

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?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 29 May 2018 and was announced. The last inspection of this service was carried out on 11 August 2016. The service was meeting the regulations we looked at and was rated Good overall. At this inspection we found the service remained Good. The inspection was announced 48 hours in advance because we needed to ensure the provider or registered manager was available.

Kareplus Epsom is a service which is registered to provide personal care to adults in their own home. At the time of our inspection there were 89 people using this service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. Staff were aware of the whistleblowing procedures and knew how to use them.

The risks to people's safety and wellbeing were assessed and regularly reviewed. The provider had processes in place for the recording and investigation of incidents and accidents.

There were sufficient numbers of staff available to help meet people's needs.
People were supported appropriately with the management of their medicines.

Staff completed training for good practice with food hygiene and infection control.

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 access health care services as required in order to help them to stay healthy.

New technology was introduced since the last inspection that had started to reduce late and missed calls and improve accessibility for staff to up to date care plan information for people.

Staff had a caring approach to their work and understood the importance of treating people with dignity and respect. People were involved in their care and told us they were listened to.

People and relatives had developed positive relationships with care staff and management.

People's care record's reflected their individual preferences and gave staff clear guidance about how people's needs were met.

Complaints were responded to in an open and transparent way, in line with the provider's policy.

There were effective systems to monitor and improve the service, which included systems to gather people's feedback about the service.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were given information about how to make a complaint and the people we spoke with knew how to go about making a complaint and were confident that they would be responded to appropriately by the provider. We saw evidence the registered manager responded to complaints received in a timely manner.

There was a positive culture within the staff team and staff spoke positively about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The manager and other senior staff were committed to providing a good service for people. There were quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received.

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 remains Good.

Is the service effective?

Good ●

The service rating improved to Good. Staff received appropriate training and support to help ensure they delivered care safely and effectively to people who used the service.

Staff were supported through regular supervision and had access to good, effective support.

People were supported to access health professionals when required.

People were supported in line with the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remained 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 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 comprehensive inspection took place on 29 May 2018 and was announced. We gave the service 48 hours notice. The location provides a domiciliary care service and the senior managers were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with the director, the compliance officer, one of the field care supervisors, one of the care co-coordinators and three staff. We reviewed the care records of five people who used the service, and looked at the records of four staff and other records relating to the management of the service.

Is the service safe?

Our findings

At this inspection we found the provider offered the same level of protection to people who used the service from abuse, harm and risks as at the previous inspection. The rating continues to be good.

People told us they felt safe with the service they received. One person told us, "I am very pleased with the help I get, I could not manage without it and I do feel safe with the regular carers who visit me." Another person said, "I am pretty happy with the support I get and with the service overall." One of the relatives we spoke with said, "The carers who visit [my family member] know what they are doing and that helps us both to feel safe as well as when we have the same carers, the regular ones visiting us."

People remained safe with the service because staff knew how to identify and report concerns about potential abuse. Staff received training at induction for helping to safeguard adults. This was followed up with regular refresher training in safeguarding adults. Staff followed the provider's procedures to keep people safe. Staff were aware of the provider's whistleblowing procedures and when to alert external agencies such as the local authority or the Care Quality Commission [CQC] about poor practice.

Prior to the inspection we reviewed the notifications we received from the provider and we saw the registered manager reported to the local authority safeguarding team and to the CQC any concerns they had about people's welfare. This helped to ensure appropriate action was taken to protect people from harm. Staff told us they would report any concerns they had about abuse to the manager.

People's care files evidenced the risks to people were assessed both at the start of service provision and ongoing as people's needs changed. These assessments included risks associated with people's mental and physical health, mobility and the choices they made. We saw the assessments were appropriate and included clear guidance for staff on how to minimise risks and keep people safe. Staff told us risk assessments were reviewed when people's needs changed or a new risk was identified.

People told us two staff helped them when necessary [for example if they needed hoisting from their bed to a chair] and they said there were enough numbers of suitably skilled staff to meet their needs safely. We saw from the care records the provider kept that staffing levels were determined by assessing people's individual needs and the support they required. Staff told us and records evidenced absences were planned and covered adequately. Records showed that pre-employment checks were carried out to ensure new staff were suitable, as deemed by the provider, to work with the people they supported. An on call system was operated, people and staff told us they could contact the registered manager for advice should they need to.

The service continued to have a good system in place for the investigation and monitoring of incidents and accidents. Following an incident or accident occurring, staff were aware of the process to take to report the occurrence. Records showed that an investigation was carried out and an action plan developed if necessary. The provider also logged accidents and incidents so that an analysis of these events could be investigated for any trends. We were told preventative measures were put in place where necessary. This

process helped to keep people safe so they did not experience a repeat of the accident / incident.

Medicines continued to be administered safely. Where people needed some assistance with their medicines; a plan was developed for each individual person, so that appropriate assistance could be provided to people. We saw medicines administration records (MARs) were completed by staff and returned to the office monthly for auditing. The MAR's we looked at were up to date and accurate. Staff received training in medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People were protected from the risk and spread of infection. All the staff records we checked indicated staff had completed their food hygiene training in the last year. Staff we spoke with were able to describe best practice when assisting people with their meals. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. The care plans of people contained guidance for infection control.

