

Prominent Ventures UK Ltd

Kare Plus Cambridge

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kare Plus Cambridge is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection, the service was supporting 20 people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

There was no registered manager in post, but the service was well managed by the current manager. They had started the process to register with CQC. People, relatives and staff were asked for their views about the service and they felt listened to. There were robust quality monitoring processes to ensure continual improvements were made. There was collaborative working with other professionals to ensure people received the right support.

People said they felt safe and well supported by staff. Staff reported concerns about people's safety or welfare to the manager so that these could be dealt with quickly. Risks to people had been managed well. Medicines were managed safely by trained staff. Staff followed infection prevention and control guidance to reduce the risk of infections. There were reviews of incidents and accidents, and preventative actions had been taken when needed.

People's needs were assessed, and there were detailed care plans to help staff provide effective care. People were supported by staff who were appropriately trained for their roles. Staff felt supported by the manager. When required, staff supported people well to eat and drink.

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.

People and their relatives said staff were caring and friendly. They said staff sometimes went over and beyond the planned care to support them. One person said, "If I forget something from the shopping list, [staff] will always pick it up for me and bring it next time they come. They are brilliant." Staff had good relationships with people, and they enjoyed working at the service. People were involved in discussions about their care and support, and they had copies of their care plans. Staff supported people in a way that promoted their privacy, dignity and independence.

People said their care was planned and delivered in a way that met their individual needs. People's complaints and concerns were dealt with and the information was used to improve the service. Staff supported people at the end of their lives if this support was required.

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

Rating at last inspection

The service was inspected in December 2020 in Safe and Well-led only, but it was not rated (published 04 February 2021).

Why we inspected

This was a planned inspection based on the provider's registration date and our monitoring of the service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Kare Plus Cambridge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kare Plus Cambridge is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection. This was because we wanted to ensure the manager would be available to support the inspection during the visit to the office location.

Inspection activity started on 05 July 2021 and ended on 21 July 2021. We visited the office location on 20 July 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make

We reviewed information we held about the service including notifications they had sent to us. We used all

of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service, seven relatives and one staff by telephone.

We asked the provider to send us various records and documents that we reviewed before the visit to the office location. This included care plans and risk assessments for two people. We also looked at records relating to the management of the service, including quality monitoring audits.

We contacted the local authority for feedback about the service.

We looked at staff recruitment records during the visit to the office location. We also spoke with the manager and the human resources manager.

After the inspection

We spoke with two more staff by telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People felt safe with staff who supported them. One person said, "I feel perfectly safe with [staff], and we have had no issues with the hoist." Another person told us, "I have to be hoisted but I feel perfectly safe when [staff] do it, and they chat away to me all the way through."
- Staff had received safeguarding training and knew how to report concerns.
- The manager appropriately reported any concerns to relevant agencies, including the local authority safeguarding team.
- People and their relatives told us people had risk assessments completed when they started using the service. One relative said, "[Staff] came and did a full risk assessment and care plan when [person] first got taken on."
- Staff were aware of people's risk assessments and they followed these to support people safely. They said they reported to the manager when people's needs changed so that risk assessments could be updated.

Staffing and recruitment

- Staff were recruited safely. The manager carried out appropriate checks to ensure staff were suitable to work at the service. This included obtaining references from previous employers and criminal record checks.
- People had mixed views about the timeliness of care visits, with some saying staff did not always arrive at agreed times. They said staff mainly informed them when they were going to be late. Staff explained that their rotas had travelling time included to help them to get to people on time. However, they said some delays were beyond their control because of traffic. People had not been harmed as a result of this.
- People said the service had more male staff than females, and some would have preferred to be supported only by female staff. The manager had written to people to explain that they were actively trying to employ more female staff. They also tried to allocate staff according to people's preferences.

Using medicines safely

- People told us they were safely supported by staff with their medicines. Some people said staff only reminded them to take their medicines. One person said, "[Staff] give me my medication four times a day from the blister packs, and there has never been a problem."
- Staff had been trained to manage people's medicines safely. They recorded this in either paper or electronic medicines administration records.
- There were audits of medicines administration records to ensure people were given their medicines properly.

