

Trusted Haven Limited

Derby Homecare by Kareplus

Inspection report

Connect Derby, Marble Hall
Office 17, 80 Nightingale Road
Derby
DE24 8BF

Tel: 07488567379

Website: www.kareplus.co.uk/derbyhomecare

Date of inspection visit:
02 February 2023

Date of publication:
28 February 2023

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

Derby Homecare by Kareplus is a domiciliary care agency. The service provides personal care to people living in their own homes in Derby City and surrounding areas. At the time of our inspection there were 13 people using the service.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided. At the time of the inspection, 8 people were receiving personal care support.

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

Derby Homecare by Kareplus provides a caring and responsive service. People's relatives were complimentary and said they would recommend the service to others. There were several examples of where staff and the registered manager had gone the extra mile to ensure people received a tailor-made service. People's relatives told us care staff were caring and respectful. People were enabled to lead their best lives, as independently as possible.

The registered manager and staff worked in partnership with people, their relatives and other professionals to achieve person-centred care and good outcomes for people. Staff felt supported and valued in their role by the management team and there were enough staff appropriately recruited and employed to meet people's needs.

People received support from trained staff who knew how to protect them from abuse. Staff knew the procedure to follow to report concerns. People told us they felt safe with the staff as they were friendly and caring towards them.

Systems and processes were in place to maintain people's safety and the support they required was assessed and monitored on an ongoing basis. People were supported by trained staff to take their medicines and when needed access health care professionals to support their well-being.

People were protected from catching infections, as staff worked within the provider's policy and procedure for infection prevention and control and followed current government guidance related to COVID-19.

People were supported to provide feedback on the quality of the care they received. The provider monitored the service on an ongoing basis to drive improvement.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

This service was registered with us on 19 February 2020 and this is the first inspection.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good 

The service was 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?

Good 

The service was well-led.

Details are in our well-Led findings below.

Derby Homecare by Kareplus

Detailed findings

Background to this inspection

Inspection team

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 undertaken by one inspector.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 2 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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.

The inspection was informed by other information we had received from and about the service. This included feedback from the local authority. We used information gathered as part of monitoring activity that took place in August 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

Inspection activity started on 2 February 2023 and ended on 12 February 2023. We visited the location's office on 2 February 2023.

We looked at 3 people's care records to check that the care they received matched the information in their records. We reviewed 2 staff files to see how staff were recruited and looked at training records. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We received feedback from 2 people's representatives about their views of the service. We also received feedback from 3 staff that worked at the service and the registered manager.

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. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were protected from abuse by trained staff and the systems in place were followed by staff.
- Staff were knowledgeable on how to identify the signs of abuse and how to report concerns to the registered manager. Staff understood what whistleblowing meant. Whistleblowing policies protect staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care.
- People and their relatives told us they felt safe with staff. One relative told us, "I am happy that the care my relative receives is safe. If I have any concerns, I would not hesitate to contact the manager directly, who I find very approachable and supportive."

Assessing risk, safety monitoring and management

- The provider ensured they were able to support people safely, as people's needs were assessed before they started to use the service.
- Risk assessments were completed to help ensure care was provided in a way that reduced risks to the person and staff.
- People were assured of safe support, as staff had access to their care records via an app that was available on their phones. Information was accessible to visiting professionals and people's loved ones as needed through a shared access system. This ensured professionals such as the emergency services could access information as needed in an emergency.

Staffing and recruitment

- People's relatives told us their loved ones were supported by a regular team of staff. One person said, "We have regular carers and we have every faith in them. They are very supportive and have my relative's safety in mind."
- There were enough staff employed to meet people's needs. The provider had a contingency plan in place to ensure the continuity of people's care should care staff not be able to work.
- Pre-employment checks were completed before staff worked with people. These included reference checks and Disclosure and Barring Service (DBS) checks. These 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 received their medicines safely as trained staff supported them and a care plan was in place to guide staff on the level of support the person needed.

- Staff recorded when medicines had been administered, or when appropriate, if medicines were not required or refused on the electronic medicines administration record (EMAR) charts.
- Audits of medicines management enabled the registered manager to identify any errors, investigate and take action as needed. The new electronic recording system had reduced the opportunity for errors.

Preventing and controlling infection

- Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE).
- Staff confirmed they were provided with a supply of PPE that was replenished as needed.
- The provider had COVID-19 risk assessments and contingency plans to help ensure they continued to deliver a safe service.

Learning lessons when things go wrong

- A system was in place to track when staff arrived and left calls. This supported the registered manager to monitor this and take action as needed if there were any delays in care calls.
- Ongoing monitoring and audits were in place to support the registered manager and staff to learn from incidents.

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 of this newly registered service. We have rated this key question 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 were supported by staff that understood their support needs as assessments were completed regarding their health and care needs. Assessments were kept under review and updated as needed.
- Staff read care plans and risk assessments before providing care to new people so they could understand how to support them.
- Access to care records was provided to staff on their phones via a secure app. This helped staff to provide effective and consistent care.

Staff support, training, skills and experience

- People received support from trained staff that were able to meet their needs. Staff received the training they needed to meet people's needs. New staff completed an induction and worked with experienced staff to understand and gain knowledge about the job role.
- Staff confirmed they could contact the registered manager for support and guidance at any time, including out of hours and that they received regular communication on any updates or changes.
- Relatives told us they felt staff were competent. One relative said, "The carers meet all my relative's needs." Another said, "I am happy that my relative's needs are being met and there are systems in place to monitor this continuously."