Is the service effective?

Our findings

At the last inspection in 2016 we found 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 then for their knowledge to remain up to date. This meant the provider was in breach of Regulation 18 of the Health and Social Care Regulations (RA) 2014. At this inspection we saw the provider had taken appropriate actions to ensure that all staff received the necessary training to ensure they had the skills and knowledge to provide care and support to people effectively and safely. The rating was changed to 'good'.

All those people we spoke with told us the regular staff who visited them were well trained and knew how to help them to meet their needs. Some people thought that the less regular staff who visited them were not so aware of the help they needed. In these cases people said they told staff what support they needed and asked them to look at their care and support plans in the care file they had in their homes. Staff then knew what to do to assist them effectively. One person said, "The regular group of staff who visit me know how I want my care to be given to me. I have a care plan that sets out my support on a daily basis for each call I receive." Another person said, "I am happy with the care I receive. I like to have regular carers [staff] because they know me best. If they need to introduce a new carer to me it's usually done by those staff I already know." A relative told us, "The regular staff are good and know what to do. They seem to be well trained. Sometimes we have to tell the less regular carers what help is needed."

The compliance officer who was also responsible for staff training told us all new staff completed a probation period during which they had an induction programme. This covered the necessary basic training such as customer care, safeguarding, health and safety, manual handling and safe medicines administration. We were told new staff worked alongside an experienced member of staff until they were competent to provide care on their own. People we spoke with confirmed new staff shadowed more experienced staff supporting them in their homes.

We saw people were supported by staff who had the skills and knowledge to meet their needs. Staff we spoke with said they had access to a wide range of training opportunities. One member of staff said, "The training is really good now and I have had training in a wide range of useful subjects that have helped me with my job."

Staff said they received annual refresher training updates that included, manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. Staff were also offered the opportunity to attend training in dementia care and other areas specific to people's needs such as equality and diversity training. Records we inspected showed staff had attended this training.

Our inspection of people's care files evidenced people's care and support was fully reviewed and assessed either annually or earlier if their needs changed. Assessments were comprehensive and we saw evidence people were involved in discussions about their care and any risks that were involved in managing their

needs. People told us that they were consulted about their support plans and they had felt listened to. They said they were happy with the support they received from staff.

Since the last inspection the provider had recently introduced new technology to enhance the delivery of effective care and support to people. The "Pass" system is an electronic method of recording care plans and other care information such as medicines administration records (MARs). The compliance officer told us that each member of staff is supplied with a mobile telephone on which they can view care plans and record the care and support they have provided for people. Staff in the office can access this as well and this has greatly helped to ensure people benefit from being cared for by staff who have the most up to date information about them.

Staff commented on the benefits this was starting to bring to them with their work in terms of scheduling visits to people and having up to date information about care and support plans for the people they supported. One member of staff said, "I have all the information I need now immediately accessible and up to date." Another member of staff said, "This should help reduce missed and late calls."

Comments we received from people we spoke with told us they thought late and missed calls had improved recently. However all those people also said they had experienced both late and missed calls before the new system was recently introduced. One person said, "Times have been variable in the past and communication from the office was not always good. I have however noticed an improvement lately." Another person said, "Sometimes they were a bit early or late, but they come more or less on time now and they keep me informed."

People received their care from staff who were well supported and supervised. Staff confirmed they attended regular team meetings and they told us office based staff carried out regular spot checks to monitor and observe the direct work they did with people. Office based staff told us they also made regular telephone checks to people to assess their satisfaction with the care and support they received from staff. Any comments arising from either of these checks were discussed in supervision with staff. Staff told us the open door policy that the new registered manager operated meant they were able to seek and get advice and support whenever they needed it. Staff told us they felt well supported and this was evidenced in the feedback we gained.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

Care plans clearly addressed the support each person required, dependent on their individual circumstances. For instance, some people needed a reminder to make sure they did certain things, such as taking medicines. For others, staff needed to help people to make day to day choices and decisions, such as what clothes to wear or what food to eat.

We carried out checks to identify if the provider was complying with the requirements of the Mental Capacity Act (MCA) 2005. The 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.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The manager had a good understanding of the MCA. Staff had received training on the MCA. They understood their responsibilities with respect to people's choices. Staff told us they always asked people for their consent before providing care and support. People we spoke with confirmed this with us and staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

Is the service caring?

Our findings

At this inspection we found the provider offered the same level of care and kindness in the delivery of care to people as at the previous inspection. The rating continues to be good.

People and their relatives told us staff were caring and compassionate towards them. They said they were happy with the care and support they received from their regular staff. One person said, "The care and support we get is very good. The carers are very kind." Another person said, "The regular chap is really good, kind and caring. He listens to me; to what I say I want and does his best to assist me in that way." Relatives we spoke with echoed this positive view.

