Support Haven Ltd

# Kare Plus Ipswich

## Inspection report

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Date of inspection visit:
06 July 2023
17 July 2023
31 July 2023

Date of publication:
07 September 2023

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

Kare Plus Ipswich is a domiciliary care service providing care and support to people in their own homes. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating.

Where they do receive personal care, we also consider any wider social care provided. At the time of inspection there were 27 people who used the service and received personal care.

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.

The provider was not always able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. We signposted the provider to relevant information. We have made a recommendation the provider fully assesses the care and support provision at Kare Plus Ipswich to embed the principles of right support, right care, right culture into care planning and delivery.

In the 6 prior weeks to the start of our inspection a new management team had taken over the day to day running of the service. Improvements had been made and were ongoing regarding care planning and risk management and a new electronic care planning system was being implemented. Further work was needed to embed the new governance and oversight arrangements as at the time of the inspection it was too soon to assess their overall effectiveness.

This was a focused inspection to follow up on the previous breach of regulations and to check improvements had been made to mitigate the risk. We found that progress had been made and was ongoing regarding safe care and treatment and the service was no longer in breach of this regulation. However, the service remained in breach of regulation 17, as progress to their governance and oversight arrangements since our last inspection was slower than expected. The provider advised this was due to some personnel changes that had impacted on the delivery timescales.

Right Support:
People were supported by a staff team who were safely recruited and received training relevant to their role and to meet people's needs. This included The Oliver McGowan Mandatory Training on Learning Disability and Autism. This is the government's preferred and recommended standardised training for health and social care to undertake.

People received their medication as prescribed and staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines.

Right Care:
Improvements had been made and were ongoing to the provider's systems to assess and manage risks safely for people. People were supported to have maximum choice and control of their lives and for staff to support them in the least restrictive way possible and in their best interests; the polices and systems in the service to support this practice were being reviewed.

The majority of feedback from people and their relatives about their experience with Kare Plus Ipswich was positive and they were satisfied with their care and support arrangements. Where personal care was provided people said this met their needs, they were treated with respect, consent was sought and they were complimentary about the approach of staff.

On occasion where people had an issue the provider had acted appropriately to address this. We did signpost the provider to a quality care concern during the inspection.

Right Culture:
The provider's governance arrangements did not provide assurance the service was consistently well led. The systems and processes to oversee the quality assurance of the service were not robust and effective, as they had not identified the shortfalls we found during our inspection and regulatory requirements were not always being met.

Systems for auditing had been introduced but needed further development to consistently analyse, report and evidence the actions taken and where applicable lessons learnt. We signposted the provider to seek support in this area and were encouraged by them contacting support from relevant professionals including the local authority.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 13 April 2022). We found breaches of the regulations. At this inspection we found some improvement had been made, the level of risk had reduced, but the provider remained in breach of the regulation regarding good governance.

Why we inspected
We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements.
For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

Enforcement and Recommendations
We have identified a continued breach in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.
We have made a recommendation that the provider research current guidance and best practice in supporting people who have a learning disability and autistic people.

Follow up

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

## 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 findings below.

**Is the service well-led?**

Requires Improvement

The service was not always well led.

Details are in the well led findings below.

# Kare Plus Ipswich

**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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

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

This service is required to have a registered manager. The service did not have a manager registered with the Care Quality Commission. The management team were new and had been in post for 6 weeks at the time of our inspection.

The provider's nominated individual confirmed an application was being submitted by a member of the management team to become the registered manager and this was subject to the relevant checks being completed. The nominated individual is responsible for supervising the management of the service on behalf of the provider. This meant they were 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 48 hours' notice of the inspection. This was because we needed to be sure that the nominated individual or management team would be in the office to support the inspection.

Inspection activity started on 6 July 2023 when we visited the office. Telephone calls were made offsite to

people who used the service and relatives on 17 July 2023 by the Expert by Experience. We also spoke with staff and professionals involved with the service. We had a face to face meeting via Teams with the management team on 31 July 2023 when we gave inspection feedback.

What we did before the inspection
We reviewed our systems and information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

During the inspection
We spoke with 6 people who used the service and 7 relatives about their experience of Kare Plus Ipswich. We spoke with the nominated individual, a care manager, a deputy manager, the admin and care coordinator and 4 care staff.

We spoke with a representative from the local authority commissioning team and received electronic feedback from 5 members of staff, 1 relative and 1 professional involved with the service.

We reviewed a range of records which included care plans, risk assessments, medication records for 4 people and 3 staff records. We also viewed some of the provider's policies and procedures, training data, quality assurance records, management monitoring and oversight records.

Requires Improvement

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating has remained 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.

Assessing risk, safety monitoring and management
At our last inspection we found the provider had failed to ensure risks to people were mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- Risk assessments were carried out to identify any risks to people and had recently been reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks, but these needed to be explored further and less generic in content.
- We discussed with the provider areas where the care records could be further developed to be more person centred and to show how people and their representatives, where appropriate were equal partners in the planning and delivery of their care arrangements.
- Healthcare professionals were contacted in a timely way to ensure people received appropriate support and treatment.
- There was not a robust system in place for the provider to evidence how they learned lessons when things go wrong and to reduce the risk of reoccurrence. Although a system was in place for accidents and incidents to be recorded, the follow up analysis needed further development to support effective oversight and governance.

