Complete Service Solutions Ltd

Kare Plus Leeds

Inspection report

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27 January 2020

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Kare Plus Leeds is a domiciliary care agency providing support to people in their own homes in the community. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service was providing personal care to five people.

People's experience of using this service and what we found
The systems in place to manage medicines were not always safe which placed people at risk of not receiving their medicines as prescribed. The manager recognised improvements were needed and was taking action to address the issues we raised.

There was a lack of quality assurance systems to monitor and check service delivery and those that were in place were not always effective. The manager told us they were taking action to address these matters.

People and relatives were happy with the care provided. They were involved in planning and making decisions about their care. Risks were assessed and managed. People's nutritional and healthcare needs were met. Staffing was organised to make sure people received their calls on time and staff stayed the full length of the call.

People and relatives said the staff were kind and caring. People received support from regular care staff who knew them well. Support plans showed the support people needed on each call, although one person's plans needed updating. People were treated with respect and their privacy and dignity was maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were recruited safely, although references were not always obtained from the last employer. Staff received the induction, training and support they needed to fulfil their role. Safe systems were in place to manage any allegations of abuse and complaints.

The provider had been managing the service since November 2019 and a new manager had just started in post when we carried out the inspection. Both were aware improvements to the service were needed and demonstrated their commitment to making this happen. Staff said they had noted improvements since November 2019 and felt better supported. Survey feedback from people and relatives also showed an increase in satisfaction in the last three months.

We identified two breaches of regulation in relation to medicines and good governance. You can see what action we have told the provider to take at the end of the full version of this report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 22 January 2019 and this is the first inspection.

Why we inspected
This was a planned inspection.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Kare Plus Leeds

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One inspector carried out the inspection.

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

The service had a registered manager who left in October 2019. A new manager is in post who will be registering with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced. We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection. Inspection activity started on 20 January 2020 and ended on 27 January 2020. We visited the office location on 20 January 2020.

What we did before the inspection
We reviewed information we had received about the service since registration. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-
We spoke on the telephone with the relatives of four people about their experience of the care provided. We spoke with seven members of staff including the manager, the care co-ordinator, three care workers, the regional support manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines management was not always safe.
- Medicines listed in people's care plans did not always match those recorded on administration records. There was conflicting information about doses and frequency of administration.
- There were no specific instructions or body maps to show where prescribed creams should be applied or how often.
- The provider did not have effective systems in place to ensure they had accurate and up to date information about the medicines people were taking.
- The provider's audit systems had not identified or addressed these issues.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us people received their medicines when they needed them.
- Staff had received medicines training and had their competency assessed.

Staffing and recruitment

- Overall recruitment was safe with required checks completed before staff started working in the service.
- References were obtained however these were not always from the last employer. The provider told us this would be addressed straight away.
- Effective systems were in place to organise and monitor calls, making sure visits had been completed and alerting office staff to any non-attendance.
- Relatives said the service was reliable as care workers arrived on time and stayed the full length of the call.

- Staff said the rotas were well organised with time planned in for travel. They said they had enough time to provide the support people needed without rushing.

Learning lessons when things go wrong

- Systems were in place to report and record accidents and incidents.
- There had only been one accident. Staff had responded promptly to make sure the person received the medical attention they needed and had reviewed the care package with the person and their relatives,

putting in an additional call to provide further assurance.

Systems and processes to safeguard people from the risk of abuse
● Effective systems were in place to protect people from the risk of abuse.
● The service provided people with information about safeguarding including who to contact if they had any concerns.
● Staff had received safeguarding training and knew the procedures to follow if abuse was suspected or found.
● The provider told us there had been no safeguarding incidents.

Assessing risk, safety monitoring and management
● Risks to people's health and safety were assessed and a range of risk assessments were completed and regularly reviewed.
● Records showed a falls risk assessment was required for one person. However, this had not been completed. The manager said this would be addressed immediately.
● People's needs were communicated to staff with guidance on how to manage the risks posed to people.

