

Care Nexus Ltd

Kare Plus Redbridge

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

This inspection took place on 29 June 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection. Kare Plus Redbridge provides personal care and support to people living in east London. At the time of our inspection, approximately 19 people were using the service. It was the first inspection since the service registered with the Care Quality Commission (CQC) in July 2013. The service moved to a new location in December 2015.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

Systems were in place to ensure people were protected from the risk of abuse, however, the service's safeguarding procedures required updating to ensure compliance with current guidance. Staff were aware of the different types of abuse and how to respond. People had their individual risks assessed and staff were aware of the plans to manage the risks. People received care at home from staff who understood their needs. People received their prescribed medicines safely, which were administered by staff who had received training to do this.

Care workers had been recruited following appropriate checks and the provider had sufficient staff available to provide support to people. People told us they received support from care workers who understood their preferences and encouraged them to remain as independent as possible. They were listened to by care workers and were involved in making decisions about their care and support. People were supported to meet their nutritional needs.

Care workers received essential training in a number of topics that were important for them to be able to carry out their roles. Staff told us that they received support and encouragement from the registered manager and were provided opportunities to develop in their roles. Staff were confident that any concerns raised would be addressed. People and their relatives also felt able to talk to the registered manager or the office manager and said that any issues were dealt with quickly.

Care staff ensured people were treated with privacy and dignity. People and their relatives were encouraged to express their views and give feedback about their care. They told us they felt confident they could raise any issues and that action would be taken.

The registered manager was committed to developing the service and monitoring the quality of care provided to people. The service was overseen by a senior person, also known as the responsible individual who ensured that regular checks were completed and looked at where improvements could be made.

We have made a recommendation to the service, which is detailed in the report.

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 understood how to protect people from harm and abuse. They supported people in a safe way.

Staffing levels were sufficient to support people safely and staff were recruited by following the service's recruitment procedures.

Staff supported people to take their medicines safely.

Is the service effective?

Good ●

The service provided was effective. Care staff received training they needed to ensure that they supported people competently.

Systems were in place to ensure that people's human and legal rights were protected.

People had access to healthcare professionals when they required them.

People were supported to eat and drink to meet their nutritional requirements.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with the people they supported and promoted their independence.

People were involved in making decisions about their care and their families were involved. Staff respected people's individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive to people's preferences for their care.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was a complaints policy and procedure in place which enabled people to raise complaints. Complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well-led. The registered manager was organised and approachable.

The service recruited effectively and staff received the necessary support and guidance. Procedures were not always up to date and we have made a recommendation about this.

The service had a quality assurance system. The quality of the service provided was monitored regularly. People and their relatives were able to provide their views on the service so that improvements could be made. We made a recommendation about reviewing the type of questions asked in surveys.

Kare Plus Redbridge

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 took place on 29 June 2016 and was planned to check whether the provider was 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 under the Care Act 2014. It was an announced inspection, which meant the provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

The inspection team consisted of one adult social care inspector. Before the inspection, we reviewed the information that we held about the service. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

We also reviewed the provider information return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

During the inspection, we spoke with the responsible individual, the registered manager and an office manager. After the inspection we spoke, by telephone, with two care workers, three people who used the service and two relatives. We looked at documentation, which included six people's care plans, including risk assessments; five care staff recruitment and training files and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "Yes I am safe." Another person said, "The carers are very safe, very careful and capable." A relative told us, "They keep my relative safe, I have no problem there."

Care workers told us they had been provided with training in safeguarding adults from abuse, which was confirmed in the records we looked at. Care workers understood their roles and responsibilities regarding safeguarding. They were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to, including notifying the local authority. We saw that where a concern was raised, care workers and managers took action to ensure the safety of the person. Staff were also aware of what whistleblowing was and knew that they could report concerns about practice within the organisation. One staff member said, "I know about the whistleblowing policy. It is about reporting concerns we have to the council or the CQC."

People were kept as safe as possible as they had risk assessments in place. The risk assessments were personalised and based on the needs of the person. The assessments identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks such as the moving and handling of the person, continence management, administration of medicines and possible spreads of infection. For example, we saw that staff were advised to ensure that a person's skin remained dry after washing and to use "different flannels for different areas of the body" to prevent any infections. People's risk assessments were reviewed every three months.

People received care and support at times that they required. The registered manager and the office manager demonstrated an electronic system that they used to coordinate the days and times that care would be provided to people. From looking at these rotas, the daily notes and time logs, we saw that care workers were able to cover shifts and complete the required tasks on time. Care workers told us they were satisfied with their workloads and schedules. They told us they had sufficient time between their shifts to deliver the support that was detailed in people's care and support plans. People who used the service told us that care workers arrived on time or were notified by the service if, for example, their care worker was running late due to traffic.

