

Dama Tech Ltd

# Kare Plus Kingston

## Inspection report

9 Bridle Close  
Kingston Upon Thames  
KT1 2JW

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30 September 2022

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Kare Plus Kingston is a domiciliary agency providing personal care people. The service provides support to older people, some of whom had a learning or physical disability. At the time of our inspection there were eight people using the service.

Not everyone who used the service received personal care. 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.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

People were not always supported by staff who followed systems and processes to administer, record and store medicines safely. People did not always receive support from staff that had clear guidance on how to mitigate identified risks.

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.

### Right Care:

People did not always receive care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

### Right Culture:

People did not always receive a service that had robust governance systems in place. Issues identified during this inspection had not previously been identified by the manager. People's dependency levels were not always recorded. People didn't always receive care and support from a service that learned lessons when things went wrong. Staff knew and understood people well, however, were not responsive in supporting their aspirations to live a quality life of their choosing. People and those important to them, including advocates, were involved in planning their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was registered with us on 26 May 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement and Recommendations

We have identified breaches in relation to medicines management and good governance at this inspection.

We have made recommendations in relation to risk assessments, staffing levels and care plans.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** 

# Kare Plus Kingston

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for two months and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 30 September 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

### During the inspection

We spoke with one person and two relatives to gather their views. We contacted six staff members including care workers and the manager. This performance review and assessment was carried out without a visit to the location's office. We used technology such phone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 29 September 2022 and ended on 12 October 2022.



# 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 of 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

- People's medicines were not always managed safely.
- Records showed people's Medicines Administration Records (MAR) had gaps and omissions, and staff had failed to use the key codes to explain as to why the medicines had not been administered. For example, one person's MAR showed their high blood pressure medicines had not been signed between 1 August 2022 and 11 August 2022.
- After the inspection the registered manager told us the high blood pressure medicines were not prescribed until the 11 August 2022. However, there was no reference to the date the prescription was to commence recorded on the MAR.
- Another person's MAR showed staff had failed to sign to confirm their medicines for high blood cholesterol had been administered for the entire months of July and August 2022. The given key codes were not used to indicate the reasons for the gaps in the MAR.
- After the inspection the registered manager told us their blood pressure medicines were not administered as the person had cancelled their evening visits, however, this was not reflected on the persons' MAR. The registered manager confirmed the MAR had now been amended to reflect these changes.
- People's MARs did not always contain the medicines dose, route or frequency for administration. This meant people were at risk of receiving their medicines at the incorrect time.
- Medicines competency checks undertaken by senior staff were not robust and failed to identify the issues found during this inspection.

The provider failed to ensure the service was safe. These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Safe Care and Treatment

- Notwithstanding the above, we received positive feedback from people and their relatives about the administration of medicines. Comments included, "The staff always give me my medicines in the morning after my breakfast. They make sure I have enough medicines and they even reorder them for me" and, "The staff will help me make sure that my relative has any pain relief medicines."

### Staffing and recruitment

- People did not always receive care and support from sufficient numbers of staff.
- During the inspection we identified two staff members had worked for 30 days without required rest breaks. For example, two staff members had work 30 consecutive days between the 1 August and 31 August 2022. The extensive days worked by staff members meant there were not enough staff deployed and those

working were at high risk of fatigue.

We recommend the service consider current guidance in relation to staff rest breaks and take action to update their practices accordingly.

- Notwithstanding the above, people and their relatives spoke positively about the staffing levels. Comments received included, "[Staffing levels] have been spot on. There has been one occasion [where staff were late] and they called to say they were going to be late due to traffic" and, "Mostly [staff] are on time. They can't help it when the buses are on strike. If they are late it's only by five minutes."
- We reviewed staff recruitment files and identified these contained a completed application form, satisfactory references, photographic identification and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- People did not always receive care from a service that learned lessons when things went wrong. Issues identified during this inspection had not previously been identified through the provider's auditing systems.
- Incident and accident records were not clear or specific in confirming the action taken following incident occurrence, or that learning was shared.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse.
- People and their relatives told us they felt safe using the service. One person said, "Oh yes very much so, [staff] know what to do and are very careful with me."
- Staff had a clear understanding of their role in identifying, responding to and escalating suspected abuse. One staff member told us, "Safeguarding means to protect our service users from any harm, negligence, abuse, or injury. If there is any abuse to the client or myself, I need to inform our office and their next of kin."
- The manager was aware of the provider's safeguarding policy and action to take should there be an occurrence of suspected abuse.

#### Assessing risk, safety monitoring and management

- People did not always receive support from staff that had clear guidance on how to mitigate identified risks.
- Risk assessments needed improvement in relation to ensuring there were clear and succinct steps for staff to follow in supporting people who were at risk of falls. For example, one person's risk assessment was not sufficient in detailing the steps staff should follow when supporting them to move about.
- Notwithstanding this, other risk assessments reviewed during the inspection were regularly reviewed to reflect people's changing needs. Risk assessments covered all aspects of people's care needs, for example, mobility, mental and emotional health, physical health and medicines.
- Relatives confirmed they were involved in the risk assessments; and told us the manager went through each risk assessment with them to ensure they met people's needs.

#### Preventing and controlling infection

- The manager had arrangements in place for preventing and controlling infection.
- Staff confirmed they had access to personal protective equipment (PPE), namely masks, gloves and aprons.



# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were regularly assessed. Prior to using the service, a preadmission assessment was undertaken to ensure the service could provide care could meet their needs.
- A relative told us, "The manager visited my relative [before using the service]. The manager asked lots of questions about what kind of care my relative wanted."
- The preadmission assessment formed the basis for the care plan to ensure the provider was able to meet people's needs.

