

## Surrey & Sussex Healthcare Limited

# KarePlus Epsom

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 11 August 2016 and was announced. This was the first inspection since registration in October 2015.

Kare Plus Epsom provides personal care as well as general support to people such as meal preparation, prompting medicines, laundry and general household support. The registered manager told us the service provided care to 44 adults at the time of this inspection.

At the time of the inspection, there was a registered manager. 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.

People said they received care and support from staff who knew what they were doing. We found they were adequately supported but there were shortfalls in staff receiving training to ensure their knowledge remained up to date. We found that there was a breach of regulation in relation to having trained staff to care for people. You can see what action we have told the provider to take at the back of this report.

People and the relatives we spoke with told us they felt safe with the service and support they received. Risks were assessed to help reduce potential problems with the provision of support and we found there was a good assessment and care planning process. This was carried out together with people which ensured that people's care was detailed and based on all their needs. People told us they found staff to be professional and caring. They said there were sufficient numbers of staff to meet their needs. We found there was a robust method for staff recruitment that helped to ensure people's safety. People's medicines were administered, stored and documented appropriately and people were encouraged to self-administer their own medicines.

The provider met the requirements of the Mental Capacity Act 2005 (MCA) to help ensure people's rights were protected. Some staff had received appropriate training, and had a good understanding of the MCA. People and their said staff sought their consent before providing care.

People were supported to have a varied and balanced diet and food that they enjoyed. They were enabled to eat and drink well and stay healthy.

People told us staff were caring and kind to them. They said staff treated them in a respectful and dignified manner and their privacy and dignity was respected. People told us they were assisted in a way to help them achieve maximum levels of independence for themselves.

People's needs were assessed with their and their relative's involvement to ensure that the service was responsive to their individual needs and staff encouraged and promoted people's independence. Changes

in a person's needs were identified promptly and care plans revised.

People were provided with information about how to make a complaint and people told us they felt confident in making a complaint if they had any concerns.

There was an open management culture. The registered manager was approachable and together with staff shared the same vision and values which were embedded in practice.

There were effective systems in place to assess the quality of services being provided to people.

Staff understood their role and were motivated and inspired to develop and provide quality care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People were protected from the risk of harm by staff who were trained to identify signs of abuse and recognise what actions to take to keep people safe.

Risks were managed, and measures were implemented to help reduce risks.

There were safe recruitment procedures, which ensured that only suitable care staff were employed. There were sufficient staff to meet people's needs.

There were safe procedures for the administration of medicines. Staff encouraged people to be independent with taking their medicines.

Good 

### Is the service effective?

The service was not always effective. People received care and support from adequately supported staff, but there were shortfalls in staff receiving training to ensure they were adequately prepared before they started to care for people and for their knowledge to remain up to date.

The provider met the requirements of the Mental Capacity Act 2005 (MCA) to help ensure people's rights were protected. Some staff had received appropriate training, and had a good understanding of the MCA. People and their said staff sought their consent before providing care.

People were supported to have a varied and balanced diet and food that they enjoyed. They were enabled to eat and drink well and stay healthy.

Requires Improvement 

### Is the service caring?

The service was caring. Staff showed respect to people's dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion and who worked to help people maintain as much independence as they were able to achieve.

Good 

Positive caring relationships had been formed between people and staff.

### **Is the service responsive?**

The service was responsive. People received personalised care, treatment and support. Staff knew how people wanted to be supported and respected their wishes.

People's care and support needs were reviewed and any changes in need were identified promptly and support plans updated and revised accordingly.

The service had a complaints procedure and people knew what to do if they wished to raise a concern

**Good** ●

### **Is the service well-led?**

The service was well-led. People said they thought the registered manager encouraged feedback and sought to develop and improve the service for people. Staff told us they felt well supported and enjoyed working in a positive environment.

Staff told us they were clear about their roles and responsibilities. They had a good understanding of the ethos of the service.

