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Kare Plus Windsor

Inspection report

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Date of inspection visit:
16 November 2017
17 November 2017

Date of publication:
29 December 2017

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 Windsor is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older adults; people aged between the ages of 16-65; people living with dementia; mental health; physical disabilities and sensory impairment. The service was providing a regulated activity to 36 adults who were using the service at the time of our visit.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

This is the first inspection under Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said staff treated them with kindness. A person commented, "They (staff) always ask me if I'm alright and do I need anything. They help you with anything you ask." People received care from staff who knew them well and were encouraged to be independent. Peoples' privacy and dignity was respected and promoted.

People felt safe when receiving care and support from staff. People benefited from a safe service where staff understood their safeguarding responsibilities. Risks to people's personal safety had been assessed and plans were in place to minimise these risks. There were sufficient staff to meet peoples' care and support needs; safe recruitment practices and medicines were administered safely. People were kept safe from infection.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible. The policies and systems in the service supported this practice. The service was compliant with Mental Capacity Act 2005 and its codes of practice.

The service made sure care delivered was effective and achieved good outcomes for people. Staff were appropriately inducted; trained and supervised. Peoples' nutritional and health needs were met.

People said care and support given was specific to their needs. Care records were person-centred and captured people's needs and preferences. information was not always given to people in a way that met their communication needs. We have made a recommendation for the service to seek current guidance and best practice in order to be compliant with the Accessible Information Standard. People were aware of how to make a complaint.

People felt the service was well-led and staff spoke about the positive culture they worked in. Management recognised staff's exceptional work practice. Effective quality assurance systems were in place to monitor

ensure people's welfare and safety. However, there was no analysis of the data gathered and lessons learnt. We have made a recommendation for the service to seek current guidance and best practice on how to analyse data and reflect on lessons learnt. The service used various ways to gather people's experience of the care and support delivered.

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 felt safe when receiving care and support from staff.

People benefited from a safe service where staff understood their safeguarding responsibilities.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks.

There were sufficient staff to meet peoples' care and support needs; safe recruitment practices and medicines were administered safely.

People were kept safe from infection.

Is the service effective?

Good

The service was effective.

The service made sure care delivered was effective and achieved good outcomes for people.

The service was compliant with Mental Capacity Act 2005 and its codes of practice.

Staff were appropriately inducted; trained and supervised.

Peoples' nutritional and health needs were met.

Is the service caring?

Good

The service was caring.

People said staff treated them with kindness.

People received care from staff who knew them well and were encouraged to be independent.

Peoples' dignity and privacy was respected and promoted.

Is the service responsive?

Good

The service was responsive.

People said care and support given was specific to their needs.

Care records were person-centred and captured people's needs and preferences. .

People were aware of how to make a complaint.

Is the service well-led?

Good

The service was well-led.

People felt the service was well-led and staff spoke about the positive culture they worked in.

Management recognised staff's exceptional work practice.

Effective quality assurance systems were in place to monitor ensure people's welfare and safety.

The service used various ways to gather people's experience of the care and support delivered.

Kare Plus Windsor

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 was an announced inspection which was carried out by an adult social care inspector and took place on 16 and 17 November 2017. The provider was given 48 hours' that the inspection was going to take place. We gave them notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

Before our inspection we asked the provider to complete a provider information return (PIR) form. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

During our inspection, we visited three people in their homes. We spoke with a care worker; senior care worker; care co-ordinator; training officer; the registered manager and the company director. We reviewed three care records, three staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People felt safe when receiving care and support from staff. Comments included, "I am not being mistreated, far from it. I would speak with someone at the office but I've never experienced that problem", "Very safe, I would report it the office" and "I feel safe, I will phone the boss if I did not (feel safe)."