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

- Where people were supported with their food and drink, they confirmed they were supported to eat well.
- Information about the support people needed was included within their care plan.
- Staff were trained to help them provide safe nutritional care to people. This included training on food hygiene.

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

- Staff supported people to access health care professionals when needed to ensure their well-being was managed.
- Referrals to specialist teams were made by the registered manager to ensure people had the equipment and support they needed to manage their health and maintain as much independence as possible.

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.

- The registered manager told us that everyone using the service at the time of the inspection had the capacity to make their own decisions. We saw that a capacity assessment template was available to enable the registered manager to assess a person's capacity if this was needed.
- Staff had received training in the MCA and understood the principles of the act.
- People's relatives told us the staff checked that they consented to their care and treatment before providing it. One relative told us, "Staff support my relative to make their own decisions and they are mostly able to do this. On occasion when they have difficulty with decision making, I have always found the staff to be patient and supportive in assisting them with this process."

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 of this newly registered service. We have rated this key question 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's relatives told us staff were respectful to them. One said, "I believe the care is very good. They are patient and respectful to my relative."
- There was a clear person-centred culture. For example, one person the staff supported lived with anxiety and confusion. With support from the registered manager and a consistent staff team their levels of independence increased. The support and encouragement they received empowered them and increased their confidence.
- Staff demonstrated a very caring attitude and were very respectful about the people they supported. Staff told us they enjoyed spending time with the people they cared for and enjoyed talking with them.

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

- Information was provided in the service user guide for people about the service and how to contact the registered manager.
- People were supported to make decisions about their care. One relative said, "Any changes to the care plan are discussed with all parties including my relative."
- Staff understood the importance of enabling people's choices in their care. One member of staff told us, "I ask the customer questions about how they prefer things done. Listen and respect them."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity and independence. One relative told us, "Care is provided in a respectful way."
- Staff had a good understanding of promoting people's dignity, privacy and independence and told us they ensured curtains were closed and people's modesty was protected by covering them with a towel when providing personal care.
- Staff told us they supported people to be as independent as they could be by working with the person at their own pace and involving them in all decisions about their support. One person through a coordinated plan had built up a trusting relationship with their care staff. This supported the person to develop their skills and enabled them to manage their personal hygiene, which in turn promoted their dignity.

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 of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People had choice and control in their care decisions. One person's relative told us, "Recently my relative's care package needed reassessment due to a relapse in their condition. The registered manager listened to my concerns and together we were able to decide what new care measures were required to support my relative. The registered manager instigated them swiftly thus ensuring my relative could remain at home."
- People were supported by a regular staff team that enabled them to get to know the person. This supported staff's ability to provide personalised care to people.
- Care plans reflected people's choices and decisions. People's lives, their interests and what was important to them had been discussed and recorded to help care staff understand the person they cared for.

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.

- People's communication methods were recorded, and assessments were in place where needed to ensure staff could effectively communicate with the person.

Improving care quality in response to complaints or concerns

- People's relatives told us they knew how to make a complaint if needed. Information about the provider's complaints process was provided to people in the service user guide.
- The provider kept records of any complaints and how they had been investigated and resolved.
- People told us any concerns were promptly addressed. One relative said, "My concerns are listened to and addressed swiftly, this is what keeps my relative safe and well." Another relative said, "I would raise my concerns to the [registered] manager, but I have not needed to raise any issues, as the care is very good."
- The registered manager shared positive feedback about the service with staff so they could see what people had appreciated about the service.

End of life care and support

- People's preferences and wishes for support upon reaching the end of their lives was detailed in care plans.
- People received the right support as 'Do not attempt cardiopulmonary resuscitation' (DNACPR) orders and ReSPECT forms detailing recommendations about emergency treatment were in place. Documents were

accessible to paramedics and other medical professionals by contacting the registered manager or out of hours number. This meant staff were able to promptly provide these to healthcare professionals in the event of a person's health deteriorating or a medical emergency.

- Staff had received end of life care training and had a good understanding of how to support people.

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 of this newly registered service. We have rated this key question 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

- The registered manager was engaging, transparent and passionate about wanting to provide a high-quality service to the people they supported.
- People received personalised care. One relative told us, "The carers communicate concerns to myself as well as to their manager which reassures me, they understand my relative's changing needs. This allows us to adapt my relative's care package accordingly to ensure those needs are met."
- Staff understood their roles and responsibilities and told us they felt valued and supported. One member of staff said, "I really enjoy this job. My manager is so supportive and always available when needed."

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 was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- Quality assurance systems and processes were in place, which enabled the registered manager to monitor the safety and quality of the service. Audits were undertaken to enable the provider to identify areas for improvement.
- Resources to run the service in the provider's absence were in place. The provider had an effective contingency plan for when they were absent.

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

- Surveys were used to collate feedback from people and their relative were undertaken. As the feedback was positive no improvements were identified.
- People's relatives and the staff team told us that communication with the provider was good. One relative said, "The communication is very good. We have regular face to face meetings." Another relative told us, "The communication is good. I find this reassuring and it gives me confidence in the service."
- The registered manager was very supportive of the staff team and we saw several examples of how they

went above and beyond to support them. This included signposting staff to services that may benefit them to manage situations in their personal life and local schemes they could use to enable them to get to and from care calls. This support empowered staff and supported their well-being.

Continuous learning and improving care

- People were cared for by staff that received ongoing support and training. Relatives told us they had no concerns regarding staff competence.
- Staff confirmed they received ongoing training that supported them in providing quality care to the people they supported.

Working in partnership with others

- The registered manager worked with health care professionals to ensure the service developed and people remained safe.
- The registered manager worked with staff to promote good practice and drive improvement.