

Kare 4 you Surrey Ltd

# Kare4You Surrey

## 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

### About the service

Kare 4 You is a domiciliary care agency providing personal care. The service can provide support to older and younger adults, people living with dementia, people with a physical disability, people with a sensory impairment, or mental health diagnosis and people with a learning disability and/or autistic people. On the day of the site visit there were 53 people using the service, 47 of whom receive personal care.

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.

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

People were very positive about their experience and told us, "Staff are cheerful and they make me cheerful" and "I am very, very happy with them". People consistently told us they would recommend the provider to people they know.

People told us they felt safe and were confident that staff had the necessary training to support them safely, training records reflected this. Staff told us they felt confident in monitoring safety and responding appropriately. Staff provided examples of how they could mitigate risks and risks to people had been assessed. People told us they felt medicines were supported well and they were informed of what their medicines were for whilst being supported. Records of medicines were consistent and there were no missed medicines but some information was missing and the registered manager rectified this immediately.

People told us that staff knew them well and felt this was helped by having consistency in staff. People's records included some personal history and preferences with how care should be delivered but had less information about interests, likes and dislikes. People told us they felt confident the provider worked closely with health and social care professionals and that their consent for care was sought appropriately.

People described the staff as being very respectful and caring. People told us "the majority of staff put themselves out and always ask if there is more they can do", "they ask permission" and "staff listen to you

and respect your choice." Staff spoke about people with respect and dignity.

People received personalised care, planned with them which was responsive to their needs. People knew how to give feedback and felt able to raise issues with the provider. People who had raised issues told us they felt they were resolved quickly and appropriately. One relative told us "I discussed it with them, and it was dealt with straight away. I was pleased with how quickly they responded."

We observed the management team working together to promote an open and inclusive culture. There was a robust governance framework and responsibilities and requirements were understood by staff and management. Processes were in place to seek people's and staff's views about the service. The provider had processes to monitor the quality of the service and to identify areas for improvement. Staff worked transparently and collaboratively with external stakeholders and agencies to plan and deliver people's care.

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

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

This service was registered with us on 29 November 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.

## 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 safe.

Details are in our safe findings below.

Good ●

### 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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Kare4You Surrey

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### 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 a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. We needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 January 2023 and ended on 19 January 2023. We visited the location's office on 17 January 2023.

#### 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 reviewed information we had received about the service since registration. We used information gathered as part of the monitoring activity that took place on 11 October 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who used the service and 4 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, field care supervisor and care staff. We reviewed a range of records. This included 4 people's care plans and multiple medicines records for people supported with their medicines. We looked at recruitment checks and training records for 5 staff members. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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 good.

This meant people were safe and protected from avoidable harm.

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

- The provider ensured people's safety was monitored. Processes and training were in place to ensure staff were able to respond to any concerns appropriately. Staff had a good understanding of safeguarding and training was all up to date.
- Staff had received training on safeguarding adults. Those we spoke with told us they would report any suspicions of abuse to the registered manager who would make a referral to the local authority safeguarding team. One staff member told us, "I would report it to the supervisor and then the manager. I would whistle-blow to the manager. Never had any concerns."
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC. The concerns we saw had not required further action in this respect.

Assessing risk, safety monitoring and management

- People told us they felt safe and were confident in knowing how to inform the provider if they did not. One person told us that once they called the office for help, they added "the supervisor came over and stayed with me and saw me into the ambulance."
- Staff accessed online care plans which were accurate. Some duplicate paper copies of care plans held in the office were not up to date but we saw that these were being completed. Staff referred to online care plans to provide the appropriate support.
- Risks to people had been assessed such as falls and skin integrity. Clear guidelines were in place, including detail of how to use equipment safely.

