff member said, "I accept people's decisions. A person today did not want to get up; I just waited until they were ready to get out of bed".

People were supported by staff who understood the importance of maintaining people's privacy and dignity and promoting their independence. One relative said, "They are very supportive to people help them maintain as much independence as possible". Staff shared examples of how they worked in ways that maintained people's privacy and dignity and independence. One staff member said, "We let people do what they can do for themselves". They went on to say, "If someone can wash themselves I will do other tasks while they wash to give them privacy". Staff told us how they closed curtains and doors when supporting people with personal care. They told us how they encouraged people to get involved in everyday tasks. For example, one staff member told us how they encouraged a person to be involved in preparing their meals and laying the table. People's care plans detailed how staff should work to promote people's privacy and dignity and outlined the tasks people could do for themselves and those that they required support with.

Good

Is the service responsive?

Our findings

People were mostly supported by a consistent team of staff who knew them and their care needs well. A person said "I have a good team of carers coming in now. We are getting used to each other". A relative told us "The staff are very good they pick up on [person's] gestures". They know [person] very well. They have a good rapport". We spoke with one of the care coordinators who told us, "You need to know the clients so I go out to get to know them and their needs. If you know people well you can ensure you select the right staff to support them". The area manager told us, "We try to match staff to clients we have to bring the right staff in to be able to meet people's needs". Staff demonstrated a good knowledge of people's needs and preferences. They were able to tell us about people's specific like or dislikes and we confirmed staff's understanding by checking people's care plans. Peoples' cultural or religious needs were taken into account. For example, a relative told us, "[Person] is supported to attend Temple and likes a special tea. I take in the spices and the staff make it, they do it well". Staff told us about people's specific religious or cultural needs and how these should be observed, such as specific foods that should not be given. This meant people were supported with their individual needs and preferences.

People and their relatives told us they were involved in the planning and review of their care. One person told us, "I do have a care plan". A relative said "we do have a care plan and I signed it". Another relative said "Someone rang not so long back regarding changing the package but we don't need anything else at present". People's care plans contained details about people's needs, like and dislikes and personal histories. Care plans were reviewed to take account of people's changing needs or risks. Staff told us they were informed of any changes to people's care. Changes following a review were communicated to staff but were not always updated in the care records promptly. We discussed this with the manager and they said they would take the necessary action to make improvements.

People who lived in supported living accommodation were supported to participate in a range of activities which they enjoyed. One relative said, "They are all friends and the staff are always doing things so they can get together. I believe they are doing something for Red Nose Day and we have all been invited". Relatives and staff told us about a party that was taking place that day to celebrate a person's birthday. Another relative told us their family member was being supported to attend college in September. They said, "[Person] is really looking forward to it".

People and their relatives knew how to raise a concern or complaint and most people we spoke with told us they were confident their concerns or complaints would be appropriately managed.
One person said "I have had complaints but they have been put right now. I did ask that one particular carer doesn't come and I haven't seen her since". A relative said "There is nothing drastic to complain about but I would do so if I needed and I think (manager's name) would sort it out". There had been no formal written complaints at the time of the inspection, however we saw the provider had a complaints policy to ensure that complaints were appropriately investigated and responded to. The manager told us they had identified some minor concerns that had been raised and they responded to these promptly by making a visit to people, discussing their concerns and addressing them. This meant the provider had a system to ensure complaints were appropriately managed.

Good

Is the service well-led?

Our findings

There was not a registered manager in post at the time of the inspection. The previous registered manager had de-registered with us in December 2016. The provider had recently appointed a new manager who was in post at the time of the inspection and told us they intended to make an application to register. However, at the time of the inspection we had not received the necessary applications.

Some people we spoke with said they felt the service had not always been well managed in the past but felt things were improving. One person said "I would recommend them to others it has improved over the last few months". A relative said "It seems to be better organised now. I would recommend them as it is now".

Some people and relatives told us they had not had an opportunity to give their feedback about the service. However the manager was aware of this and had been proactive at identifying where people and their relatives had concerns and had started to meet with people and their relatives to advise them of any action being taken as a result. We saw that they had recently completed a satisfaction feedback survey which they were in the process of analysing. This showed us the manager had introduced systems for feedback on the service and planned to use this to drive improvements.

The provider had systems and processes in place to monitor the quality and consistency of the service. The provider completed a variety of checks such as, medicines records audits and spot checks on staff. The new manager had completed a full service audit and they had identified the same concerns that we found during the inspection. They had told us about these in the PIR they had submitted prior to the inspection and we found they were taking action to make the necessary improvements. For example, changes to the way in medicines administration was recorded, improving staffing levels, improving record keeping, increasing opportunities for people to give feedback and improving communication with service users and their relatives.

The manager also told us that they were working to ensure the service was more open and transparent. A staff member confirmed this, they told us, "The changes are for the better, previously it was not a transparent service but I feel that this has improved". The manager told us they had identified improvements were required to ensure the service was transparent and told us about the ways in which they were trying to improve this. They said, "We need to listen to people and our staff. They need to feel able to pick up the phone and raise any concerns, I am trying to create an open door environment".

Staff we spoke with demonstrated a good understanding of their roles and responsibilities and felt supported in their roles. Information in the PIR suggested that staff had not felt supported in their roles and did not feel listened to. During the inspection we found action had been taken and improvements had been made. One staff member told us, "I feel really supported in my role. The manager is brilliant, they help me a lot, any problems you can call her" They went on to say, "The way the service is run now is really good. There is no gap between front line staff and manager's, we are one big team working together". Another staff member said, "There is good support, you can call the office anytime and there is always someone to listen to you". The manager told us, "I want to ensure I give staff the right support to do the job right".

People and their relatives knew who the new manager was and had either spoken to them or had received a letter from them. One person said "There is a new manager she seems nice I met her when she came with one of the carers". Another relative said "The new manager (name) seems to be doing a good job. I have met her and she has phoned a couple of times. I would recommend them". This demonstrated that the manager was visible and approachable. Staff felt they could approach the manager with concerns or suggestions to improve the service and felt listened to. One staff member said, "I have just raised the fact that team meetings would be useful with my manager, I have been told this would be addressed". The manager confirmed that this was something they were looking to implement. Another staff member said, "The manager is approachable, if you raise an issue this will be listened to and sorted out". A third staff member told us how they had raised concerns about staff rotas and of how the manager had resolved the issues by making changes to the rota's to enable staff to work more efficiently. This showed us that staff were able to raise suggestions and these would be listened to.

The new manager was aware of their responsibilities which included submitting notifications to us when required to tell us about certain events or incidents of concern occurred as is required by law. Records we reviewed showed that the provider had appropriately submitted notifications to us as required.