

MD Care Ltd

MD CARE LDT T/A KARE PLUS BASILDON

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?

Good ●

Summary of findings

Overall summary

Kare Plus Ltd provides personal care to adults in their own home. It also provides a recruitment service, supplying staff to the adult social care sector. This element of the service, although provided by Kare Plus Ltd would not need to be registered with the Commission. We focussed our inspection on the people in receipt of personal care only. On the day of our inspection there were 22 people using the service.

There is a registered manager at this location. 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.

A robust recruitment process was in place which made sure people were suitably recruited and helped to protect people from the risk of unsuitable staff. Staff were supported to develop their skills and knowledge and there were enough staff to meet people's needs and to manage risks safely.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. People were supported to consume food and drink of their choice and staff worked well with people and health care professionals, to ensure people maximised their health and wellbeing.

People and their relatives knew how to make a complaint and were listened to by the registered manager. The service had links with the local community and undertook fund raising to support local causes.

Staff were enthusiastic about working for the service and worked well as a team. Systems in place to check the quality of the service.

Most people did not require assistance to help them take their medicines. When they did they were supported by trained staff who understood their responsibilities.

Staff were trained and encouraged by the provider to continue to progress with their learning and complete further qualifications. Staff were regularly supervised and had an annual appraisal.

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.

People told us they felt safe and staff knew how to identify and raise concerns.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff told us they received regular support from the registered manager.

Staff had been trained in the Mental Act 2005 and DOL's and understood its principles.

Is the service caring?

Good ●

The service was caring.

People and their family members told us staff treated them in a kind and respectful way.

People's privacy and dignity was supported.

Staff were aware of how to promote people's independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and provided guidance for staff on how to support people correctly.

People knew how to raise concerns and were confident action would be taken.

Staff received detailed information about people's care needs.

Is the service well-led?

Good ●

The service was well led.

People had confidence in the management of the service.

The manager looked at ways they could continuously improve the service it offered.

There were processes in place to monitor the quality of the service and understand their experience of what it was like to use the service.

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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 over three days between the 31 August 2016 and the 2 September 2016. The inspection was announced, which meant the provider knew we were coming. We gave the manager 24 hours' notice because we needed to make sure they would be available. The inspection team consisted of an inspector 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. During the inspection the team worked together to answer the five key questions; is the service safe, effective, caring, responsive and well led.

Before the inspection, the provider completed a Provider Information Return (PIR.) This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

Before we visited the provider we checked the information that we held about the service, which included notifications, complaints and safeguarding concerns. A notification is information about important events the provider is required to send to us by law.

We looked at the care plans of four people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service. We also spoke with two directors of the company, the registered manager, five members of staff, seven people who use the service and six relatives.

Is the service safe?

Our findings

Everyone told us they felt safe and secure when staff visited them. One person said, "I would say I am safe, and I look forward to seeing them."

We looked at the way the service approached safeguarding, and found policies and procedures were in place. Staff received training in safeguarding people from abuse and were able to describe the different ways people may experience abuse and what steps they would take if they were concerned abuse had taken place. Comments from staff typically included, "I've had training, and would call my manager, if this wasn't dealt with I would call the CQC or the local authority." Whistleblowing policies were in place and staff told us they were confident they could raise concerns with the manager and that this would be dealt with.

The directors told us the service needed to improve the way it managed missed and late visits and we agreed. The business had grown quickly over the last three months and the registered manager told us they were looking at electronic systems which would help them track and allocate work. Shortly after our inspection this new system was implemented. We inspected staff rotas which showed there were enough staff available to deliver care. On the day of the inspection we made a recommendation that the service seek advice and guidance from a reputable source, about the way missed and late visits were managed. Following our inspection the provider sought advice and implemented the recommended changes.

Most people and their family members, told us staff turned up on time and stayed for the duration of the visit. One person explained, "I have always had the same lady so far. We get on well together and know one another." Another person told us, "I get the same three girls they are all lovely." One person said they had spoken to the manager and arranged to have a later call in the morning, they said, "The office was very receptive and I now have a later call which suits me better."