Preventing and controlling infection

- Staff used appropriate personal protective equipment (PPE) to prevent infections and disposed of these properly. One person told us, "[Staff] change their gloves after they have helped me wash."
- The provider had policies and guidance to help staff to work in accordance with current guidance on infection prevention and control.
- Staff said they had enough supply of PPE and were trained to use this properly. The manager checked that staff followed guidance to protect people from the risk of infections.

Learning lessons when things go wrong

- There were systems to record, review and learn from incidents and accidents that may occur at the service.
- The manager shared any learning from incidents with staff so that they could improve their practice and prevent recurrence.

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 key question was not inspected at the last inspection. This key question has been rated good. This meant 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 needs had been assessed before they started using the service. This gave staff the information they needed to provide effective care and support.
- People and their relatives were happy with how staff supported people with their individual needs. One person said, "[Staff] have been coming to me for about a year now, and they take good care of me." One relative said, "I have found the [staff] stepping in to support [person] has been a great support to me too as it was all getting too much until I asked for help from social services."
- The manager reviewed and updated people's care plans when their needs changed. This helped staff to always have up to date information about people's needs.

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew how to support people well. New staff worked with experienced staff to learn how to support people. One person told us, "New [staff] have to shadow someone else who is already doing the job before they do anything on their own." One person's concerns about a member of staff's domestic skills had been addressed through training.
- Records showed staff were trained in areas relevant to their role. Staff were complimentary about the training that the training manager delivered. One staff member said, "Training is amazing, informative, and [training manager] makes it very interesting."
- Staff had regular and productive supervision meetings. They said they were well supported by the manager who helped them to continually improve their skills and knowledge. The manager also assessed their competency to provide safe and effective care to people. One staff member said, "I've worked with [manager] a few times and she will complete competency assessments too."

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

- People said staff supported them well with eating and drinking. One relative said, "[Staff] do prepare [person]'s food, but it is only microwave meals mainly."
- We told the manager about a relative's comments about the lack of variety for the evening meal. The manager said they will discuss this with the staff who support the person so that they could improve.
- Staff told us people would normally tell them what they wanted to eat or drink. They knew about people who needed more encouragement to drink enough fluids. This helped people to avoid dehydration.

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

- People and their relatives told us staff supported people with their health needs.

- One relative told us how well staff supported them when they became unwell during a care visit to support their family member. They appreciated how staff ensured the person was safe when they had to be taken to hospital.
- Staff said they knew to contact the manager or emergency services when people became unwell so that they could get quick care or treatment.

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.

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 we found these were being met.

- Staff asked for people's permission and consent before providing any care and support. They said they were always respectful of people's decisions. This included people refusing care if they had mental capacity to understand the effects of this.
- Records showed that either people consented to being supported by staff or this was provided on their behalf by relatives with a Lasting Power of Attorney for care welfare. This is a legal document that lets people appoint someone to help them make decisions or to make decisions on their behalf when they lack mental capacity to do so.
- Staff told us they had completed MCA training and they knew the importance of supporting people in a way that protected their rights.

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 key question was not inspected at the last inspection. 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

- People and their relatives told us staff were caring and they treated people with respect. People also said staff were friendly and chatty when they were supporting them. One person said, "[Staff] keep me going. I look forward to [staff] coming each day." Another person said, "We usually manage to have a giggle most of the time."
- People and their relatives said people were mainly supported by regular staff who understood their needs. One person said, "I look forward to [staff]'s company. We just work well together, and they get where I am coming from." One relative said, "[Person] enjoys [staff] company and it gives them someone else to talk to."
- People said staff supported them to remain living in their own homes. One person told us, "[Staff] have honestly bent over backwards to support me so that I don't have to go into a care home."
- Staff told us they had good relationships with people they supported, and they spoke with them about a variety of things. One relative supported this when they said, "[Person] enjoys a bit of gossip and when one of the staff shared that they had got engaged, [person] wanted to know all about it. They showed them the photos. It helps them to realise that there is life outside their house."

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

- People and relatives told us they were involved in making decisions about people's care. They told us they contributed to planning people's care plans so that they received the support they wanted.
- People's care plans included information about what was important to them. This included their likes, dislikes and important memories.
- Staff said they always considered people's preferences when supporting them.

