

Life Anchor Limited

Kareplus Swindon

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

About the service

Kareplus Swindon is a domiciliary care agency providing care to people in their own homes in the Swindon area. At the time of our inspection three people were receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which 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

People were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were enough staff to keep people safe and appropriate arrangements were in place for emergency staff cover. Recruitment processes aimed to ensure only suitable staff were selected to work with people.

Each staff member had received induction and training to enable them to meet people's needs effectively. We saw that supervision meetings for staff were held regularly and staff felt supported by the management to perform their role. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People's care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed and people and their relatives were involved in the reviews. People felt they were treated with kindness and said their privacy and dignity were always respected.

The registered provider had a compliments and complaints policy which was available to people. No complaints had been raised since the service registered in September 2019.

People, their relatives and staff spoke highly of the registered manager; they found them approachable and supportive. Staff were given appropriate responsibility which was continuously monitored and checked by the registered manager. A system to monitor, maintain and improve the quality of the service was in place.

Rating at last inspection

This service was registered with us on 11/09/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 responsive findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our responsive findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our responsive findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Kareplus Swindon

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 one inspector and one Experts-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.

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

The service had a manager registered with the Care Quality Commission. 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

We gave the service 48 hours' notice of the inspection. As Kareplus Swindon is a small service, we needed to be sure that the provider or the registered manager would be in present the office to support the inspection.

The inspection activity started on 28 April 2021 and ended on 29 April 2021. We visited the service on 28 April 2021. On 28 and 29 April 2021 telephone calls were made and emails sent to people, relatives and staff to gain their feedback.

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. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We took this into

account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we spoke with one person using the service, one person's relative and the registered manager. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for three people, medicine administration records, staff training records, three staff recruitment files, staff supervision and appraisal records, quality assurance audits, incidents and accidents reports, complaints and compliments records, and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted three members of staff to obtain their opinion on the quality of the service provided.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving service from Kareplus Swindon. One person told us, "I feel safe with [staff]. He calms me down when I am anxious." Another person's relative told us, ""Yes, it feels safe. When we have brought up things about staff, [registered manager] will say 'we'll put them on to training about that' and then she sorts the training out for them."
- Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. A member of staff told us, "If I suspected or witnessed abuse, I'd report this to my line manager or another health professional accordingly. If the person was in immediate danger, I'd call the police straight away."
- Systems were in place to safeguard people from harm and abuse. The registered manager told us that all safeguarding concerns would be recorded and, where necessary, investigated by the service.

Assessing risk, safety monitoring and management

- Risks were mitigated to help keep people safe. The registered manager had completed risk assessments for every person and they had detailed guidance for staff to reduce risks. These included risks associated with carrying out external activities, self-medication and mobility. Behaviour support plans contained detailed information regarding the measures to mitigate risks of behaviour that may challenge.
- There were robust contingency plans in place in case of an untoward event. The contingency plan assessed risk of such events as a pandemic, a fire or bad weather conditions.
- The environment had been assessed in terms of risks posed to people and staff, and measures were in place to manage the identified risks.

Staffing and recruitment

- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- Support and care were provided by a consistent, small team of experienced staff who knew people well and knew how they preferred their care and support to be given. One person's relative told us, "She has two main carers that she really likes. There are a few others who she has met and who will support if one of the main carers is off."
- There were sufficient numbers of staff available to keep people safe. A member of staff told us, "Yes, they've got enough staff".

Using medicines safely

- People received their medicines when they were needed and in the ways they preferred. There were systems in place to ensure this was done safely.
- There were medication risk assessment for people who self-administered their medicines.
- The samples of medicine administration records (MAR) we looked at had been completed accurately by staff where required. Staff noted in people's records that medicines had been given and signed a MAR sheet to confirm this. Completed MARs were returned to the office every month for auditing.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. All members of staff were provided with updated PPE training.
- The registered manager recognised the needs of staff that might be at increased risk of COVID-19 infection and created additional risk assessments where required.
- We were assured that the provider's infection prevention and control policy was up to date. Contingency plans and infection control policy had been updated to reflect the pandemic.

Learning lessons when things go wrong

- All accidents, incidents and near misses were recorded, and staff told us they knew the process of reporting an incident.

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 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 were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example, relating to their religion, culture or sexuality, staff could meet those needs.
- People's risk assessments and care plans considered all aspects of their lives.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs.
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life.
- Staff received ongoing training relevant to their roles, and specific to people's needs.