People benefited from a safe service where staff understood their safeguarding responsibilities. Comments from staff included, "If a client discloses (concerns) to me, I will pass the information to my manager. We are quite close with our clients so they will tell us if they have any concerns" and "If I find something unusual, I was told to report it." Training records showed staff had attended the relevant training. The service's safeguarding and whistle blowing policy (reporting poor care practices) was up to date. It recorded staff's responsibilities were to; recognise and report incidences of harm; to know how and when to use the whistle blowing policy and remain up to date with training. We noted staff also had access to the 'Berkshire Safeguarding Adults Policy and Procedures'. This is a set of steps implemented by the six local authorities located within Berkshire for consistently dealing with allegations of abuse or neglect. This made sure people were kept safe from avoidable harm and abuse.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For instance two of the people we visited were identified as being at risk of falls. We viewed their risk assessments and saw appropriate plans had been put in place. These showed what action staff had to take to minimise those risks. People told us how staff made sure risks to their personal safety was positively managed. Comments included, "They (staff) are aware of my risks of falls and make sure I am safe" and "When they (staff) give me a shower they hold my hands so that I don't fall." Moving and handling assessments documented what equipment were used to support people such as, walking frames and wheelchairs.

The training officer told us what arrangements were in place to manage risk appropriately. They commented, "We have a new care system for rostering to ensure people receive timely care. Regular telephone monitoring calls are made ; home visits carried out and all care plans have risk assessments in place." Our review of care records and records which related to the running of the service confirmed this.

Where people were involved in accidents and incidents, records showed they were supported to stay safe and appropriate action had been taken to prevent further injury or harm.

People told us there were sufficient staff to meet their needs. Comments included, "I don't see different carers, they're all very good" and "Yes, she (care worker) is here four times a day. I am not concerned about timekeeping. Staff will always call me if they're running late."

A check of the service's electronic rostering system showed there were enough staff to attend to people's care needs. This was continually monitored by the care co-ordinator. They explained how the rostering system worked; how calls were assigned and how the service responded to last minute changes such as staff sickness or people re-arranging visit times. We saw calls were appropriately monitored. Staff felt there were

adequate staffing numbers. Comments included, "Yes, we never fail to cover calls" and "Yes, because all my clients are in one geographical area. This makes it easy for me to get to." The registered manager commented, "I am always recruiting for staff however; I won't take on care packages if we don't have enough staff."

Staff records showed safe recruitment procedures made sure people were supported by staff with the appropriate experience and character.

People said they were happy with how staff supported them with their medicines. Comments included, "I do have to take one medicine in the morning and two tablets at night. Staff give them to me on time" and "They (staff) will make sure I have taken my medicine. I am happy with the support, they do their best."

Peoples' medicines were managed and administered safely. Medicine administration records (MAR) documented medicines people were prescribed; quantity and dosage and times to be administered. These were signed by staff who administered them. Staff told us about their responsibility in relation to supporting people with medicines. Comments included, "Each client have different needs. Some we prompt to take their medicines and others we administer" and "We have to administer medicines. I have had formal training to do this." Training records confirmed staff had undertaken the relevant training and their competency to administer medicines were regularly assessed. A view of the service's medicines policy showed it was up to date and reflected national guidance in medicine safety.

People described what staff did to make sure care and support given was hygienic. Comments included, "They (staff) wear gloves and they do change their gloves", "They (staff) wear aprons on top of their uniform, they change their gloves in between care" and "They (staff) wear gloves and aprons, they always do. They even wear gloves when they give me my medication." This was supported by staff whose comments included, "We have to wear gloves all the time but do change them in between tasks" and "Aprons and gloves have to be worn. We need to take off gloves and wash our hands before putting on fresh ones. Free hand sanitisers are given for us to use." Training records confirmed staff had attended infection control training. This meant people were kept safe from infection.

Good

Is the service effective?

Our findings

Assessment of peoples' needs were carried out to make sure care delivered was effective and achieved good outcomes for people. These captured amongst others, the areas people said they required care and support; the number of staff required to deliver the care; identified risks and how they were to be managed. For instance, an assessment clearly documented staff should not allow a person to be left in bed for longer than 10 hours in order to preserve their skin integrity.