Respecting and promoting people's privacy, dignity and independence

- People said staff supported people in a way that promoted their privacy and dignity. One person said, "When [staff] give me a bed bath, they always drape towels over so that I don't get embarrassed."
- People and their relatives said staff helped people to maintain their independence as much as possible. One person said, "[Staff] know I want to retain some of my independence, so they do let me do what I can for myself." One relative said, "[Staff] encourage [person] to do what she can for herself."

Is the service responsive?

Our findings

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

This key question was not inspected at the last inspection. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people well to meet their needs, and they received the care they wanted. One person said, "I am happy here at my own home, and I've been looked after well. The girls (staff) are amazing and very helpful."
- Care plans had detailed information about the support people needed. This helped ensure staff had the information they required to provide person-centred care.
- People had copies of their care plans and they could now access electronic records if they wanted this. The manager regularly reviewed people's care plans and made changes if necessary.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication methods were recorded in their care plans. For example, a person's care plan stated that they needed reminding of time, dates and what needs doing because of memory loss. This helped staff to provide person-centred care.

Improving care quality in response to complaints or concerns

- People and their relatives said they knew how to complain if they were not happy with people's care. Some people said they had raised complaints, but there were mixed views about whether these had always been managed well. One person said, "I have complained about the evening call timekeeping before, but the office staff said they didn't know to tell us if staff don't keep them informed."
- The provider had a system to manage people's concerns and complaints. The manager investigated people's concerns and complaints, and they responded to these in a timely way.

End of life care and support

- Staff did not routinely support people at the end of their lives, but they did so if this support was required.
- Staff said they were supported to know how to provide good care to people 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

There was no registered manager in post when we inspected the service in December 2020, and this has remained the same. The current manager had submitted applications to CQC, but these had not been accepted because of errors. Because of this continuing breach of the conditions of registration, we have applied a limiter. This means the service cannot be rated above requires improvement in this key question.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives said the service was well managed. They said they received good support from staff, and their needs were being met. One person said, "I wouldn't worry about speaking to [manager] at all if I felt I needed to. They are a lovely bunch of people." A relative said, "The service works for our needs and they seem pretty proactive. I think we would recommend them."
- Staff had very positive comments about the improved quality of the service since the current manager started. They felt well supported in their roles and this had enabled them to provide good care to people. One staff member told us, "Both [manager] and [human resources manager] have made a huge difference to the service. It is a great place to work." Another staff member said, "A lot has changed since [manager] started. [Manager] has made things easier and understandable. It is a good service and I am happy with everything."
- The manager was clear about what needed improving at the service and they had worked hard to do this. They showed us that they had improved the quality of people's care plans so that these were more detailed, and they supported person-centred care.
- There were improvements to the quality monitoring systems too, with regular audits, seeking feedback from people, and improving relationships with people, relatives, staff and professionals.

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

- People and their relatives told us they were involved in making decisions about people's care and support. They were also asked for feedback about the service in the form of telephone calls and surveys. One person said, "They often ask me what I think about the service, but it's usually on the phone. I think they provide a brilliant service."
- People said they had been supported when they needed to speak with the staff in the office. One person told us, "[Office staff] seem responsive and proactive, so I have no complaints."

- People were happy with how they were supported by staff. The manager had already put systems to improve the timeliness of care visits. One staff member told us there was travelling time allowed in between care visits to help them to support people at agreed times. They also said the manager was constantly reviewing rotas to ensure they made timely changes if required.
- Staff felt involved in the development of the service and their views were valued. One staff member said, "I suggest things that might need changing and [manager] listens to me."

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; Continuous learning and improving care

- The manager understood their responsibilities to be open and honest when things go wrong. They knew what they needed to report to CQC and other relevant agencies.
- Staff knew about the provider's whistleblowing policy and they felt able to report concerns to the manager. They said the manager had shown a willingness to listen to staff's views and take appropriate action to improve.
- Staff were confident the manager had the right skills to continually improve the service. One staff member told us the service had completely changed for the best since the manager started and they felt good about working there. Another staff member said, "We are making great progress with [manager] there."

Working in partnership with others

- The manager and staff worked closely with other professionals when necessary to ensure people received the right care and support. One person said the manager had supported them with their application to have their support needs further assessed by the care commissioners.
- The service is commissioned by a local authority that monitors them regularly. A recent review by the local authority found the service was mainly meeting their standards. The manager developed an action plan to address the shortfalls, and we saw they had made good progress towards meeting the requirements