Staff who visited people on a regular basis were well aware of their care and support plans and of their preferences for care. People told us mostly they had their own regular group of staff members who provided support over the week. Staff we spoke with said they preferred to have a regular round of people to support as this helped them to build effective and caring relationships with the people they supported. This was not always possible for many different reasons such as staff sickness and staff turnover. However in the main people were cared for consistently. One person said, "I like it best when the same people visit me. They know the way I want my support." A member of staff told us, "It is true people do want continuity. It helps the building of relationships which is very important."

Staff understood and promoted people's independence. People we spoke with told us staff helped them do things for themselves and encouraged people to be as independent as possible. Care plans contained information about what tasks people were able to complete without support, with minimal support and what they needed more help with. There was a good level of detail about exactly what help people needed. This was designed to ensure staff did not do things for people that they were able to do for themselves thus promoting and maintaining their independence and quality of life. One relative said, "I do as much as I can to support my [family member] but there are some things I just can't do. This is where the support and assistance from kind and caring people is so important to us both."

People said they were involved in planning their care and support. The provider took account of the support the person required, the preferred time for calls and where possible the care staff they liked to be supported by. The service provided to people was based on their individual needs and staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times.

People's privacy was respected and their dignity maintained. Staff informed us how they sought consent from people before they commenced any care tasks and, explained to us how they ensured people's privacy was maintained at all times when supporting them with personal care.

Is the service responsive?

Our findings

At this inspection we found the provider offered the same level of responsive care as at the previous inspection. The rating continues to be good.

People and relatives told us the service was responsive to their changing needs. One person told us, "They came and re-assessed my needs when I needed more help when I got ill. They changed my visits to make sure I got the support I needed."

People were assessed prior to accessing the service and these assessments were used to develop care plans that guided staff in how to meet people's needs. Care plans included information about people's life histories, likes, dislikes, interests and what was important to them. For example, one person's care plan showed the importance of the person's relationship with family members. Another person's care plan detailed their interests and how could be supported in accessing their hobbies.

People's specific communication needs were identified in care records and included how communication needs were met. For example, one person could sometimes become anxious. The person's care record detailed the indicators that the person was becoming anxious and the actions staff needed to take in response to the indicators to relieve their anxiety.

Staff we spoke with knew people well. Staff told us they had access to information about people prior to visiting them for the first time and that care plans were detailed and person-centred.

People and relatives were confident to raise concerns and that they would be responded to effectively. One relative told us, "I would feel alright to raise any concerns I had." One person told us, "I would talk to my carer if something was not right and then to the manager if necessary. I feel I would be listened to and that they would respond and try and sort things out for me." The provider had a complaints policy and procedure in place. Records showed that complaints had been responded to in line with the provider's policy and to the satisfaction of the person making the complaint.

The compliance officer said they [the provider] was working with a well-known regional hospice to develop an appropriate 'end of life' care plan for people where appropriate. The intention was to ensure that 'end of life care' would be covered in staff induction and that further training be provided for staff who would be supporting people approaching the end of their life. A policy was also being developed for end of life care and advanced care plans for those who needed them.

Is the service well-led?

Our findings

At this inspection, we found the service and staff continued to be as well-led as we had found during the previous inspection. The rating continued to be good.

Throughout our inspection we found that the director, office based staff demonstrated a commitment to providing an effective service for people who used their services. They were keen to ensure a high quality service was provided and we found staff were well supported and managed.

We saw people received a service from staff who were happy in their work and told us so. They said they worked in an open and friendly culture. One staff member told us, "Over the last few months things have improved a lot. We have a new manager and I think it's a positive place to work in. We have good support and there is a friendly teamwork approach here that really helps us with what we do." Staff told us the director and the registered manager were approachable and dealt effectively with any concerns if they were raised.

Minutes of the last two staff team meetings evidenced staff were provided opportunities in this forum to build a coherent team approach and discuss their work. We saw from the minutes that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss their individual work with people at these meetings, share any worries they had about individuals and seek advice. They told us they could bring their views to the meetings and they felt they were listened to.

There were quality assurance systems in place to help ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided. Office staff monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. The registered manager and other senior office based staff worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided.

The provider told us that the service was visited by the quality assessor from the Kareplus franchise. The auditing tools used by the franchise followed a similar system to that of CQC and gave ratings across the service in respect of it being safe, effective, caring, responsive and well led. The last audit identified the service was meeting the expectations of the franchise and that improvements were made over the previous six months. The report showed that the service was operating to a 'good' standard. Where improvements were identified as being needed the provider had taken action to put in place the necessary measures to see the need was met.

Feedback questionnaires were sent out to people who used services, their relatives and to staff. The registered manager told us the 2018 survey questionnaires were sent out last week. When the feedback is returned the results will be analysed and a summary report produced together with an action plan that identified areas where improvements could be made.

The management systems included reviews of incidents and accidents to ensure action was taken to prevent a recurrence. The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.