Preventing and controlling infection
● Safe systems were in place to manage infection control.
● Staff had received infection control training and were provided with personal protective equipment such as gloves and aprons.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The manager understood the principles of the MCA. All staff had received training in the MCA.
- Two people's relatives had lasting power of attorney (LPA). However, the service had not seen evidence to clarify whether the LPA was for property and financial affairs or health and welfare or both. The manager said they would address this.
- Mental capacity assessments had been completed for two people, however, it was not clear what particular decisions these related to. The manager recognised this needed to be addressed.
- People had signed their consent to care and treatment.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff worked with health and social care professionals to ensure people received consistent care.
- Specialist support and advice was sought and acted upon. However, this was not always fully documented and reflected in people's care plans. The manager acknowledged this and said they would take action to ensure records were maintained.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before being offered a service.
- Relatives confirmed they and their family member were involved in the assessment and their needs and preferences were taken into consideration.

Staff support: induction, training, skills and experience
- Staff received the induction, training and support they required to fulfil their roles.
- Relatives said staff were well trained and competent.

● New staff received an induction and period of shadowing more experienced staff before working alone. Those who were new to care completed the Care Certificate.
● Staff received ongoing training which was kept up to date.
● Staff were supported by the provider and received regular supervision.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional needs were assessed and met by the service where this was an identified need.
● Where people needed support with meals, this was recorded in the support plan and included any dietary preferences.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People were well treated by kind, caring and compassionate staff.
- Relatives were happy with the care provided to their family members and praised the staff. One relative said, "Staff are very nice. Nothing's too much trouble and [family member] has a good banter with them."
- People received care and support from a small staff team who knew them well and were considerate and helpful.
- The service treated people equally and ensured their rights were protected.

Supporting people to express their views and be involved in making decisions about their care
- Relatives told us they and their family members were involved in care planning and decisions about their care.
- One relative said they appreciated the flexibility of the service which allowed them to continuing caring for their family member with support from care workers as and when needed.

Respecting and promoting people's privacy, dignity and independence
- Staff treated people with respect and maintained their privacy and dignity.
- People were supported to maintain their independence and were encouraged to use the skills they had.
- One relative told us how good staff were at encouraging and supporting their family member to complete their exercises.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives said the service provided person centred care to their family members.
- Overall care plans were personalised and showed the support and care required. However, one person's care plans had not been updated since March 2019 although daily records showed their needs had changed.

- Staff had a good understanding of people's needs and the support they required.
- The manager told us they would review these care records immediately and would ensure all care plans fully reflected people's needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were reflected in their care records.
- The provider told us information could be provided in different formats if required. This included large print, audio and different languages.

Improving care quality in response to complaints or concerns

- People were provided with a copy of the complaints procedure when the service began.
- Relatives said if they or their family member was unhappy with anything they would speak with the manager. One relative said, "We're encouraged to ring if there are any issues and they are sorted."
- No formal complaints had been received.

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection.
- Staff had completed training in end of life care.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Leadership and management of the service was inconsistent. The registered manager left in October 2019. A new manager started in post on the day of this inspection.
- Quality assurance systems were not fully embedded or always effective. For example, no audits, apart from spot checks on staff practice, had been completed when the registered manager was in post.
- Although some audits were now taking place these were not always identifying and addressing issues we found. For example, inconsistencies in medicine records, care plans not updated and a lack of clarity in records relating to mental capacity and LPA.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to assess and monitor quality and safety. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and manager recognised improvements were needed and were responsive to the inspection findings, taking appropriate action when issues were highlighted.

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

- The provider and manager had a clear vision of how they wanted to improve the service and were being supported by the regional support manager from Kare Plus to achieve this.
- Staff were clear about their roles and understood their responsibilities. They said communication had improved in the last three months; they felt their views were now being listened to and the support available to them was getting better.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager understood and followed the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives told us communication was good and they and their family members were involved in decisions

about their care and kept informed of any changes.

● Satisfactions surveys had been sent out to people and relatives in November 2019 and January 2020. The analysis showed people felt the service had improved during this time period as satisfaction had increased from 68% in November 2019 to 92.3% in January 2020. The provider said the results would be shared with people and their relatives.

● The provider and manager engaged with staff and kept them informed through regular meetings, supervision and a staff newsletter.

● The service worked closely with other health and social care professionals to ensure people received consistent and timely care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not have systems in place to manage medicines properly and safely. Regulation 12(1)(2)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to assess, monitor and improve the quality and safety of the services. Regulation 17(1)(2)(a)