We saw that care workers worked together in order to move people safely. There were always two care workers for a person that required manual handling assistance to help lift them up, with the use of a hoist. Care workers were trained to use such equipment. They entered and exited people's homes safely by ensuring that they announced themselves when arriving by ringing the doorbell or entering with a 'keysafe'. This was a secure key to the home that is only accessible with a passcode. Care workers were required to identify themselves when they entered a person's home and carried identification and wore a uniform. People confirmed that they saw care worker's identification badges which enabled them to feel safe as they knew who the care worker was. Care workers used Personal Protective Equipment (PPE) such as gloves and aprons when providing personal care, to ensure hygiene is maintained and any infections are controlled.

Staff recruitment files showed that the service had a safe recruitment procedure in place. Care workers completed application forms outlining their previous experience, provided references and evidence that they were legally entitled to work in the United Kingdom. They attended an interview as part of their recruitment process. We saw that a Disclosure and Barring Service (DBS) check had been undertaken before the member of staff could be employed. This is a check to find out if the person had any criminal convictions or were on any list that barred them from working with people who use care services. We noted that the service was looking to recruit additional staff, as the number of referrals was expected to increase.

Care plans detailed if prescribed medicines were to be administered by either care workers or relatives or were to be taken by the person themselves. We looked at daily record notes and saw that care workers administered medicine when this was stipulated in the care plan of the person. Care workers who were required to give people their medicine, recorded the dosages taken in medicine administration record sheets (MARS) and in their daily log books to evidence that the medicine was taken. One care worker told us, "We administer and record medicine if we are required to and record it and sign the MAR sheet. Otherwise the relatives administer our client's medicine." Care workers were also observed administering medicines by the registered manager or a senior carer as part of regular spot checks. Spot checks were observations of staff to ensure that they were following safe and correct procedures when delivering care.

Is the service effective?

Our findings

People and relatives told us that care workers met their individual needs and that they were happy with the care provided. One person told us, "The carers are very good and well trained." Another person said, "The carers seem very qualified. The quality of care is fine." A relative said, "[My relative] is happy with them. The carers come on time and do what is required."

People's consent was sought before any care was provided. Care workers acted on their wishes and asked for their consent before they provided any care. People receiving care told us that the service shared information with them and their family members. We looked at records held in the office and saw that consent was confirmed with people and relatives and the contents of care plans were agreed. Records showed that people or their relatives signed care plans prior to receiving care and support and that they had been involved in their care planning.

People were able to make their own decisions and were helped to do so when needed. Care workers understood their responsibilities under the Mental Capacity Act 2005 (MCA) and what this meant in ways they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager.

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. 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. We checked whether the service was working within the principles of the MCA and that people's human rights were protected. We saw that records of capacity assessments were available, where applicable. One care worker told us, "I understand capacity and that if people need help when their capacity reduces, I would seek guidance. It is about ensuring people with different conditions are supported to make decisions."

Care workers told us they received the training and support they needed to do their job well. Care workers had received training in a range of areas which included safeguarding adults, infection control, medicine awareness, equality and diversity, supporting people with dementia, MCA and Deprivation of Liberty Safeguards (DoLS). The training included Care Certificate topics, which were a set of standards and assessments for health and social care workers and required them to complete modules, in their own time, when they started their roles. Care workers were also in the process of completing or had completed Diplomas in health and social care. We looked at care workers' training records which confirmed the dates that they took training and any scheduled dates for refresher training in the future. The registered manager said, "We do refresher courses every year. For important topics, I would like to do them every six months. The Care Certificate is very long, it takes time but my carers have got on with it."

Care workers who were recently recruited completed an initial induction and shadowed more experienced

workers to learn about people's individual care needs and preferences. Care workers told us the induction training they received provided them with the knowledge they needed. A care worker said, "I enjoyed the training, it helped me learn and refresh my understanding. I have completed my Care Certificate as well." Another care worker said, "When I started I was supported with relevant training such as manual handling and safeguarding training. I shadowed a colleague when I was doing my induction and I was also observed by my manager."

Care workers were supported and monitored by the registered manager, a senior carer and the office manager. The registered manager was in the process of recruiting additional staff, including a field care supervisor to assist them with completing assessments of people, reviews of care plans and spot checks of new and longer serving staff. They told us, "In the meantime, while we are recruiting, I am doing field care supervisor work at the moment." Records confirmed that this was taking place.

