

Quality of Life Services Ltd

Kare Plus Preston

Inspection report

16 Waltons Parade
Preston
Lancashire
PR1 8QT

Tel: 01772367656

Date of inspection visit:
02 August 2018
03 August 2018

Date of publication:
31 August 2018

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

We carried out an announced inspection of Kare Plus Preston on 2 and 3 August 2018. This was the first inspection since the service was registered with the Care Quality Commission (CQC).

Kare Plus Preston is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Kare Plus Preston receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of our inspection the agency was providing personal care to five people.

There was a registered manager in post. 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 and their relatives told us they felt safe and staff were caring, reliable and trustworthy. Safeguarding adults' and children's procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and wellbeing had been assessed and managed. People received their medicines safely.

Staff were recruited following a safe and fair process. People received care and support from a consistent team of staff with whom they were familiar. Staff arrived on time and stayed for the full time allocated. People and their relatives spoke positively about the staff that supported them and told us they were always treated with kindness, care and respect. Staff had developed good relationships with people and were familiar with their needs, routines and preferences.

Staff had sufficient knowledge and skills to meet people's needs effectively. They completed an in depth and structured induction programme when they started work and they were up to date with mandatory training. Staff were supported by the management team and told us they enjoyed working for the agency.

People and their relatives were involved in discussions and decisions about the care and support needed and they could influence the delivery of their care. Staff had up to date information about people's needs and wishes and there were effective systems in place to respond when their needs changed. People were supported to have maximum choice and control of their lives and their healthcare needs were monitored as appropriate. Staff had good links with other healthcare professionals to ensure people's healthcare needs were met. People were supported with their dietary needs in accordance with their care plan.

People had no complaints about the service they received or about the staff that provided their care and support; they were aware of the complaints procedure and processes and were confident they would be

listened to should they raise any concerns.

People made positive comments about the leadership and management of the agency. Systems were in place to monitor the quality of the service and people's feedback was sought in relation to the standard of care and support.

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.

Staff were trained to recognise any abuse and they knew how to report any concerns.

Safe recruitment and selection processes were followed. There were enough staff available to provide people with a consistent, reliable and flexible service.

Risks to people's wellbeing and safety were being assessed and managed.

People's medicines were managed safely and staff who administered medicines had received appropriate training and supervision.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were trained and supervised in their work.

Staff and management understood the Mental Capacity Act 2005 (MCA) legislation. They supported people to express their views and make decisions about how their care and support was managed.

People were supported to have sufficient to eat and drink in line with their care plan.

Is the service caring?

Good ●

The service was caring.

People told us staff were very patient, kind and caring.

People told us staff were respectful of their privacy and dignity and did not rush them when providing care.

People could make choices and were involved in decisions about their care. Staff had developed good relationships with people.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they received support from the agency. People and their relatives told us their care and support needs were discussed with them and they received personalised care which reflected their needs and their preferences.

People's needs were reviewed regularly and staff were kept up to date with any changes in people's needs or any risks to their health, safety and wellbeing.

People and their relatives had no complaints about the service they received. They felt able to raise concerns with the staff or the provider.

Is the service well-led?

Good ●

The service was well led.

People were very happy with the management of the service.

People's satisfaction with the standard of the service they received was monitored and appropriate action was taken to address any shortfalls.

There were effective systems in place to monitor the overall quality and safety of the service.

Kare Plus Preston

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.

The announced comprehensive inspection started on 2 August 2018 and ended on 3 August 2018. The inspection was carried out by one adult social care inspector.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 2 August 2018 to meet with the registered manager and to review care records and policies and procedures. During the visit we spoke with the registered manager and the nominated individual. Following the visit to the agency office, we spoke with one person who used the service, three relatives, the care manager and five care staff over the telephone.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for three people, medicine administration records, staff training records, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service.

In preparation for our visit, we checked the information we held about the service and the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People told us there were sufficient staff to provide safe, consistent care and support for people. All people spoken with told us they felt safe receiving care from staff at the agency. They said, "They are always here when I need them. I am safe and I feel safe", "I always get to meet any new staff so I know who is coming" and, "Staff are punctual. They arrive as expected and let me know if they are going to be delayed." Relatives said, "Staff are very vigilant and keep [family member] safe" and, "[Family member] is relaxed and safe."