Staffing and recruitment

- Staffing levels were safe and the provider was able to ensure people received continuity in the staff who supported them. The provider did not use agency workers and new staff were recruited before the provider committed to increasing the number of people they supported.
- The provider had an electronic logging in system where they would be alerted if a member of staff had failed to attend the call or was running late. We saw from the records there had not been any missed calls to people. The registered manager told us that any last-minute absence would be covered by themselves or a member of the office staff who had undertaken relevant training.
- Staff were recruited safely. The provider had undertaken Disclosure and Barring Service (DBS) checks on all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People told us they felt confident with the way staff managed medicines. One person told us, "I can go out and not worry because I can rely on [staff] to give [husband] their medication."
- Medicine records were generally completed appropriately and there was no evidence of people missing medicines. Records were missing some detail including allergies. The provider rectified this during the inspection.
- Staff gave a good account of how they administered medicines and the provider had a clear policy in place to support people safely with their medicine.

### Preventing and controlling infection

- There were protocols in place for staff to increase the use of personal protective equipment and frequency of testing for COVID-19 when a person was symptomatic. The registered manager told us that carers were allocated to the same people which reduced the risk of cross-contamination.
- Staff demonstrated good awareness of the importance of preventing and controlling infection. One carer told us, "First thing you wash your hand, use gel, sleeves, shoe covers, and trying to keep the area tidy and clean as possible."

### Learning lessons when things go wrong

- Staff had a good understanding of their responsibility to raise a concern. One staff told us "First thing I would go straight to my manager and report everything without hesitation so we can take action as soon as possible."
- The provider regularly reviewed incidents, accidents and people's feedback and knew how to report concerns externally if necessary. We saw evidence that appropriate actions were taken following an incident to minimise future risk. We were assured that improvements were being made to identify and analyse trends in incidents on a wider scale.



# 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

- The provider carried out a holistic assessment with people prior to people starting to receive services from them which was used to formulate a person-centred plan of care. The initial assessment formed the basis of care plans which were reviewed as people's needs changed.
- The provider did not currently provide a regulated activity to anyone with a learning disability but they were aware of the guidance around Right Support, Right Care, Right Culture and the need for staff to be trained in this area prior to commencing support of this kind in the future.
- Staff were familiar with the process of starting new packages of care and told us, "We get sent the support plan through. We phone the family and go around there to get more information like GP, dentist, next of kin. On our phone we have the support plan template. Then once we have finished that, they sign it and then we will take the package".

Staff support: induction, training, skills and experience

- People and relatives told us they had confidence that good quality staff had been employed and trained well for the job. One relative told us "A new carer has just taken over. When I went to my parents last weekend, I could tell she was trained up properly".
- Staff received a programme of induction when they started which was aligned with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received regular supervision and competency checks as well as training online and in person. All staff training was current and relevant to the role. Staff told us, "There was online training, talks, they did an observation. It's important they do that as you could be doing something wrong and you don't know it."
- We saw a dedicated training area with equipment for staff to practice safe use.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to attend appointments and assisted with referrals to health professionals where appropriate.
- During the inspection, staff were supporting one person with a hospital appointment including transport, companionship and advocacy. Staff told us they had called GPs and district nurses for people when necessary.
- People were supported with eating and drinking according to their preferences and needs. One relative told us, "Mum will say she isn't that hungry, but the carers know that she says this because of her Dementia,

they still encourage her to have it and she will eat it."

- The registered manager held a list of people who needed essential support for nutritional needs in order to prioritise their care if there were challenges with staffing levels.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with other professionals. People had lists of their individual medical and social care contacts in their care plans.
- Assessments from other professionals were used to form people's care plans. One relative told us that 2 senior staff attended a multi-disciplinary meeting at short notice to support a discussion about changes in care needs.

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

- Consent to care forms were signed by a representative when the person was unable to consent themselves. The provider used the mental capacity assessment completed by the local authority to determine if a person could consent to care. The provider understood when they may be required to complete a Mental Capacity Assessment.
- People told us their choices were respected. One person told us, "Staff respect my choices, they listen to you".

# 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

- We observed that the registered manager and staff spoke of people in a respectful and caring way.
- Care records evidenced people's life choices, and detailed individual preferences with their routines such as 'please leave a newspaper next to me' and 'please prepare a half measure of rum and top it up with coke before you leave'.
- Peoples assessments and care plans considered cultural and religious diversity. Staff respected diversity and a staff member said "They are all equal for me, I respect everyone. We are all humans."
- Staff supported people to feel valued. One person told us, "I showed the carer how to change the stoma bag today. I normally do it myself, she does not need to do it, but she was interested to learn from me".