Systems and processes to safeguard people from the risk of abuse
- People told us they felt safe when they received support in their own home from care staff. 1 person said, "I am very safe, they are excellent carers. "Another person commented, "The carers do my personal care and I feel safe. "
- Staff had received safeguarding training and understood their responsibilities to report any concerns internally to the management team, but not all were confident in the processes for escalating concerns to relevant stakeholders externally. The management team had identified this with planned workshops and further communications to staff to address this.
- Systems and processes were in place to protect people from the risk of abuse. Policies were in place and where necessary referrals were made to the local authority safeguarding team.

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 Mental Capacity Act. (MCA)
● The management team had considered people's capacity to consent as part of the initial assessments of their needs. People's capacity had been assessed where required and documented in their care plans. Where a person lacked capacity their care plans were clear on who the decision maker(s) were to act in their best interests.
● Staff had received training in MCA and were able to describe what this legislation meant to them in their day to day practices. A staff member told us, "People should be able to make certain decisions like what to wear or what they want to eat, what to do. But if they can't decide for themselves [due to lack of capacity} then a decision should be made in their best interests by relevant professionals and family."

Staffing and recruitment
● There were enough staff to ensure people received their care calls and no evidence to suggest any care calls were missed or that people didn't receive their care calls at the time they expected, albeit for unforeseen circumstances such as traffic. Staff confirmed they had breaks and sufficient travel time to get to people.
● Despite an active recruitment drive, retention of staff had been challenging for the provider. Staff turnover had been high and this at times had impacted on people's experience of continuity of care. The provider had recruited staff from overseas to fill their vacancies and people and relatives confirmed that things had settled.
● There was mixed feedback regarding rotas and how changes were communicated. The majority of people had a rota and knew who to expect. However, some people and relatives said they did not always know which carers were coming as they did not get a rota but it would be a carer they were familiar with. One person told us. "I have had no missed calls and staff arrive; however, they do not always notify me if they are running a bit late and the rota can be a bit hit and miss." A relative told us, "No concerns lately, [Name of person] gets a rota sheet every week, so they know who is coming and when."
● We reviewed 3 staff files to check the provider had followed safe and effective recruitment procedures. Relevant checks had been completed before staff worked at the service. These included, application forms, copies of passports or driving licence, references, proof of address 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
● Where people were supported with their medicines this was done safely. One person told us how they prefer the service to oversee their medicine as it was less responsibility for them, "As I have a lot to take. My carers are good at making sure I have my medication and pain relief at every visit and they do my eye drops at bedtime."
● Appropriate policies, procedures, and training was in place to support the safe administration of people's prescribed medicine; where that support was required.
● Staff managed people's medicines safely. The management team monitored people's prescribed medicine administration records and processes were in place to identify and address any errors which may occur.

Preventing and controlling infection
● Staff received training in infection prevention control.

● Staff told us they were provided with enough personal protective equipment (PPE) and people and relatives told us staff wore appropriate PPE when providing care and support.

Requires Improvement

# Is the service well-led?

## Our findings

At our last inspection we rated this key question requires improvement. At this inspection, the rating for this key question has remained 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; 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 did not have a registered manager in post. This had been identified at the previous inspection and although the provider had recruited to the post this person had decided to not continue in the role. A new management team had been recruited and we have received assurances that an application to CQC is being submitted. We have advised the provider that if the breach of their condition continues, we will consider possible enforcement action.
● Further improvements to the provider's oversight and governance systems were needed. Whilst audits and checks were carried out, accidents and incidents and complaints were recorded, there were inconsistencies in the analysis and reporting.
● We made the provider aware at the site visit that their inspection rating was not correctly displayed. They took action to address this.
● The provider did not have due regard to 'right support, right care right culture', despite being registered as a specialist service for people with a learning disability and autistic people. We have signposted them to the guidance and advised they review their service provision to ensure people's expectations and needs are met and the service is not overstretched.
● The provider's complaints policy and procedure needed updating to ensure information on how complaints were managed was correct to manage people's expectations, improve the service, ensure lessons learnt and prevent reoccurrence. We received a quality care concern from a relative during this inspection that we signposted the management to address.
● Progress had been made and was ongoing to ensure people using the service had a person centred care plan in place and appropriate health care related risk assessments and guidance. Whilst care plans and risk assessments had been updated and were accurate, they lacked detail in certain areas and were often generic. We discussed this with the management team and signposted them to seek support from the local authority in their development.

We found no evidence people had been harmed. However, the provider did not have robust processes in place to monitor the safety and quality of the service. This demonstrated a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We were encouraged by the actions the management team were making in the service. They had focused on updating care records and staff training. A new electronic care planning system was being implemented

but it was too early to assess its effectiveness.
● Staff told us that they were aware of their role and said the care plans supported them to deliver the care and support required. They understood when they had to escalate issues. For example, when people's needs changed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● Planned assessments were carried out by the service prior to accepting the care package. Ongoing reviews included people and where appropriate their relatives to identify how they wanted their care delivered.
● Staff had their competencies and practices assessed to ensure they were working to the standards expected. They were complimentary about the management team who they said were approachable and supportive. There had been slippage with formal supervisions but the management team had identified this and supervisions were planned.
● Staff and the management team worked closely with health and social care professionals to support people to maintain their health and wellbeing.
● Following our feedback the provider shared with us their action plan aimed at developing and improving the service, taking into account the inconsistences we had found. They confirmed they had made contact with the local authority commissioning team for support and were committed to making the improvements needed.

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 17 HSCA RA Regulations 2014 Good governance<br><br>The provider did not have robust processes in place to monitor the safety and quality of the service. |