Staff worked within the principles of the Equality Act 2010. For instance, one staff member commented, "I don't care if my clients are male or female. I treat everyone the same." This meant peoples' needs and choices were assessed and care and support delivered in line with current legislation and best practice.

People felt staff were skilled and experienced to care for them. Comments included, "Yes, they (staff) know what they are doing, you get use to routine", "Oh yes, she (care worker) had a new staff shadowing her" and "I do (feel staff are skilled and experienced)."

Staff were appropriately trained and supervised. Staff spoke positively about their induction and training experience. Comments included, " It was two hours every day for four days. On day three I shadowed experienced staff and found it very helpful. I observed how staff greeted people; prepared their food and carried out personal care" and "I had to attend two weeks training and shadowing. Every year I attend refresher training."

Staff records showed they had completed induction training and end of probation reviews. Training completed covered areas such as, safeguarding adults; basic life support; health and safety; infection control; food safety; medicine; moving and handling and end of life care. Where people had specific health needs, we saw certificates showed staff had received specialist training. The training officer when discussing staff training commented, "Mandatory training is carried out on a yearly basis. We send a reminder to staff a month in advance and give them more notice when they have to attend classroom training."

Staff were positive about the support they received. Comments included, "I get face to face supervision once a month. It's helpful because you can discuss any issues" and "One to one meetings (supervision) gives you the chance to express concerns and know how you're doing." Staff records confirmed staff received appropriate on-going supervision in their role that made sure their competence was maintained.

In the staff training room we saw signage visibly displayed titled, 'Your career journey'. This showed a map of 'a care worker's journey' in the organisation and the various steps the service would support the care worker and enhance their career through training. This meant people received care and support from a staff who were supported to attend training , learning and development to help them to fulfil the requirements of their job roles.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty. At the time of our visit, the service had no one whose liberty was legally restricted.

Staff were able to demonstrate how to practically apply the MCA to their work practice. They told us they would not make decisions for people but instead encouraged people to make their own decisions. Staff said if they had any concerns about a person's ability to make decisions this would be reported to management. Care records showed how staff supported people who were unable to make specific decisions. For instance, we viewed the care record for a person who had been assessed as having short term memory. Staff were instructed to remind the person of day of the week and that the person liked to be given choices. A MCA policy and procedure was in place and staff had been given a list of the five principles of the MCA.

People told us staff involved them in decision-making. Comments included, "Someone (care worker) comes and does my shopping list. I write what I want and they buy it for me" and "They (staff) will go to the fridge and tell me what I have got. I choose what I want to eat." Care records showed the service sought peoples' consent for various aspect of care. This included amongst others, the service carrying out needs assessment; consent for care to be delivered; for new staff to shadow experienced staff in peoples' homes; access to peoples' care records and consent for peoples' personal details to be shared with relevant agencies. These were signed by people or by those had legal powers to act on their behalf. We saw the relevant paperwork which showed what legal powers peoples' family members' or representatives had. This meant people received care and support by staff who worked in accordance with the MCA legislation.

People felt their nutritional needs were met. The service used a person-centred electronic system. One of the functions of the system was to help staff to record the meals; snacks and fluids people had been given. People told us they were supported to have their meals of choice. A person commented, "They (staff) support me to prepare my meals at breakfast and lunchtime." This was supported by a staff member who commented, "When you (staff) prepare meals, you make sure they (people) eat well and encourage them to finish their meals." A view of people's care records showed meals given were nutritious and catered to people's personal preferences.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. A person commented, "I will give the carer my letters from the GP and hospital to read for me, so I can understand." This meant staff supported people to understand any information and explanations about their health care and treatment.

Good

Is the service caring?

Our findings

People spoke about the ways staff treated them with kindness. Comments included, "They (staff) listen to what I have to say", "They (staff) treat me quite nicely" and "They (staff) always ask me if I'm alright and do I need anything. They help you with anything you ask."

