

Support Haven Ltd

Kare Plus Ipswich

Inspection report



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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Kare Plus Ipswich is a domiciliary care service providing personal care to people in their own homes. 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. At the time of this inspection there was one person using the service and receiving support with personal care.

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

Risk assessments were not in place and there were no managements plans in place to guide staff on how to reduce the risk of harm.

Medicines were not always managed in a safe way. Medicine administration records were not always accurately completed, and there were no medicine profiles or controls for overseeing the arrangements in place.

Incidents were not reviewed in a systematic way to reduce the likelihood of a reoccurrence.

While some training for staff was provided, it was not specific to the needs of the people they supported. There were no competency assessments to check staff's understanding of what they covered on training or spot checks to review care delivery.

Assessments and care plans did not always contain enough information. We have made a recommendation about the assessment process.

The management oversight of the service needed improvement and audits developed to monitor the quality of care.

Staff were clear about escalating safeguarding concerns to the management of the service but were not clear about the role of the Local Authority.

People told us they were supported by a consistent team of care staff who stayed for the allocated time.

Recruitment processes were not robust and we identified shortfalls in referencing and risk assessments. Disclosure and Barring checks were undertaken.

Infection control procedures were in place and staff wore personal protective equipment and undertook some testing but not consistently in line with the government guidance. Screening of visitors to the office was not undertaken.

Support was provided to people with eating and drinking as outlined in their assessment, and there were systems in place to enable staff to record what people ate and drank.

The recording of best interests decisions needed improvement and we have made a recommendation regarding this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives described the care staff as friendly and kind. Although there was a lack of detail in care plans, staff demonstrated that they knew people well.

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

Rating at last inspection

This service was registered with us on 07 December 2020 and this is the first inspection.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kare Plus Ipswich

Detailed findings

Background to this 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector who visited the office and made telephone calls to relatives and staff.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. At the time of our inspection there was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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

This inspection was announced, and we gave the provider 24 hours' notice of the inspection. We visited the location's office on 17 March 2022 and provided feedback to the provider on 23 March 2022.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from professionals who commissioned a service from this provider. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with one relative of a person who used the service and with three staff including the provider.

We reviewed a range of records. This included three people's care records and three staff files in relation to recruitment and training. A variety of policies relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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; Learning lessons when things go wrong

- The systems in place to manage risk were not effective and staff were not provided with clear guidance as to how to reduce risks to people's safety.
- The agency did not have their own care plans and relied on the information provided by the Local Authority to guide staff. This information had not been adapted to take account of the package that the agency was providing, and the specific requirements and risks.
- There were no risks assessments in place in relation to people at risk of harm from risks such as falls, pressure ulcers and seizures. There was no guidance for example as to when staff should seek medical input.
- The guidance provided to staff on assisting people with their mobility and using moving and handling equipment was not sufficiently detailed to guide care staff in the specific support people needed and keep them safe. The information stated no support required however we saw that staff were assisting people with hoisting. Staff were not provided with guidance on the sling, the loops that they should attach or how the equipment should be used.
- Where equipment was in place such as bed rails there were no guidance for staff to follow regarding its use. Dates of hoist servicing had been completed when the package commenced but this information had not updated however emergency contact details were in place should the equipment break down. We were shown fire risk assessment documentation, but this had not been completed for all the peoples records that we viewed.
- One incident was noted on a person's records, but this had not been identified and stored in the main incident file. This incident had not been reviewed to consider any lessons learnt and reduce the likelihood of reoccurrence.

Using medicines safely

- The systems in place to oversee medicines were not sufficiently robust. The provider did not have a system in place to audit medicines and had not identified the shortfalls we found at this inspection. This meant we could not be assured people received their medicines as prescribed.
- The medicines policy was not sufficiently detailed and was not being followed. Staff were not provided with sufficient guidance and did not understand the difference between prompting and administering medicines.
- Medicine administration records had not been fully completed and we found gaps where it was not clear if the medicines had been administered. We also identified transcribing errors where the information listed on the MAR did not correspond with the care plan.