Systems were in place to monitor the safety and quality of the service and to get the views of people about the service so areas for improvement could be identified and addressed.

**Good** ●

# KarePlus Epsom

## **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 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.

Kare Plus was first registered in October 2015 and it was the first inspection of this domiciliary care service. The inspection was announced and took place on 11 August 2016. The provider was given 24 hours' notice because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

It was carried out by one inspector. Before this inspection we looked at notifications that the service is legally required to send us about certain events such as serious injuries and safeguarding alerts.

We spoke with three staff and a senior member of staff, a care co-ordinator, the managing director and the registered manager. We inspected five people's care files and five staff files. We also looked at other records related to the running of the service.

After the inspection we spoke with a health and social care professional, five relatives and five people who used the services.

## Is the service safe?

### Our findings

People told us they felt safe using the service. One person told us, "Yes, the girls are fantastic. I have a regular team of carers who I know and they know me. That helps me to feel safe. A relative said, "They are very professional in their approach, they arrive on time, in their uniforms and wearing their identity badges. That all helps us to feel safe, because we know they are who they say they are." Staff explained to us the importance of wearing their uniforms and badges so as to help people feel safe. One member of staff said, "If it was me I would want to know the people coming into my home were legitimate. So we all take wearing our uniforms and badges seriously as well as explaining who we are and what we are there to do."

Staff were able to describe the signs of abuse and the actions they would take to help safeguard people from abuse. One member of staff said, "First of all I would make sure the person was safe. If they were in immediate danger I would phone the police or ambulance, otherwise I would report the situation to my manager straight away. I have done the training for safeguarding people." Another staff member said, "I would record the details and I would let my manager know. They report it to the social services safeguarding team."

We saw staff had received training in safeguarding adults procedures. This was confirmed by staff we spoke with and evidenced by the records we examined. The registered manager told us this training was updated regularly. The provider had a whistleblowing policy. Staff understood how to raise any concerns other than safeguarding and although no one had any at the time of our inspection, the staff felt confident that they could report any concerns. This showed people were supported by staff who recognised if people were at risk of harm and understood what actions they were required to take.

People's individual care plans contained risk assessments to help manage and reduce the risks to people's safety. For example, where staff were assisting to help move people, the risk assessment gave detailed information on how to reduce any risks involved in the process. The registered manager told us the plan was to expand the range of the risk assessments to include areas such as for helping with the preparation of food and risks to do with assessing the potential risk of slips and trips in people's homes. We were told the draft food risk assessment included information such as hand washing, wearing gloves and aprons, and ensuring food was safely stored and adequately cooked. The risk assessment information we saw assisted staff to help reduce identified risks. The risk assessments were developed with each person. A staff member explained, "We complete risk assessments together with the person, and they sign a copy of the risk assessment." The support plans and risk assessments were reviewed at least every six months and /or updated as people's needs changed, by the care co-ordinator.

Accidents and incidents were recorded and the registered manager explained that they ensured the required actions were taken to help reduce any potential re-occurrences.

Safe recruitment practices were in place that helped to ensure people were protected against the risk of being supported by staff who were not suitable to work for the agency. Before staff started work at the service, they were checked for any criminal convictions, and had their identities and addresses verified.

Previous employment references had also been gained. Staff confirmed that these checks had been completed before they were allowed to start working with people who used the service.

People told us they thought there were enough staff to meet their needs. One person said, "Yes, I think there are enough staff." A staff member made similar comments and said, "I think there are enough staff at the moment."

People told us that staff usually turned up at the right time and that their support calls were not missed. One person said, "The staff do turn up on time. When they are delayed, the office staff phone and let me know." Another person said, "Time keeping is good and they are usually fine at letting us know if they are going to be late." The registered manager told us staff used an app on their mobile phones to log in and out for each visit. This information was sent to the office and helped the registered manager and care co-ordinator ensure that calls were not missed.

