

Taylorcare Ltd

Kare Plus Coventry

Inspection report

Sherborne House
Humber Avenue
Coventry
West Midlands
CV1 2AQ

Tel: 02476101012

Website: www.kareplus.co.uk/coventry

Date of inspection visit:
19 December 2019

Date of publication:
04 February 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Kare Plus Coventry is a domiciliary care service providing support to people living in their own homes. 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. At the time of our visit, 11 people were receiving support with personal care.

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

Staff were exceptionally kind in their approach, displayed the right values, and had genuinely caring relationships with the people they supported.

Promoting independence was encouraged, to enable people to improve their daily life skills further. Staff were thoughtful and sensitive in their approach and creatively supported people to live their lives as fully as possible.

There were enough staff to ensure people were safe. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks. Medicines were administered correctly, and staff had received training in relation to this. Staff understood their responsibility to safeguard people from harm and knew how to report concerns.

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; systems supported this practice.

People received care which was clearly responsive to their individual needs. Staff knew people very well and took time to gain a good understanding of how to support them correctly. People were supported by consistent staff, and people and staff were matched, to ensure good relationships were formed.

Care records provided staff with person centred information in relation to people's backgrounds, interests and individual health needs.

Staff encouraged people to maintain a balanced diet. The provider and staff team worked with external health professionals to ensure people's health and wellbeing was maintained.

A registered manager was in post. Very positive feedback was received in relation to the management of the service and many staff had chosen to work with the registered manager for several years. The manager and staff took time to get involved with the community, develop networks and fundraise. Staff were proud to work for the service.

Quality checks were carried out to monitor the service and identified where improvements could be made. The registered manager ensured they kept up to date with best practice and new ideas and

networked with other managers to do this.

The provider, registered manager and staff worked together to consider what they could do to support people who used the service and in the wider community. Staff had been recognised and praised for the excellent work they did supporting people.

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

Rating at last inspection

The service was rated as good (published 27 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally well-led

Details are in our well-led findings below.

Kare Plus Coventry

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed 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.

The service had a manager registered with the Care Quality Commission. 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. They had been registered since March 2016.

Notice of inspection

The inspection was announced. We gave the service 48 hours of the inspection. This was because it is a small service, and we wanted to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. For example, incidents the provider must notify us about such as safeguarding concerns.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We requested feedback from the local authority quality monitoring officer, however they did not have any further information.

During the inspection

We spoke with three people who used the service. We also spoke with two relatives and two friends. We spoke with two members of care staff, one senior member of care staff, a care co-ordinator, an administrator, the registered manager and the provider. We reviewed a range of records including all or part of four people's care records and one medication record. Several other records were reviewed in relation to the management of the service, including quality checks, training records, meeting minutes and accidents and incidents.

After the inspection

We continued to review further evidence provided by 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk's associated with people's health and wellbeing had been identified, assessed and documented. This included risks related to safe medication practices and how staff should move people safely.
- Environmental risk assessments documented any risks in people's own homes and how these needed to be reduced. Staff had been trained in fire safety and knew how to support people in an emergency situation.
- An on-call system ensured staff could contact managers for emergency advice and support out of office hours.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and they could rely on staff to help them if they had any concerns.
- The provider's policies and procedures provided staff with guidance on how to keep people safe. Staff were confident of actions to take should any concerns be raised about possible abuse. One staff member told us, "I have had safeguarding training. I would raise concerns with [registered manager] or [provider]. If there were any problems I would take as many notes as I can, and I would go to the safeguarding team or CQC."

Staffing and recruitment

- People were supported by enough staff. Care was provided based on people's assessed needs and people received support from one or two members of staff as required.
- Staff had time between care calls to ensure they arrived when planned and told us they did not feel rushed. One person told us if ever staff were delayed they were always informed, which they appreciated. They said, "It is not them, it is the traffic, they call me to tell me if they are running late and it is only 15 minutes."
- Staff had been recruited safely by the provider previously, so we did not check this information at this visit. The registered manager told us this was something they took very seriously, and robust checks were in place before staff were employed to start at the service.

Using medicines safely

- Medicines systems were operated correctly, and people received their medicines as prescribed. One person told us, "I get my medicine each morning and it is always on time."
- Staff were trained to administer medicines and competency checks were carried out by senior staff to ensure they remained safe to do this.

Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks. This included wearing personal protective equipment such as gloves and aprons when providing care.

Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. Although there had been minimal incidents, these were analysed to identify any themes or trends.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service which included training, shadowing more experienced staff and regular one to one support from senior staff. One staff member told us, "The induction is amazing." They explained each induction was personalised depending on staff's specific needs. There was no defined period of induction as the provider wanted everyone to feel confident and comfortable working at the service before they worked independently. Staff received a pay increase on completion of this.
- People told us staff were trained. Staff completed the necessary training to enable them to carry out their roles. This included, training when moving people. One staff member told us how the recent moving and handling training undertaken had really helped them moving one person they supported more effectively. Some 'immersive' training was given to show staff what it felt like to live with certain conditions such as dementia. Training was monitored to ensure this remained up to date
- Staff completed the Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily working life. It gives people and their relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- Staff were supported to take further health and social care qualifications to develop and to progress their careers.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- Staff understood the principles of the Mental Capacity Act and sought consent from people before providing them with care. Most people receiving care had the capacity to make their own decisions. One

staff member told us, "People have the right to make a decision. I might have an opinion if I feel it is unsafe or unwise. They can still express themselves (and I have to respect that)." They gave an example of one person who could make most simple choices themselves and staff ensured they were supported to do this.

- The provider used an MCA 'flow chart' to help staff decide if they needed further support with decisions and where they did what action to take next, such as arranging for further assessment or a best interest meeting.

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

- Some people's needs were complex, and care and support was provided in line with current guidance for example care of people living with dementia.

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

- People were supported to help prepare meals and drinks in line with their needs and choices.
- Specific dietary needs were catered for and staff followed guidance from professionals such as dieticians, when required.

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

- Staff made referrals to other agencies such as health professionals, including district nurses and occupational therapists. Advice given by professionals was documented and followed.
- Staff used a 'hospital information sheet' with key information about a person in the event of them being admitted to hospital and to enable medical staff to support them correctly.

Supporting people to live healthier lives, access healthcare services and support

- Checks of people's health needs were monitored to ensure people remained well.
- Care plans provided information of the support people needed to maintain good oral hygiene.

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.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were extremely happy with the service provided and gave us overwhelmingly positive feedback. One person told us, "They all check with me before they leave to see if anything needs doing. It's a great service. They posted my Christmas cards for me, they are 'really lovely'. I can't fault any of them, I do recommend them." Another person said, "Their approach, appearance and attitude, has to be admired." A friend of one person who used the service told us, "I personally think they are excellent. They genuinely care, I could not praise them enough. The quality of care is excellent, they do go the extra mile. I have got no complaints or issues, they are ever so good." One comment included in the survey sent out to people was, 'As a carer and a friend to [name] you were outstanding.'
- Staff were flexible in how they supported people, ensuring the person's needs came first and had a genuine concern for their wellbeing. For example, one person's relative was being cared for in a hospice and staff provided them with care themselves at short notice so they could continue to spend this time with their loved one. They then supported them with making funeral arrangements later, offering them emotional support so they did not need to do this alone. Another staff member was concerned about someone who had not been feeling well and had no other family support. The staff member stayed with the person all day to provide them with reassurance and practical support until they were finally admitted to hospital in the evening.
- There were numerous examples of where staff had gone above and beyond their job role to promote people's wellbeing and happiness. For example, staff arranged for a locksmith to come out to one person who had lost their keys and stayed with them until this was completed and the person felt safe again. Another staff member knew a person was waiting to return home from hospital and the transport was delayed, so went to collect them themselves, then collected their medication for them and settled them back in at home. Some people being supported by the service, had certain health conditions which meant they could not freely access the community. During the summer months, staff chose to help to purchase fans for people in their own time to ensure they remained cool in the heat.
- Staff showed exceptional kindness and sensitivity when supporting the people in their care. For example, staff took one couple out for a surprise coffee and cakes at a local hotel, as they knew they had experienced a recent very difficult time. Staff supported people to celebrate their birthdays and special events and several staff members arranged a special surprise birthday gathering to celebrate a person's 90th birthday. Another staff member bought a cake for another person to celebrate their birthday. The person thanked with a card which said, 'When you get to my age, people tend to forget your birthday.' It was clear this kind gesture had meant a lot to them.
- Staff enabled people to fulfil their wishes and dreams. A staff member had helped to arrange for one

person to get a tattoo, which they had always wanted, and we saw a picture of them proudly showing this off together.