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

- People and relatives said they felt able to have support in the way they preferred. One relative told us "[staff member] takes great care of [person], they have a really good relationship. They have become very close. They are doing a jigsaw together at the moment".
- People said that staff were generally not in a rush and, they would ask if anything more could be done. One person said, "We are in a nice routine where they ask me what I want done."

Respecting and promoting people's privacy, dignity and independence

- Staff valued people's dignity by promoting independence. One person told us "They encourage me to do as much as I can myself".
- One staff described how they maintain privacy by saying they "Always make sure they are covered up when washing them. Just being kind and having manners".

# 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

- Care plans were personalised according to individual preferences such as which room of the house people preferred to receive their personal care. Care plans were reviewed regularly with electronic records being reliably up to date.
- People reported the provider was responsive to requests to alter the care. One person told us, "When I need to change my call time for appointments and things, they get it done".
- Staff had a good knowledge of individual preferences. One staff member told us "[person] likes to read and watch movies, he likes to talk about politics"

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 registered manager told us that people were communicated with via telephone calls, letters, e-mail or in person according to how they preferred to communicate.
- People told us staff were good at communicating. One person said they liked "the way they talk to me and let me have a chat with them" whilst another person told us "Communication is no problem".

Improving care quality in response to complaints or concerns

- Formal complaints were recorded. We saw details of the provider's response. Informal concerns were not always centrally recorded but we saw individual concerns had been dealt with promptly and proportionately.
- People were confident that the provider was responsive. One person told us, "If there was a problem it would be easily sorted because they are so approachable, I can always get hold of them".
- The provider was working on new systems to identify any trends in concerns across the service.

End of life care and support

- There were no people receiving end of life care.
- An end of life policy was in place and one staff member told us, "I have never had to support end of life here but confident I would be supported and get training".

# 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 good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People felt the registered manager was approachable and easily contactable. They were generally confident that issues were addressed promptly. One person told us, "I have the managers number. We've got to know them quite well".
- Staff were valued and recognised through the provider's 'carer of the month' scheme which recognised the contribution of those staff who had gone 'above and beyond' to meet people's needs. Staff said "They will listen to you. I feel like we are a family. I feel valued, they help me with offering me with the work." And "If I need a day off for a problem they will give me a day off. I am paid well, we are thanked. Makes me feel good".
- With rotas and staffing managed well, people did not have missed calls and said they valued consistency in the carers who supported them.

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

- The registered manager understood the duty of candour legislation. This is the service's duty to be open and honest when something had gone wrong. When necessary, notifications of significant events had been submitted to CQC and the local authority.
- The provider was committed to building partnership working with the local authority to develop the service. Considerations were being made to expand the service to include live-in care.
- The registered manager and office staff audited aspects of the service, for example, medicine administration records, daily logs, care plans, and safeguarding. The audits prompted conversations in staff meetings, individual supervisions and improvement plans.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Members of the office team had clearly defined roles, which helped increase accountability for key areas of the service and efficiency.
- Field Care Supervisors provided face to face support and monitoring to people and staff. One staff described the role as, "We sign [staff] off as capable. We do spot checks on them. Making sure they are wearing their PPE. We are in touch with carers quite a bit".
- The registered manager had implemented the use of handbooks to be used amongst staff which detailed

the regulatory framework and involved the whole team in focussing on quality and performance.

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

- People were regularly asked to feed back their thoughts on the service, with periodic questionnaires and within face to face reviews in their own homes.
- Team meetings took place regularly amongst the senior team and in smaller groups of care staff across the area covered. Staff told us they felt able to communicate openly with the management team. One member of staff said, "You can express your feelings to the manager and she will advise and help out any way she can".

Working in partnership with others

- The provider was proactive in partnership with others. One relative told us that the registered manager spent a long time speaking with the local authority on the persons behalf to make sure the funded care was appropriate and safe.
- The agency had established effective working relationships with other agencies and professionals involved in people's care, such as GPs, district nurses and occupational therapists. People told us the staff tried their best to be present in multi-disciplinary meetings about their care.