Risks were managed in a safe way and risk assessments were in place which had been identified through the assessment and care planning process. Risk assessments included guidance for staff about what action needed to be taken and how to manage risks to people in a safe way.

The registered manager had plans to provide care for people in difficult circumstances. A continuity plan was in place which specified what should be done in an emergency, such as adverse weather. Effective systems were in place to help the service manage accidents and incidents.

Staff told us they received medicine training even though most did not yet support people to do this. One staff member explained, "I help someone to take their medicine, I have received training and this helped me to feel confident to undertake the task in hand." Another staff member described, "I prompt but don't administer medicines for anyone yet, I understand the difference between prompt and administer. I am confident to administer medicines when this is needed, I've had training."

Medicine records were detailed and completed correctly. On the day of our inspection two people needed help to take their medicines. Medication administration records (MAR's) were checked when they were

returned to the office and an audit system was in place. The registered manager said they were making plans to extend the auditing process as the business grew. We noted that staff had not had their competency assessed, but this was because of the small amount of people who need help to take their medicines. The registered manager showed us plans that included the introduction of assessing staff competency, as they helped more people with this aspect.

We looked at recruitment records and appropriate checks had been carried out before staff began working at the service. Checks with the Disclosure and Barring Service (DBS) were made and three references from the people's previous employer's were obtained. People's eligibility to work in the United Kingdom was also carried out. This meant as an employer carried out the necessary checks and used this to assist them to make safe recruitment decisions.

Is the service effective?

Our findings

People told us they received effective care and support from staff. One person said, "We have not had to raise a concern, when the carers come, believe me, they are on the dot. I am so pleased."

Every staff member said they had completed an induction, and information reflected this. Staff were encouraged by the registered manager to complete further qualifications in health and social care. One staff member said, "I received a general induction, and they have offered me to complete QCF level 2 in health and social Care. They are being really supportive of me doing this course, they really encourage learning and development here."

The registered manager told us that they had implemented the care certificate induction and was in process of getting all staff to work through this. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

People told us staff were well trained to carry out their role. One person told us, "They have training days, one time my carer came to see me after she had been to one." A family member said, "The carers appear well trained. It's all very good, they completely take things off my hands and [Name] is very happy, which is what really matters."

We saw information in staff files that showed staff had been trained. Development needs were monitored to make sure that people's knowledge remained up to date and specialist training was given if this was needed. Staff told us the training had helped them to be confident in their role. One staff member said, "I have had all of the mandatory training, but I would benefit from having specific training, perhaps around stoma care." We spoke with the registered manager about this who explained that as they had only started in the role three months ago this was an area that they had recognised needed developing and were in the process of sourcing specialist training. The registered manager said, "I want all staff to be specialists not just one or two people. I am currently reviewing what training providers can be sourced, and this should be rolled out in the next two to three months." A service development plan was seen which included this area.

All of the staff said they were supported by the registered manager and that communication was good. Everybody except one member of staff told us that they had received supervision. The registered manager explained, "I have been in post for three months, and there has been a lot to get on with. I have met with most of the staff for a supervision session, and I am still working my way through."

Care records contained guidance for staff about how to support people to eat safely. For example, charts were used so that staff could record how much people had eaten and when people were supported to drink, fluid charts were in place. Assessments were also completed to support people to eat and drink safely.

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. We checked whether the service was working within the principles of the MCA. Staff had a good awareness of issues around capacity and consent. Staff had completed Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. People told us staff supported them to be as independent as possible and consent was obtained before carrying out a task.

We observed staff gain verbal consent from a people before giving care. People who used the service or their representatives had given their consent for care to be given. Where a person had a lasting power of attorney (LPA) or and enduring power of attorney (EPA) in place, it was recorded. A lasting or enduring power of attorney (LPA) is a way of giving someone the legal authority to make decisions on a person's behalf if they lack mental capacity. When a person did not have a lasting or enduring power of attorney in place this was recorded.