The registered manager or a senior carer visited people in their homes after a new care package had commenced and carried out spot checks. The office manager made routine telephone calls to people. They told us, "I make sure our clients are being looked after and are happy. I take notes to record what they tell me so that we can help them with anything." This ensured that care was being delivered and people were satisfied with their care worker. Care workers were aware of how to fulfil their roles and responsibilities. They received a handbook when they began their employment which set out codes of practice, terms and conditions, the service's philosophy and the policies and procedures they are required to follow. Care workers confirmed that they had read and understood the handbook.

Care workers said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and any training needs in order for them to develop and gain further skills. Supervision sessions are one to one meetings with line managers where staff are able to review their performance. Records confirmed that supervision meetings took place every two months, in addition to team meetings, which care workers said they found helpful and supportive. Staff received appraisals annually to monitor overall performance and to identify any areas for development. One care worker told us, "I have had supervision and an appraisal. It is important for our development and I have been supported 100% by the agency."

Where needed, people were supported to have sufficient amounts to eat and drink and had their nutritional needs met by care workers. One care worker told us, "I offer to make breakfast or lunch or a cup of tea if someone lived on their own. Usually there is a family member who provides food." Relatives told us that care workers ensured their family member was provided with food and drink. One relative said, "Yes they do ask. I usually sort out breakfast but the carers make sure [my relative] is ok as well and ask if they need a drink."

Records showed that care workers took appropriate steps when a person was unwell and knew what to do in emergencies. We saw that district nurses were consulted to tend to people requiring bandages and dressings. A care worker said, "I would contact the GP or an ambulance in an emergency or if my client was sick. I would also inform the office and my manager." One person said, "The carers know what to do, they have all the details."

Is the service caring?

Our findings

People and their relatives told us that the care workers treated them with respect, kindness and dignity. They also told us that they felt the care workers listened to what they said and provided them with care that suited their wishes. One person said, "My regular carer is lovely, we get on well." A relative told us, "The carers who have come have been very nice." Another person said, "Yes, of course they are caring, that's their job!"

Care workers understood the importance of respecting people's privacy and dignity. Care workers knew about people's individual needs and preferences and spoke about people respectfully. One care worker told us, "We have to communicate and show respect. We let them know what we are doing and ask permission. We make sure doors are closed when we are providing personal care."

Care workers told that they got to know people and their families well. One care worker said, "I have a good relationship with my client." One person said, "I can trust them to take care of me. My regular carer and the manager are lovely." A relative told us, "My relative is very happy with his carers as long as the same carer comes. It is better to have consistency so it is more comfortable for them [my relative]."

People told us they had involvement in their care plan being reviewed and updated. There was evidence in the care plans and through our discussions with the registered manager, that people were consulted and involved in their care and support. One person told us, "Yes I was involved and we signed everything before the carer started and if things changed." We saw in the care records where people had confirmed they had been involved and agreed with their plans of care. This meant people had the opportunity to contribute and have their say about the support they would receive.

People's care records identified people's specific needs and how they were met. Records also provided guidance to care workers on people's preferences regarding how their care was delivered. We saw that people were supported to remain as independent as possible by care workers. For example, we noted that one person said in their care plan that, "I like to maintain my independence by washing and dressing myself. I agree that I may need help from my care workers if I am well."

Is the service responsive?

Our findings

People told us that care workers were responsive to their care and support needs and they were happy with the care they received. One person told us, "I am happy with the carers, they listen and understand me." Each person had a support plan which was personalised and reflected their personal choices and preferences regarding how they wished to be cared for. A relative said, "The manager is very helpful. When we call the office about anything, they are happy to help. They respond straight away and often come to the house in person." However, one person said, "I am happy with the care but sometimes new carers don't always understand my needs and this will take them time." We asked if this was a continuing issue and they told us that they were now satisfied with the service.

People told us they had regular carers and they were generally happy with their care arrangements. The service ensured that they had the staff available to provide care before agreeing any care packages. The service received referrals from the local authority, for people who required assistance with personal care or people being discharged from hospital. Referrals were also received for people who required enablement care after suffering a stroke or another illness, which aimed to help them regain their independence. Discussions were held with other health or social care professionals.

During our inspection, we saw that an initial assessment of people who use the service was carried out before a care package was agreed, including any risk assessments. The care plans outlined people's needs. Care workers were able to learn about the needs of the people they were supporting and check if there had been any changes to their needs.

People had a copy of their care plan in their homes. We saw that care plans were reviewed and updated to reflect people's changing needs. The care plans were personalised and included details such as how a person wanted their care to be delivered, their personal interests, likes and dislikes and details of significant relationships, friends and relatives. For example, we noted that people were able to highlight a place or event that was important to them in their lives and one person's plan said, "I used to enjoy making custom jewellery and walking my dogs." This information was important because it enabled people to describe their personality and informed care workers about the things they enjoyed doing.