Staff felt they were given the training and support needed to provide care in a compassionate and personal way. For instance a staff member commented, "I can always contact management if I need assistance. They are very helpful and understanding of my personal needs, which has helped me to do my job." This meant people received care and support by a service that showed empathetic behaviour towards its staff team.

People received care and support from staff who had got to know them well. Staff told us about peoples' care and support needs and other aspects of their lives. Care records viewed confirmed what they had told us. A staff member commented, "I get to know my clients first. I read people's care plans but ask them what they want me to do." This was further supported by a person who commented, "I think they know me well. Naturally, they ask me a lot of questions."

Care records showed people were encouraged to be as independent as possible. They recorded what people were able to do for themselves and areas further support was required. This was supported by the people we spoke with. Comments included, "I can still attend hospital appointments by myself, which I prefer to do" and "They (staff) allow me to do the things I can do for myself." Whilst another person felt due to their health condition this was not possible and commented, "They (staff) have to take on everything because I am not well."

The service captured people's views about the caring nature of staff through care review meetings; quality assurance questionnaires and regular telephone monitoring calls. For instance, one person who had been contacted by the service commented, "They (staff) are very friendly and they sit with me and have a chat." This meant there was a range of ways used to make sure people were able to say how they felt about the caring approach of the service.

Peoples' dignity was respected by staff. Staff comments included, "I always ensure doors and curtains are closed. I also cover them (people) up in towels so that they are not exposed" and "We have to make sure bathroom doors are closed because some people's have family members that visit." People confirmed what staff had said. Comments included, "The doors are always closed (when personal care was carried out)","They (staff) makes sure my bathroom door is closed" and "They (staff) treat me with respect. [Name of care worker] makes sure my curtains are closed and she does not rush me and allows me to go at my own pace." This showed peoples' privacy and dignity was respected and promoted.

The provider was registered with the Information Commissioner's Office (ICO).The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. Personal information was kept securely and password protected. Staff told us how they made sure information about people were kept confidential. For instance, a staff member commented, "We (staff) don't

discuss any personal issues or information about clients in front of the people we support."

Good

Is the service responsive?

Our findings

People felt care and support given was specific to their individual needs. This was summed up in the words of one person who commented, "The care I get is what I want and I am happy with it."

Care records were person-centred and recorded peoples' needs and preferences. This covered areas such as how people liked to addressed; preferences for male or female care workers; religious and cultural needs; how they liked to live their life and family members who were important to them. This demonstrated peoples' care plans reflected the needs they felt were important to them.

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. For instance, in a person's care record staff had expressed concerns to management due to a change in the person's care needs. As a result of this a review of care meeting was held with the person; their family member and a social worker. The minutes of the meeting showed it was agreed by the local authority to increase the person's calls from three times a day to four. This meant where there were changes in people's circumstances the service responded appropriately.

We looked at whether the service ensured people had access to information they needed in a way they could understand it and were compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care records did show whether people had disabilities or sensory impairments. We visited the home of a person who was partially sighted and although the person had access to their paper care record and the service user guide this was not presented in a format they could understand. This meant information in care records was not always presented in a way that met people's communication needs.

We recommend that the provider review current guidance and best practice about the Accessible Information Standard.

Staff knew and understood how to respond to each person's diverse cultural, gender and spiritual needs. For instance, one staff member commented, "I work with a client who likes to pray. I am respectful of that and give them the space they need. Another client likes to wear the hijab (a veil traditionally worn by certain religions) and I provide support to both of them." This showed people were cared for by staff who responded appropriately to their spiritual; religious or cultural needs.

People were aware of how to make a complaint but told us they had not had the need to do so. Comments included, "I have no complaints to make" and "I've not had to make a complaint but if I did, I would speak to the manager." Staff knew how to handle complaints and told us they would advise people to report any concerns or they would do this on their behalf. A complaints policy was in place and instructions on how to raise concerns was also available in peoples' homes. We viewed the complaints register and saw appropriate responses and actions had been taken when people or their relatives had raised concerns. This showed peoples' concerns and complaints were listened to and addressed.