There were systems and policies and procedures in place to safeguard the people who used the service from the risk of abuse and discrimination. Staff we spoke with felt confident to report any poor practice they observed and they were confident the registered manager would take any concerns seriously. Staff received additional training on how to keep people safe, which included moving and handling, infection control and basic life support. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

People and staff had access to information about what to do and who to contact in an emergency. There was an on-call arrangement. Staff told us they could contact on call for advice and support. One staff described the on-call service as, 'fantastic' and told us they had an excellent response from the on-call person. People's care records contained contact details that staff may need to contact in an emergency, such as next of kin and social and healthcare professionals.

Risks to people's safety and wellbeing were assessed and managed. Each person's care plan included assessments of any risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and to reduce the risks of harm. The assessments were updated regularly or when their needs or circumstances changed. We noted any changes or new risks had been reported to the office and a review of the person's care documentation had been undertaken.

There were arrangements in place to review when people's equipment such as hoists and mobility aids required servicing; which helped ensure people's safety and reduce the risk of injury. We noted there was a business continuity plan, which set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

Records were kept of any accidents or incidents. The registered manager checked all accident and incident records and carried out an analysis of the records to make sure any action was effective, to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again. Staff knew how to inform the office of any accidents or incidents.

We looked at four staff recruitment records and found appropriate employment checks had been completed before they began working for the service. We saw applicants had completed an application form and had attended the agency for a face-to-face interview. Interview notes had been recorded to support a fair process. The registered manager had ensured applicants had provided a full history of

employment along with a satisfactory explanation of gaps. We noted an enhanced criminal records check was carried out for all new staff prior to them commencing work with the agency. The recruitment process was tracked using a checklist and supported by policies and procedures, which reflected current regulatory requirements.

People told us there were sufficient staff to safely meet their need and they received support from familiar and consistent staff who arrived on time and stayed the correct length of time. Duty rotas were prepared in advance and new care packages were not accepted unless there were sufficient staff available. Staff confirmed they had adequate time to travel between visits without rushing and people confirmed staff arrived on time. One member of staff said, "I have enough time and do not feel under pressure when I visit my clients."

People were happy with the support they received with their medicines. The level of assistance each person needed was recorded in their support plan along with guidance on the management of any risks. We found that there were safe and effective processes in place for the safe management of people's medicines. However, we noted the reasons for not administering medicines on one person's medicine record had not been recorded in line with the agency's procedure. The registered manager assured us this would be actioned. Staff who were responsible for the safe management of people's medicines had completed appropriate accredited training and checks on their practice had been undertaken. Policies and procedures were available for them to refer to.

There were systems in place to ensure people were protected against the risk of infections. Staff were provided with personal protective equipment, including gloves and aprons, which they collected from the agency office. People spoken with during the inspection, confirmed the staff always used appropriate protective equipment when assisting with personal care. We noted staff had access to an infection prevention and control policy and procedure and had completed relevant training.

Is the service effective?

Our findings

People were confident the staff had the skills and knowledge to provide them with effective care and support. Everyone we spoke with was happy with the care they received and told us that it met their needs. People said, "I get involved in the delivery of training to staff; it's my way of saying thank you" and, "They all know what they are doing and they do it right." Relatives also made positive comments about the service. They said, "They cheer [family member] when they visit." Staff said, "Training helps me to do my job properly."

We looked at how the service trained and supported their staff. The agency employed a trainer to organise and deliver the training. From our discussions with staff and from looking at records, we found they received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Staff confirmed their training was useful and beneficial to their role and helped them to meet people's needs, choices and preferences.

Records showed new staff received an induction into the routines and practices of the agency which was based on the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. Records showed all existing staff had received Care Certificate training to refresh their knowledge. The induction process included a period working with more experienced staff until they were confident they had the confidence and skills to work independently. One member of staff said, "I had an in-depth induction and training, followed by a week of shadowing. I could have had longer if I needed." Records showed staff practice and conduct was kept under close monitoring until their probationary period had ended.