Staff support: induction, training, skills and experience

- People received support from staff that underwent training to enhance their skills and knowledge.
- One relative said, "The staff's knowledge is good." Another relative commented, "Oh gosh yes, the staff are knowledgeable, and they really are fantastic, terrific even."
- Records showed staff received training in all aspects of their roles. For example, safeguarding, manual handling, food safety, communication and medicines management.
- Staff confirmed the training provided met their needs and they could request additional training if required. Staff received frequent one-to-one sessions with senior staff to reflect on their role and identify any areas of improvement. Staff confirmed they found the supervisions beneficial to their role.
- Newly recruited staff underwent an induction which familiarised them with their role and the provider's expectations. This was then followed up by regular spot checks.

Supporting people to eat and drink enough to maintain a balanced diet

- People received food and drink that met their dietary requirements and preferences.
- One person told us, "Staff do help prepare my meals, they always make the things I like especially porridge with a cup of tea." A relative said, "The staff cook all sorts of things for my relative, the food is nutritious and presented very well."
- Care plans referred to people's nutritional needs and the support required by staff.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care plans detailed their health and well-being needs and gave staff guidance on how to identify when people were deteriorating.
- Staff knew the people they supported well and what action they would take should they feel people's health was declining.

- People confirmed the service would support them to make healthcare appointments as necessary.
- People benefitted from a service that worked with other health services to provide effective care.

#### 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 MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People received from support that understood their responsibilities in line with legislation.
- Care plans detailed people's capacity and as to whether they were able to make informed decisions.
- Records confirmed staff received training in MCA and DoLS.

# 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.

Respecting and promoting people's privacy, dignity and independence

- People's independence was not always promoted as well as it could be. Whilst care records stated whether people wished to remain independent there was no clear guidance as to the specific ways that staff needed to support people to do this.

We recommend the provider ensure care records clearly reflect the ways in which people are able to maintain their independence.

- People told us they felt staff respected their privacy and dignity. Care records guided staff as to how to carry out care tasks respectfully.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and had their diverse needs catered to. Relatives told us that they felt their loved ones were well cared for. Comments included, "The staff are wonderful; they make my relative laugh and it's fantastic", "Staff are very kind and compassionate" and one person said "The staff speak to me very kindly. Staff always chat to me whilst they are working and ask me how I've been keeping."
- Care plans detailed people's religious and cultural needs. Staff told us they knew how to respect people's wishes however; no one was being supported in this area at the time of inspection.

Supporting people to express their views and be involved in making decisions about their care

- People's views on how they wished to receive their care was reflected in their care plans.
- Care plans were regularly reviewed to ensure that where people's needs changed staff were clear in how people liked to be cared for.

# 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 requires improvement. This meant people's needs were not always met.

### End of life care and support

- People's end of life care wishes were not always clearly recorded. Care and support plans were clear in defining whether people had a 'do not resuscitate' order in place. However, there was not always clear guidance or a record that people had declined to discuss their end of life preferences.

We recommend the provider ensure people are provided with the opportunity to discuss end of life preferences.

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

- Care records were not always as personalised as they could be to reflect people's preferences. Care and support plans had clear guidance to when care tasks needed to be carried out; however these did not contain enough information on people's preferences.
- One person's records clearly set out the timings of tasks but did not reflect their choices; such as in meals, personal care provision and promotion of independence. For example, one person's record stated, 'I would like you to promote my independence ensuring that you have my best interest at heart' without any further detail on how staff should enable this.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had a suitable AIS policy in place to support staff as to how to ensure information was accessible to people. Care records detailed whether people had a sensory impairment and this was being met.

### Improving care quality in response to complaints or concerns

- People and relatives were clear on how to raise any concerns. They told us, "I would go directly to the manager if I needed to make a complaint, I have never needed to make a complaint" and "I've never had to make a complaint. But I could contact the manager and just tell him."
- Complaints received by the service were investigated to seek a positive outcome for people. We reviewed the complaints received and found these had been investigated and action taken to minimise repeat incidents.

# 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; 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; Continuous learning and improving care

- People did not always receive a service that was well-led.
- The provider had not developed robust governance systems to ensure the oversight and monitoring of the service was effective. For example, auditing systems failed to identify some of the issues found during the inspection. Medicines were not always signed for as being administered, some staff worked for 30 days without a day off and care records were not as personalised as they could be.
- Incident and accident management was not robust in recording actions taken following incident occurrence; or that lessons learned were shared,
- At the time of the inspection, there was insufficient evidence to confirm there was an embedded culture of continuous learning and improving. We will monitor this at the next inspection.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did not have a registered manager in post at the time of the inspection. However, our records showed the manager had applied with the CQC to become registered.
- The manager had a clear understanding of their role and responsibility under the duty of candour.

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

- People and their relatives were positive about the support they received from the manager. Comments included, "He is extremely responsive, I've never had any problems getting in touch, even on the weekends" and "He [manager] is very caring and is keen to make sure people are looked after well. He keeps in touch with us a lot."
- Staff felt well supported by management telling us, "We have got fantastic professional management, very supportive, understanding and always available whenever needed. They try to be flexible and supportive of staff needs which is very encouraging."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- People, their relatives and staff were fully consulted on their views of their service. This included regular questionnaires to seek people and relative views and feedback. We reviewed the most recent survey and the results were positive.
- The manager worked alongside partner agencies that funded people's care to ensure their care calls were delivered in line with their assessment of need.

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<br><br>The provider failed to deliver a safe service.<br><br>Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Safe Care and Treatment |

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider failed to deliver a service that was well-led.<br><br>Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Good Governance. |