The registered manager told us they do support people who are at the end stages of life. At the time of our visit, no one was in receiving end of life care. However; training records showed staff had attended palliative care training.

Good

Is the service well-led?

Our findings

People said the service was well-led and based this upon their relationship with staff and the registered manager. Comments included. "They (staff) look after me well in my home", "Oh yes, [Name of registered manager] is very good and has always helped me" and "[Name of registered manager] is very good. A very nice person. It's very good (the service)."

Some of the compliments the service received from people and their relatives included, "We're happy with the boys (staff), they do a great job" and "Since my grand-dad moved from his old care company to Kare Plus Windsor, I've been very happy with the work from carers. My grand-dad has no problems and looks well when I get to see him. I would like to say thank you to all the carers who look after him and the management who keeps in contact with me if there are any issues."

Staff gave positive feedback about management and the support they received. Comments included, "Management are very friendly. In my previous job management treated us (staff) unsatisfactorily. In this company if you make a mistake, they (management) will explain in a nice way so you can lean more" and (Name of director) always make sure his staff are well. He puts us on specialist training and pushes us to do better."

Staff told us management made themselves available to people. For instance, a staff member commented, "[Name of registered manager] and [Name of care co-ordinator] will always go out and introduce themselves to new clients." This was supported by our home visits where people spoke about the registered manager with fondness and respect. This showed the service had a positive culture that was open, inclusive and empowering.

Staff were recognised for their work. We saw 'exceptional behaviour' reports which documented where they had gone the extra mile when providing care and support to people. For instance, a care worker had arranged a pest control company to come address an issue a person had with mice, as the person had no family members to assist them. The care worker made sure they were present throughout the company's visit, even though it was beyond their working hours. In recognition of the care worker taking this initiative; the service presented the care worker with a reward. This showed people received care and support from a service that valued its staff.

Staff said they attended regular meetings. A staff member commented, "Staff meetings are held over two days. This is because of our work schedules. It's very difficult for everyone to attend on the same day." Minutes of meetings showed quality assurance issues were discussed. For instance, staff were reminded to make sure that they wore their uniforms and personal protection equipment (PPE). The service made sure staff were aware of their responsibilities.

A new person centred electronic care system was installed in October 2017. This system helped the service to monitor staff's times; care tasks completed; helped staff to update care records promptly; flagged risks that had been identified and provide staff with alerts when changes happened. The system also allowed

people; their relatives and other relevant health professionals access to care records.

Paper care plans were still available in the homes we visited. We noted these did not contain the daily logs. People we spoke with had little knowledge of the new electronic system. One person commented, "I liked the way they (staff) used to write everything down in a book. They don't do that now." We spoke with the registered manager to find if the service had prepared people and those who represented them for this change. The registered manager stated this had not as yet been done but stated this would be acted upon.

The service had effective systems in place to monitor the quality of care and support that people received. Processes were in place to ensure the relevant quality checks were completed. For instance, regular audits of medicine records; daily log sheets and accident and incident logs. We saw appropriate action was taken. We noted there were no analysis of the information gathered for emerging trends; patterns and lessons learnt.

We recommend that the service seeks current guidance and best practice on how to analyse data that has been collected and reflect on lessons learnt.

People's experience of care was monitored through care review meetings; telephone monitoring and quality review visits. For instance, we viewed completed quality review forms and saw it covered, how people rated the contact they received from the office; how staff had dealt with their queries and how complaints were managed. We saw people gave positive responses to all the questions asked. This meant the service continually sought people's views about care and support received.

The service established good working relationships with partner agencies and health and social care professionals. Care records showed where the service worked with agencies to make sure people's care and support needs were met. A compliment from a local authority stated people could not praise care workers and management highly enough. The local authority officer thanked the service for making the process of taking on care packages, "A whole lot easier."