Staff received regular supervision, which included observations of their practice, as well as an annual appraisal of their work; we observed action was taken to address issues when required. Supervision meetings provided an important opportunity for staff to discuss their progress and any learning and development needs they might have. Staff told us they were supported by the management team and could discuss anything that concerned them on a day to day basis.

People and their relatives told us the registered manager met with them to discuss their needs and how they wished their care to be delivered before receiving a service. Where appropriate, information was also gained from relatives and relevant health care professionals. A relative said, "It was a very thorough assessment."

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. Any application to do so must be made to the Court of Protection.

Although people in their own homes were not usually subject to the Deprivation of Liberty Safeguards (DoLS), we noted that staff received training in the MCA and DoLS to ensure they were aware of the principles of this legislation. Staff spoken with understood the need to ask people for consent before carrying out care. People using the service confirmed this approach. People's capacity was considered as part of the assessment and care planning processes in order to identify if they required support to make decisions about their care.

People were supported at mealtimes in line with their plan of care. The agency took account of people's cultural, ethical and religious values when assisting with hydration and support. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. We noted from the records that staff received food safety training and nutrition and hydration training.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. They also contained the contact details for people's GP and next of kin to be used by staff if they had concerns about people's health or well-being.

Is the service caring?

Our findings

People told us the staff always treated them with respect and kindness and they were complimentary of the support they received. During our discussions the management and staff were referred to as, 'excellent', 'brilliant', 'amazing' and 'professional'. People told us, "Nothing is too much trouble", "Staff go above and beyond expectations" and, "I can't tell you how much I appreciate their support, care and kindness." Relatives spoken with were also complimentary about the approach taken by staff.

During our time spent in the agency office, we observed the registered manager answered people's telephone queries in a friendly, professional and understanding manner. Information in the Provider Information Return stated, 'We fit the service offering around the customer, not the customer fitting around the service'.

Feedback received by the agency highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. Comments included, "We are very pleased with all the care and attention given to [family member]; always respectfully done" and, "They care for [family member] as if she was their own."

Staff understood their role in providing people with person centred care and support. They were aware of the importance of maintaining and building people's independence as part of their role. Records we reviewed showed there was a stable staff team in the service. This meant people who used the service had the opportunity to develop consistent relationships with the staff who supported them. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They told us they visited people on a regular basis which helped them get to know the person and how best to support them.

Staff had access to a set of equality and diversity policies and procedures and had received training in this area. This helped staff to understand the importance of treating people equally and promoting people's right to be free from discrimination.

People told us their privacy was respected and staff were respectful of their homes and their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care. Staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. Records were stored securely in the registered office.

People, and where appropriate, their relatives were consulted about the care they needed and how they wished to receive it. People were involved in developing their care plans and their views were listened to and respected. The process of developing and reviewing care plans helped people to express their views and be involved in decisions about their care. People using the service told us staff had time to ask them about their preferences and were flexible in their approach.

People told us they could express their views on the service on an ongoing basis, during day to day conversations, regular reviews, satisfaction surveys and unannounced observations. People were given an

information file, which contained a service user guide as well as their care plan documentation. The service user guide provided a detailed overview of the services provided by the agency and what people could expect from the service. People were also given information advising where they could access advocacy services. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

People said staff were always responsive to their needs and they made their own decisions about their care. People, and their relatives confirmed they had a care plan and said they felt part of the care planning process. They told us, "I am involved in decisions and they ask me if anything has changed in my plan", "I couldn't do without them" and, "The carers are so cheerful, we often have a little chat before they go." Relatives said, "They support me too; we can have a laugh with them" and, "They will do other things if they are asked; they are flexible in their approach."

We looked at three people's care plans and other associated documentation during the inspection. The care plans were written in a person-centred way, identified people's needs and provided guidance for staff on how to respond to them. The care plans were supported by a series of risk assessments and included people's preferences and details about how they wished their care to be provided.