We heard from people who used the service they were encouraged to take responsibility for managing their own medicines and that staff assistance was provided to them with this where required. We saw that training in medicines management was provided to staff and that their skills were assessed to ensure they were competent and able to support people safely in this regard. Where people were assisted to take their medicines by staff, we found that daily records and medicines administration records were completed to ensure people received their medicines as prescribed.

## Is the service effective?

### Our findings

People told us staff had the right skills and knowledge to give them the support they needed. One person said, "They know what they are doing and they do a good job. They support me well." Another person told us, "They certainly know what to do to help me; I think they are very professional and competent." However when we inspected five staff files we found there were shortfalls in staff training for two of the five members of staff whose files we inspected. These two staff had not received any training including induction training since starting work with the service in March 2016. We spoke with them and they confirmed this with us. The provider had failed to ensure staff received appropriate training as was necessary to enable them to carry out their duties they were employed to do. The registered manager agreed that some staff have not had the training and told us that training was offered to staff in a variety of different ways such as by e-learning and class room based learning and will ensure new staff complete all the necessary training.

The above shows that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (RA) Regulations 2014.

The remaining three members of staff told us that the training provided was good and that they had induction training when they first started working in the service. They said their induction training was useful in helping them prepare to undertake their new roles and responsibilities and included shadowing more experienced members of staff as well as reviewing people's files and their care plans. The training records showed they had received training in the areas of their work that was considered mandatory by the agency. This they said included topics such as manual handling, the safe administration of medicines, infection control and first aid, which had helped them to meet people's needs more effectively.

Staff we spoke with during the inspection told us they felt well supported by the registered manager and the office staff. They said they were always able to ask for advice or support whenever they needed it. They told us they received supervision via "spot checks" and meetings at the office. The registered manager told us they carried out supervision with all the staff group. We saw documented evidence on the staff files we inspected that supported this. We noted that although staff had received supervision recently there were gaps in the frequency of supervision that staff had received. The registered manager told us that this was addressed and the evidence we saw supported this. We saw a supervision matrix for all staff over the next year that scheduled bi-monthly supervision for all staff.

When we spoke with the registered manager they showed they had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty. The Mental Capacity Act 2005 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 said they were asked for their consent by staff discussing and asking them about the tasks they were about to undertake. People said they were able to make their own choices according to their wishes and

preferences. People said staff were polite and professional and respected their wishes. One person said, "My carers always ask me how I want my care and support. They don't take things for granted. I like that because I do change my mind quite often."

The registered manager and staff told us that where ever possible they worked with the person and where necessary their relatives and any health professionals such as the GP to ensure appropriate best interest assessments were undertaken. We saw documented evidence of this for all the people whose care files we inspected. Staff told us they were aware of the importance of gaining consent for the support they offered people. One member of staff said, "I just think what I would want or if it was my mother or father. We all want to be asked how we want things done. I always make sure I ask people I work with."

Some people received support with their meal preparations and shopping for food. In these cases we saw people's care plans gave detailed information about their likes and dislikes with food and drinks as well as any specific dietary requirements they might have. For example, one person was diabetic and required specialist diabetic foods. We saw from our inspection of the files that staff monitored if people were eating and drinking well or whether they needed to be concerned about their intake or take action.

People told us they were sometimes helped to go to an appointment at their GP surgeries. One person said, "I would not really be able to get there without that support and assistance." Another person told us they were assisted to attend a hospital appointment. We saw that people were supported to maintain good health. This was evidenced on the records kept on people's files. They evidenced people were supported to access their healthcare services as they needed them.

## Is the service caring?

### Our findings

People told us they were well cared for and treated with kindness and compassion. One person said; "The carers are very caring people and do everything for me." Another said; "They go above and beyond in what they do for me. They are caring and provide me with good care." People also said they felt they mattered. People and their relatives confirmed they were involved in their care planning.