Staff had the correct information available to work with health and social care professionals to ensure the individual needs of the people were met. Staff told us they would report to the office if they ever felt anyone had a health need that needed attention. When health and social care professionals were involved in someone's care or if their needs had changed their advice and guidance was recorded.

Is the service caring?

Our findings

Everyone we spoke with described the staff as being caring, compassionate and sensitive to people's needs.

People told us staff were polite and communicated with them effectively. One person described the support they had received, they said, "[Name] picks up on how I am feeling and will offer to do things for me. For instance, I cannot peg out my washing so they did it for me. I did not have to ask them, they just did it and then in the evening they fetched it in. They didn't have to do that. I was so pleased."

One family member explained, "The carers has built up such a rapport with [Name] and they have been fantastic. Kare plus have been wonderful, nothing has been too much trouble." Another family member told us, "The staff are very gentle when they are dealing with [Name.]"

We observed staff treating people with kindness and compassion and interacting in a caring manor. We saw staff taking time to listen to what people had to say, and being patient, encouraging people to do the tasks that they could do for themselves. We saw people were not rushed and staff checked the care record and updated it before leaving.

People told us they had been involved in planning their care and knew about their care plan. One family member said, "The paperwork was always done, communication was good and they acted on everything I asked."

At the time of the inspection, no one required the help of an advocate. The registered manager explained that if the need arose they would assist people to access local advocacy services. They explained that they had good links with advocates in the local areas and showed us examples of where a local advocate had contacted them to assist a person who needed care. An advocate is a person who can speak and act on behalf of someone.

People and relatives told us staff treated people with dignity, respect, and upheld their rights to privacy. Staff told us about the importance to treating people respectfully.

Staff told us they thought the service was caring. One carer explained, "I believe this is a caring service. You build up a real connection with people. You need to be personable, as no one person is the same. You really need to work to the persons own needs and strengths. It is important to be able to connect with people. No, actually it's not important, it's a foundation."

Another person said, "They [The carers] have been absolutely marvellous, they even feed my dogs to save me bending down too often."

Staff could explain how they treated people respectfully. One staff member described how they maintained people's privacy and dignity when providing personal care. They said, "I ensure the blinds and windows are closed." Staff members told us how they maintained people's dignity by keeping them covered with towels

whilst providing personal care. A person told us, "They are very kind and caring, particularly around my dignity. They don't make me feel embarrassed when I'm having a wash. They use towels very discretely placed."

We checked records and found staff received guidance during their induction about how to care in a dignified and respectful way. Staff we spoke with understood the importance of promoting people's independence and we observed staff encouraging people to do as much for themselves as possible.

One staff member told us, "I find this job really rewarding and I take heart knowing that I am making a difference."

Is the service responsive?

Our findings

People and their relatives told us they felt the provider was responsive to people's needs. One person said, "We recently had a formal meeting with the manger to discuss a few things. It went well and I felt we were listened to. We should get a good outcome." Another person told us "The office staff are very polite, you can phone any time. In fact the manager told me I should phone quicker next time if I have any questions or concerns."

Detailed assessments of people's needs were carried out and care plans outlined the support to be provided. Assessment meetings were used as an opportunity to discuss and record people's needs and wishes about their care. A support plan was then developed from the conversation, which outlined their needs. People had support plans in their homes and a copy was held in the office. We saw where people required social interaction to reduce their feelings of isolation; this was included in their support plans. Staff knew to check peoples records each day to see if there had been any changes.

We found the assessment process needed to be improved to make sure staff always had information they needed quickly. The registered manager said, "We had recently started to work with people who had been rapidly discharged from hospital, we found that some of the information supplied to us had not always been correct. We are shortly planning to introduce a new system to help us do this." We saw plans that confirmed what they had told us. Following our inspection information was provided to us which showed that this system had been introduced and that staff was now able to receive information more quickly.