- There were no medicines profiles which would describe for staff what conditions medicines had been prescribed for, how people wished to receive their medicines and any side effects they should be aware of.
- The provider told us that they intended to jointly complete a MAR in conjunction with other domiciliary providers for one person. However, they did not have systems in place to oversee this arrangement in line with the NICE guidelines.
- Staff received on-line training in medicines management. However, staff competency to administer medicines safely had not been assessed in line with the providers policy.

There was no evidence that the shortfalls in the management of risk and medicines had impacted on people however the systems in place were not robust and placed people at risk of harm. These shortfalls are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment checks on staff to ensure they were suitable were undertaken but they were not robust. We identified a member of staff had been employed without a reference being taken up from their current employer and another where the risk assessment was not sufficiently detailed. Disclosure and Barring Service checks and identity checks were in place.
- The agency was small and the provider told us that they had sufficient levels of staff and staff worked across both their care agency and recruitment agency.
- Relatives told us that their loved ones received a good level of care and support from a consistent team of staff.
- Staff confirmed there was an on call system which worked outside of office hours and this provided them with the support and back up that they needed to protect them and people from harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and told us they would raise any concerns with the provider and or relative. They were not however clear about the role of the Local Authority in investigating matters of concern.
- The provider showed us a copy of the safeguarding policy and told us that they had not yet had to raise any concerns but were aware of the process. We were shown a copy of the whistleblowing policy, but this was not adequately detailed and was not included in the staff handbook.
- The provider told us that they had not yet to raise any safeguarding concerns and relatives we contacted as part of the inspection did not raise any concerns.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. There was no system in place for screening visitors to the office.
- Care staff had received training in infection control and staff confirmed access to adequate supplies of Personal Protective Equipment (PPE).
- Relatives confirmed staff wore PPE appropriately.
- The system in place to ensure staff received regular COVID-19 swab testing was not effective and the provider was not able to demonstrate that testing was not being undertaken in line with government recommendations.

We have also signposted the provider to resources to develop their approach.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider runs a recruitment agency alongside the domiciliary care agency. Staff worked across both services and staff confirmed that the provider provided them with initial training in areas such as first aid, health and safety and safeguarding.
- The majority of training was e-learning but staff completed one day face to face training which included practical moving and handling training. However, there were no competency assessments in place to ascertain their understanding of the training and overall competency.
- There was no training matrix in place to review staff training and identify gaps. This meant that shortfalls were not identified and we found that some staff members medication training was no longer in date.
- The training provided was not specific to the needs of the people they supported, There was no record of staff completing training on areas such as epilepsy, autism or Parkinson's despite supporting people with these needs.
- Relatives expressed confidence in the skills of care staff. One relative told us, "The member of staff we have currently is quite capable."
- Some supervisions had been undertaken by the management with staff to discuss their performance and staff were positive about the levels of support they received from the management of the service.
- Spot checks to monitor staff performance were not being undertaken. We have reported on this and the training issues we identified under the Well Led section of this report.

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

- Support was provided with meal preparation where it was commissioned. At the time of the inspection the agency did not have a care package where people required support with meals.
- Staff were supporting people to eat snacks and staff recorded what people ate and drank. As there were no care plans in place, staff were not provided with clear guidance about what was suitable or safe.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was no record of a formal assessment being undertaken by the agency when care was commissioned with them. The provider told us that they visited before the care package commenced but there was no documentation in place in relation to these assessments.
- Staff had a good understanding of people's needs because they had spoken directly to the persons relative but without written guidance there was a risk that people's needs may not be met.

We recommend the provider seeks guidance and support from a reputable source in relation to recording of

assessments.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff told us that they were aware of other professionals who supported people and told us they would report any concerns in relation to the person's health to relatives and the registered provider.
- Relatives told us the carers communicated with them and raised issues appropriately.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff told us how they offered people choice and enabled them to make decisions about their care. Records noted people's consent and agreement for the delivery of care.
- Staff received training in MCA but there was a lack of understanding of how this should be implemented in practice. Staff were not clear whether the person they were supporting had capacity and the documentation was contradictory.