People confirmed their privacy and dignity were respected and they were encouraged to be as independent as possible. People told us the staff respected them and made sure they were comfortable and had everything they needed before they left.

People said they received care mostly from the same staff or team of staff. People told us, "I have four calls daily and I usually get the same group of carers visiting me. I like that because they know me and I know them." A relative said, "We don't always know whose coming but they are all caring staff. They have a fantastic attitude, they are brilliant. Nothing is too much trouble."

The registered manager and the care co-ordinator said they tried to provide people with regular staff because they recognised this is what people said they wanted. This helps to ensure continuity of care for people.

One person told us how the staff helped them. They said, "I had a number of falls and was rather wary of falling again. Over time this anxiety has been reduced with help from my care staff. They have been so patient with me and have given me back my independence and confidence- they do a good job!" People confirmed they were supported to stay as independent as possible, for example staff would ask people how well they were able to wash themselves and only help them with areas of their body they were unable to reach. Staff told us they worked at people's own pace to enable them to become more independent and care for themselves. People told us how the service had helped to improve their lives by promoting their independence and well-being.

We saw that staff had genuine concern for people's wellbeing. Staff commented they felt passionate about the support they gave and explained the importance of adopting a caring approach and making people feel they mattered. Staff were clearly passionate about making a difference to people's lives. Staff told us, "I always try to spend time chatting and making sure people are comfortable before I leave." Another member of staff said, "Sometimes it's loneliness that is the real problem and by providing just a little time to talk with people, it makes all the difference to them."

## Is the service responsive?

### Our findings

We saw that people's views and wishes were taken into account when planning care. Thorough assessments of people's needs took place prior to people being supported by Kare Plus. The registered manager or a senior staff member visited people at home to gain an understanding of their needs, expectations and wishes and to complete the agency's assessment process. Support plans had been written from the person's perspective and included information about how they needed or wanted to be supported. For example, care records held detailed information that if people's health deteriorated at any time a named person would be contacted to update them. Staff confirmed they had reported people's changing needs to the agencies office who contacted the next of kin. This showed us the service responded to people's needs.

A health and social care professional said the service had been very responsive to a short notice request for assistance with one of their clients. They praised the "positive way" the service responded to people's needs.

People's health needs, communication skills, abilities and preferences were known. Care plans held detailed information on what support was required and what people could do for themselves to help maintain their independence. The registered manager confirmed that people and, if appropriate, their family were regularly consulted to help ensure care records reflected a person's current needs.

People had their individual needs regularly assessed and updated to help ensure personalised care was provided. One relative said; "The carer my wife has is terrific. She is kind and gentle and responds well to her requests for help, even if they are demanding. My wife is very happy with her, so am I." Other comments we received when we spoke with people included; "For us it's been a first class quality service"; "they always go the extra mile"; "they go above and beyond. They are so much better than any other agency we have ever had and we have had at least three!"

Arrangements were in place to help ensure care records were reviewed and documented when people's changes in needs had been identified.

Staff members ensured they communicated important messages about each person with other staff saying; "We write in the daily records for the next staff member coming in the next day. They are then aware of any concerns and of what care has taken place." This helped to enable continuity of care to people.

One person receiving the service told us, "I asked that I only had female carers and they provided this for me." Another person said; "In the time they've been coming I have had no complaints about them at all, they are brilliant." People and their relatives knew who to contact if they needed to raise a concern or make a complaint. The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. No one we spoke with had any complaints and all felt confident they could call the registered manager or speak to staff if they did. People and relatives felt confident and comfortable sharing their views and experiences of care.

The registered manager confirmed all concerns and any complaints were recorded and analysed for

themes. They told us they did this so they could take appropriate action to reduce the likelihood of a similar complaint.

## Is the service well-led?

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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 18 HSCA RA Regulations 2014 Staffing  The provider did not ensure that staff received such appropriate training as is necessary to enable them to carry out the duties they were employed to perform. Regulation 18(2)(a).