All people spoken with were aware of their care plan and confirmed they had discussed their plan with a member of staff from the agency. There was evidence to demonstrate the plans had been reviewed on a regular basis and more frequently if there had been a change in need or circumstance. Care plans had been explained to people and whenever possible they had signed to indicate their agreement to the plan.

Staff told us they used the care plans to help them understand people's needs and were confident the plans contained accurate and up to date information. For instance, one staff member told us, "The care plans have enough detail in them; I know what people need." Staff confirmed there were systems in place to alert them of any changes in people's needs in a timely manner. The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.

Detailed records of the care and support provided to people were completed at each visit. This enabled staff to monitor and respond to any changes in a person's well-being. We looked at a sample of the records and noted people were referred to in a respectful way. The care records were returned to the office for auditing purposes and for filing.

People and relatives spoken with were aware of how to make a complaint and all felt they would have no problem raising any issues. They said they did not have any complaints. They said, "I am always asked how things are and I feel I can say if things weren't." The complaints procedure and policy were accessible for people. There had been no complaints made about this service. Information in the Provider Information Return stated, 'Complaints and concerns are viewed as opportunities for learning and improving practice'. There had been a number of compliments made about the agency.

We looked at how the service supported people at the end of their life. Relatives spoke positively about the care and support they had received from staff. One relative had commented, "We found ourselves to be surrounded by what can only be described as caring, loving and gentle angels who simply appeared and drenched us all with more support and compassion than we could possibly wish for." A healthcare

professional commented, "The care you all provided [person's name] was excellent. You are all amazing."

Management and staff worked alongside other professionals to provide people with dignified care at the end of their life. People's choices and wishes for end of life care were recorded, kept under review and communicated to staff. Staff had access to appropriate end of life training and advice. Staff told us they were given support to attend people's funerals to pay their respects and there were systems in place to support staff following a person's death.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The registered manager confirmed all documentation was available in different formats and in varied font sizes to help people with visual impairments. Staff were aware of the importance of communicating with people in ways that met their needs and preferences.

We looked at how technology and equipment was used to enhance the delivery of effective care and support. The agency office was equipped with computers to support the day to day management of the service and to support staff with their training. Mobile phones were used to communicate with staff and to communicate any changes or emergencies.

Is the service well-led?

Our findings

People spoken with made positive comments about the leadership and management of the agency. Their comments included, "You couldn't ask for more. We highly recommend this company" and, "We are very impressed with how things are managed."

Staff told us, "[Registered manager] is approachable and deals with any concerns that I have", "[Registered manager] is fantastic. She is the best manager I've come across. She cares about people", "Recruitment of new staff is very tight to make sure we get the right sort of staff" and, "The agency management has high standards; they care about people. The ethos is about the best care for people and their family." All the people we spoke with told us they would recommend the service to other people without any hesitation.

There was a manager in post who was registered with the commission. 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.

The registered manager was committed to the continuous improvement of the service and had a good understanding of people's needs. The registered manager was supported by the nominated individual. The registered manager and the nominated individual had set out planned improvements for the service in the Provider Information Return such as involving customers in training sessions and developing links with Lancashire fire and rescue and Lancashire police service.

The registered manager kept up to date with best practice by attending local forums, subscribing to CQC updates and by meeting with other registered managers to discuss practice issues and development of the service.

There was a management structure in place and staff were aware of their roles and responsibilities. Staff were provided with job descriptions, contracts of employment, policies and procedures and the staff handbook, which outlined their roles, responsibilities and duty of care. Staff told us they enjoyed working for the agency, had received the training they needed and were well supported by the management team.

We saw regular announced and unannounced observations were undertaken to review the quality of the service provided. This included observing the standard of care provided and asking people for their feedback. The observations also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes.

The registered manager and management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People were also given the opportunity to complete a customer satisfaction questionnaire. We looked at the results of the recent survey and noted people indicated they were very satisfied with the overall service provided.

The registered manager and the management team carried out regular checks and audits to monitor the quality of the service. These included checks on records and files, staff recruitment, training and supervision, staff attendance and accidents and incidents. There was evidence that appropriate and prompt action was taken when shortfalls were identified.

We found that people's care records and staff records were comprehensive, clear and up to date. They were appropriately stored and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.