People we spoke with knew about their care plan. One family member said, "The paperwork was always done, the communication was good and they act on anything I asked." Information showed that peoples care was reviewed; when we asked people and their family members about this aspect they told us that they had their care had been reviewed and felt involved in this process.

Staff told us that the one of the best aspects of working for MD Kare was the communication. One staff member said, "The people in the office are good communicators. I can always get hold of someone and if there is a problem, they are quick to rectify it or give me the information when I need it. Family members told us the provider kept in contact with them. One family member said, "The manager is very approachable and has sorted out any issues we have had quickly."

The service had links with the local community. The director explained, "We try and support local events. We recently supported the local carnival; we set up a stall with other local businesses around the area. This was to raise awareness around Alzheimer's and how this affects people. We contacted Alzheimer Society and they sent us some leaflets and reading material for the community. We want to raise awareness and encourage people to have a look and learn about the condition for themselves."

People told us they had not needed to raise a formal complaint. One person said, "I have not needed to make a complaint, I did make a comment, and this was dealt with very well and to my satisfaction." A relative explained, "We have had no need to complaint but if I did, I believe this would be taken seriously."

The provider had a complaint policy in place and processes were in place so that people could complain if they needed to. People were provided with information about how they could raise a complaint. Compliments about the service had been received.

Is the service well-led?

Our findings

At the time of our inspection, we found this service was well led and people were complimentary about the registered manager.

One family member described the support received by the service and when speaking of the registered manager they said, "They are excellent. [Name] has always been at the end of the phone, and has really been there. We have received not just a very good service, but an excellent one. I cannot recommend them enough, they should get recognition because they deserve it."

The Director explained one of the ways they maintained the quality of the service, "We have been asked to work with people to do fifteen minute care calls. We do not accept this work because we don't believe that quality services can be delivered in anything less than half an hour." All of the staff told us that the Directors of the company were available, approachable, and helpful.

The registered manager was new to the company and had been in post for three months. Despite being new, people told us they knew who the manager was and had met them. The registered manager explained, "When you start any new job it takes time to settle in, but I have been working my way through. I have a rolling programme of areas of the business I want to develop. I want to deliver a holistic service." People described the new manager as approachable and helpful. People we spoke with told us they would recommend the service to others. One person said, "The supervisor has been to check all is okay and if I was happy with the service. They even made me a cuppa." Another person explained, "The manager came after a couple of days to check everything was okay."

We saw the service had a well-defined management structure that provided clear lines of responsibility and accountability. For example, the Directors of the company were very involved with the business and had a clear vision about the way they wanted the company to progress. During our inspection they explained how they wanted to instil the company ethos through the induction process into staff. They described the ethos of the company as, maintaining dignity, being responsive to people's culture, ethics and religious backgrounds. They told us they wanted this to be at the core of delivering the highest quality of care to people.

We observed staff interacting in a positive way with the registered manager and the directors. Without exception, every staff member told us they thought highly of the registered manager. One member of staff told us, "[Name] is a good manager, they are really approachable."

Regular staff meetings took place and staff told us they felt they could raise suggestions about ways to improve the service and that this would be taken seriously. For example, we saw that staff had made a suggestion about something that could be changed and this had been used to make changes to the running of the service. We found that the provider held an annual meeting with staff to discuss the staff survey results and look for solutions.

All of the staff we spoke with described the team as having high levels of moral, and being pleased that they worked for the service. One staff member said, "It's a good team, and we all get on really well."

The service used a range of ways to seek the views of people who used the service. As well as talking to them on a regular basis, they sent surveys to relatives and professionals to seek their views and opinions. We saw the latest questionnaires that had been sent out these which showed that most people were satisfied with the care they received. The manager talked to people on a regular basis and looked at ways they could make improvements.

Audits were in place to assure the quality of the service and this was used to look at ways it could continuously improve. For example, we saw records of a staff meeting which discussed ways in which the business could improve, these also included what action needed to be taken. We found that where a recommendation had been made action had been taken. Care files and other confidential information about people kept in the main office were stored securely. This ensured people's private information was only accessible to the necessary people.