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

- People's care plans contained information about their dietary needs. Staff told us that they supported people with their meals and drinks during care calls to ensure people had a balanced diet.
- People said staff knew what food and drinks they liked and disliked. They confirmed staff offered choices and always left some food or drink at hand, as required by the person, before leaving. One person's relatives told us, "We've got a menu on the fridge. They follow this but will be more creative too, they talk to us about it first."
- Care plans contained details about how to support people at meal times. These listed details of what people preferred to eat and drink and how best to support them.

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

- Some people using the service had complex health conditions. Their care plans contained information about these, including signs and symptoms to watch out for. This ensured staff knew when people's condition may be deteriorating and when to seek medical help.
- The registered manager and staff were knowledgeable and well informed about people's health and wellbeing. They communicated with each other reporting any changes or issues.
- The service worked in partnership with people, their relatives and other agencies to support people to

access the healthcare they require. One person told us, "[Staff] knows everything about me, like my medication, optician, doctors and my health. He'd go with me to appointments if I needed him to."

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.

- People and their relatives confirmed that staff obtained consent for people's care and support.
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. A member of staff told us, "We must always assume that people have got mental capacity and make decision in their best interest."
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Relevant consent was gained from people and was recorded in their care plans.

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

- People told us about the professional and friendly support they received from staff and the positive impact they have had on their lives. One person told us, "[Staff] treats me like a brother."
- People's diverse needs were known to staff and respected. Care and support were delivered in a non-discriminatory way and people's rights were protected. One person told us, "We both believe in God so we talk about that together. I [swear word] love him."
- Staff presented an insight into the importance of understanding and respecting people's background, needs and listening to what was important to them. As a result, they knew how people wanted to be supported.

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

- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans.
- We saw evidence that people and relatives were asked to consent to the tasks that would be done. People consented by agreeing to their care plan needs before care staff started personal care.
- People and their relatives were asked for their views of the service regularly. For example, regular quality monitoring phone calls took place between the service and people and their relatives to ensure high quality of care.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting independence whenever possible. They understood people's independence was an extremely important aspect of their lives.
- People were treated with respect and their dignity was preserved at all times. Staff told us they would ensure doors and curtains were closed when carrying out personal care.
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

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 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

- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.
- People's care plans were detailed, personalised and regularly reviewed. There was evidence that people's relatives were invited to participate in care plan reviews with people and felt their opinions were considered.

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 individual communication had been assessed and recorded. Staff were provided with guidance on how to promote effective communication. For example, one person's care plans contained information about communication strategies created by the person.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways.

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

- People were supported to maintain relationships that mattered to them, such as family and friendship.
- The service went the extra mile in supporting people and their families. One person's relative told us, "They support us as well. For example, if we are taking [person] to the supermarket, the carer will ask if we want them to come with us in case. They ask us and we choose. They go above and beyond."

Improving care quality in response to complaints or concerns

- Records showed that no complaints had been received since the service registered with us in September 2019.
- People and their relatives knew how to raise any complaints or concerns about the service provided, but told us they had had no reason to do so. One person's relative told us, "[The registered manager] is very responsive, not on the offense at all. She has been very open to our ideas and our views about what staff members can do to give the best support."

- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.

End-of-life care and support

- Currently, no one was being supported with end of life care and palliative care needs.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The registered manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care. They also said they would contact other appropriate services if needed.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us the service was well-led. One person told us, "[The registered manager] is a nice person." Another person's relative told us, "Out of all the companies so far, Kareplus have good staff and management."
- The registered manager worked to promote a person-centred culture to improve people's quality of life; people's needs were assessed and their care was planned in a person-centred way.
- Staff felt the management team were supportive, fair and understanding. A staff member told us, "I am confident that I get support from the management. We all work as a team and support each other. I know that I can speak to my manager and she listens to me. I feel I can be open with her, too."

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 registered manager was responsive to issues and concerns; they completed robust investigations and understood their responsibility to be open and honest if things went wrong.
- The provider had a policy that clearly identified the actions staff should take in situations where the duty of candour would apply.
- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on incidents and accidents, medicine administration records (MARs), spot checks and regular quality monitoring phone calls. Action was taken to address any identified issues.
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

characteristics

- The registered manager had an open-door policy and people and their relatives were encouraged to visit the office and express their opinions either in person or via the telephone.
- Staff had a clear understanding of their roles and their day to day work was steered by the people they supported. Staff were continuously supported to develop their skills to ensure provision of better quality of care.
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- Staff recorded accidents and incidents, which were reviewed by the provider. This ensured the registered manager and the provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe by reducing the risk of repeated incidents.
- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.
- The registered manager and staff had developed good working relationships with health professionals and the local authority, and worked to implement any recommendations they made.