We recommend that assessment processes are strengthened to identify whether people have capacity and whether best interest decisions are required.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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; Supporting people to express their views and be involved in making decisions about their care

- Relatives described staff as friendly and kind. They told us that they showed interest in the person they supported and interacted well with them. A relative told us, "They are all very nice and my [family member] has taken to them all."
- Staff spoke about people in a warm and affectionate way. They described the steps that they took to make people feel comfortable and how they gave people the time they needed. Such as sitting with them holding their hands and providing emotional support when needed.
- Records evidenced that staff enabled people to make choices and involved them in their care delivery.
- The agency told us that they had sent out satisfaction questionnaires to people to ascertain their view of the service they received but had not yet had a response. However, relatives told us that they did receive regular telephone calls from the agency asking for their views of the care and how the care package was progressing.

Respecting and promoting people's privacy, dignity and independence

- Care staff promoted peoples independent as much as they were able. A member of staff described how they engaged with the person they supported when assisting them with personal care.
- People's privacy and dignity was respected. Records were documented in a respectful way. Staff told us how they would let people know if they were delayed and how they respected people's views and preferences

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The service did not provide staff with detailed care plans on how to meet people's needs and manage risk. Staff had access to the information provided by the local authority when they commissioned the care package, but this had not been updated into care and risk management plans to take account of the specific care which was being provided.
- Although there was a lack of documentation, staff demonstrated they knew people well and this was confirmed by relatives.
- Staff maintained daily records which summarised the care they had provided on each visit and any changes to the person's wellbeing. People's daily records showed that consideration had been given to people's needs, interests and preferences.
- The provider had an end of life policy but was not currently supporting any care packages which required this level of care.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and a brief summary was provided in the statement of purpose. This stated that further information would be provided but this was not included in the pack for new customers.
- The provider told us that the service had not received any complaints from people using the service or relatives.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider supported people to maintain relationships that were important to them and tried where possible to provide people with consistent staff to support them. Staff described how they communicated with people and how people made themselves understood. Documentation however lacked detail about people's communication needs and how best to communicate with people.
- The provider confirmed they would be able to provide information and documents in various formats if required to meet people's communication needs.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have a manager registered with the Care Quality Commission [CQC]. The previous registered manager left in June 2021 and had not been replaced. The provider was managing the service on a day to day basis alongside their staff recruitment business. The location has a condition of registration which states that it must have a registered manager and the provider has not taken satisfactory steps to recruit a manager. CQC are considering what steps it intends to take in response.
- The provider had a quality assurance policy but was unclear about the contents and how to monitor and use information to drive improvement. They did not have effective systems and processes in place to ensure they had good oversight of the service. There were no quality assurance audits or spot checks undertaken of staff performance. We identified shortfalls to areas such as the management of risks, the recruitment and training of staff, medicines and care planning, which the provider had not identified. The documentation which staff completed in people's homes was not reviewed on a regular basis to identify risks and incidents.
- The service was supporting one person and while we did not find that they had experienced harm, the lack of a coherent governance system placed them and people who may use the service in the future at risk.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider told us that they were aware of the duty of candour and their responsibility to deal with matters in a transparent way.
- They were clear about the need to report to CQC all incidents as required by law. This included notifications of deaths and safeguarding incidents with investigation outcomes.

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

- Relatives were provided with opportunities to provide feedback to the management of the service through telephone feedback. The provider told us surveys to gain the views of people who used the service were sent out, but they had no response.

- Feedback from relatives was positive about the agency.
- Staff told us they felt valued by the provider who they described as approachable and supportive.
- The provider gave us examples where they had worked with other agencies when people's needs changed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We identified shortfalls in the management of risk and the oversight of medicines which placed people at risk
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems did not monitor and improve the quality and safety of the service