We saw that care plans contained details of what support they wanted for each part of the day when a care worker was scheduled to visit, such as in the morning, lunchtime or in the evening. We looked at daily records written by care workers and found that they were hand written by staff and contained details about the care that had been provided to each person and highlighted any concerns or issues.

People could contact the service if they had a problem. The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in an easy to read leaflet. They confirmed that they knew how to complain. One person told us, "I did have a problem when they kept chopping and changing my carer and they didn't always let me know. I spoke to the manager but didn't make a formal complaint. My regular carer is back now." Another person said, "I don't have anything to complain about at the moment. They provide a good service." We noted that any issues

and complaints were brought to the attention of the registered manager. We looked at records and saw that investigations were carried out and action was taken promptly in response to concerns. We noted that people and relatives were informed of the outcomes and were satisfied with the response. We saw that one complaint was still in progress. Actions and notes of meetings that had taken place were dated and detailed clearly.

Is the service well-led?

Our findings

The service was part of a franchise of domiciliary care agencies under the name Kare Plus. The Redbridge branch was operated by a responsible individual, who was the managing director of the care agency. There was also a registered manager, who managed the day to day running of the service. The registered manager demonstrated good knowledge of the people who used the service and had experience in providing care to people.

Care staff told us they were "happy" working for the registered provider, Kare Plus Redbridge. One care worker said, "It has been very good since I started. I am well supported and have had good training and I am happy with my hours. The manager is excellent, they are so helpful and there is good teamwork." The office manager told us, "I have really enjoyed working for the company and the manager. It has gone very well and I can develop my career here."

People confirmed that the service was managed well. We looked at various records, including minutes of meetings, training, safeguarding information and health and safety information. We noted that safeguarding procedures had not been reviewed for some time. We recommend that the service reviews and updates all policies and procedures to ensure compliance with current legislation and guidance.

Team meetings enabled care workers to discuss any areas of practice or concern as a group and this was confirmed by the minutes of meetings we looked at. Items covered during team meetings included guidance for care workers on medicine recording, personal protective equipment, safeguarding, the particular health care needs of people such as pressure sores, training and a more general discussion. We saw that the minutes were detailed and that meetings were well attended. The service had recently introduced a "staff of the month" award as an incentive for care workers who delivered outstanding care, which included good timekeeping, always being in uniform and always recording and reporting information and concerns.

People were visited in their homes by the registered manager or a senior carer to ensure that they were satisfied with the care and support that was delivered. Daily report records, which contained information on medicines that were administered, were brought back to the office each month to be audited and quality checked. This ensured that care workers had completed them thoroughly. If any discrepancies were found, the registered manager would have a discussion with the care workers and take any necessary action for improvements to be made. We saw that the daily records were well written and easy to read. The registered manager said, "The nature of reporting has really improved from my staff. I wanted to get away from having minimal notes and I have made sure that everything is reported so that we can pick up on any concerns, such as pressure sores."

We also saw that there was a system to monitor that care workers were following a set schedule on their individual rotas. Care workers were required to log in to the system using a Freephone number from people's phones with their permission, when they commenced care and support in their homes. This helped managers and office staff see that care workers had arrived to carry out personal care for people at allocated times and according to the wishes of the person.

We spoke with the responsible individual and they told us, "We are a growing franchise, only recently moving into home care. My primary aim is to help the registered manager with recruitment, investment, training and audits." The registered manager said, "I aim to build a strong team and deliver quality care. It is a slow progression but I am very hands on as I have experience of being a carer." People confirmed that the registered manager visited them in their homes and also assisted in providing personal care when their regular carer was unavailable. One person said, "The manager is excellent and really nice. Very professional and very caring."

The registered manager understood their role and responsibilities and communicated with the responsible individual on a daily basis. They and the responsible individual carried out quality assurance audits to check whether the service was running effectively. They notified the CQC of incidents or changes to the service that they were legally obliged to inform us about. People's records were kept securely which showed that the service recognised the importance of people's personal details being protected and to preserve confidentiality.

The registered manager sent surveys to people and relatives to seek their views and opinions. We saw questionnaires and telephone monitoring checks which had been sent out or returned from the previous year. The service had received compliments and feedback from people and relatives, which were positive. For example, we noted that one person commented that, "The staff support me to do the things I can't." Another person wrote, "The carer is very nice to us and is always willing to help." The service was in the process of sending out questionnaires for the current year.