- Staff went above and beyond with the care they provided for people. For example, one staff member found a person who had fallen, and waited with them providing reassurance as they lay on the floor until the ambulance arrived several hours later. During this time and with permission of medical staff, they arranged to have a 'picnic' together, as the staff member was worried they had a medical condition and needed to eat.
- People told us they knew which staff were supporting them 'well in advance' receiving a letter a week ahead, and this was consistent, familiar staff most of the time. One person told us, "I always know who is coming to see me," enabling people to be involved in their care.
- The compassion staff showed extended beyond the service to the wider community. One staff member had been praised by the management team for noticing a vulnerable person walking at the side of the road and stopping to help them, then taking them and their relative back home safely.
- Staff relationships with people helped to reduce loneliness and isolation for some people. Some people had been to the theatre with staff. The staff member told us, "We have become friends, we need them as much as they need us. It is not just us going out to see them."
- Staff completed training in relation to equality and diversity. The registered manager explained staff always considered how people wanted to be supported and what they preferred to be called. They discussed this further in one to one meeting's, and undertook 'reflective practice' sessions, so staff considered how their approach impacted on the people they supported and if they could approach situations better. The registered manager had been working with one staff member to try to encourage more black women to go into the care industry.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be independent. One staff member told us, "We let the customers do as much as they can without intruding." People were involved in their own personal care and preparing meals and drinks where able. Staff supported one person to continue to walk and get their morning paper each day enabling them to maintain their independence with this familiar routine. They also enabled another person with a visual impairment to attend a local club each week which they enjoyed and enabled them to benefit from the company of other people.
- Staff supported people with dignity and respect. One person told us, "They are very respectful to me, I could not wish for anyone better. If anyone says anything different, it is them that is at fault, not the girls [staff]." Another person told us how staff were very respectful because they did not ever rush them, as they knew the person liked to take their time and get up slowly in the morning.

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

- Staff understood the importance of people's views, wishes and choices being respected. One person told us, "The staff will do anything I want them to."
- No one was supported by an advocate currently however staff understood when this might be required.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People, relatives and professionals had shared people's needs with staff before care started. The registered manager told us they prioritised matching people and staff together and if this meant staff had to travel a little further to make these calls, then this was factored in. One staff member told us, "It is nice to be able to build up working relationships with people. We are not just there to do a job."
- Staff knew people very well and supported them in line with their wishes. One person told us how staff knew their routine without them having to say this, and they liked this.
- Care records were person centred and contained detailed information which enabled staff to understand people's likes, dislikes and preferences. For example, records stated what was important to people and what staff must know, with specific details given such as how people liked meals to be cooked. One staff member told us, "We follow the care plans, but we know what is expected days ahead, not just in the hour we are there. We all work together." They gave an example of a person who had almost run out of medication which was out of the staff team control. This person's care call was extended to enable staff to support this person to ensure their medicines were ordered and received safely.
- People's care and support plans had been reviewed and updated to reflect any changes to their needs and review meetings took place.

Meeting people's communication needs

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

- People's information and communication needs were assessed, and staff understood these. Information was provided to people in a format they could understand. For example, the providers 'statement of purpose' could be provided in an audio format for people who were visually impaired. The registered manager told us they ensured people's communication styles were considered, and if there were any issues they changed staff to better suit people's preferences.

Improving care quality in response to complaints or concerns

- A complaints policy was available with information about who people could complain to. Where complaints or concerns had been received, they were followed up and information was used to make improvements where required. One complaint had been received from a person who had used the service

previously, and this was being addressed.

- Several compliments had been received about Kare Plus. One stated, 'Mum adored you (staff names) and you made a little old lady very happy.'

End of life care and support

- No one at the service was receiving support with end of life care currently. However, staff had supported people in the past and had received specialist end of life training to enable them to do this well. The registered manager told us end of life care plans were all tailored to the person's individual needs.

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.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The management team consisted of the registered manager and the provider. People gave extremely positive feedback about the service and felt it was managed exceptionally well. One person told us, "I am very, very pleased with Kare Plus. They are excellent ladies. The manager is very approachable." Another person told us, "They know exactly what they are doing, and they are not a 'fly by night' service."
- People told us how the registered manager chose to provide care support themselves at times, and one person described them as 'brilliant'. The registered manager told us they made a point of doing assessments themselves, care calls and being fully involved when people came to the service, to ensure and staff and people were matched well and happy. This focus on matching staff and people with similar interests contributed towards the exceptionally caring relationships identified during this inspections and enhanced people's experience of receiving care.
- Staff were overwhelmingly positive about the management support and working at the service. Many staff had worked with the registered manager for a number of years, because they liked their leadership style, felt very supported and were confident in their approach. This focus on supporting staff contributed towards the provider's ability to maintain a stable and consistent staffing team; improving the consistency and quality of people's care.
- Staff felt the management team were very approachable and they were confident to raise any concerns. This open culture meant that staff felt able to speak up and knew that issues would be acted upon. One staff member told us, "It's like a little family really. You can come to [provider] or [registered manager] with any home life issues. They do everything they can. All the clients are absolutely put first. It is the best place I have ever worked." Another staff member said, "They are a really good company and we do our utmost to help and please everyone. We are always there for everybody, it is a really good team." A large number of senior staff were available to support their more junior colleagues.
- Staff were encouraged to be positive in their approach and this open and positive culture was evident throughout the service. The registered manager told us, "The staff are all brilliant, we try to be flexible and help staff where we can, life happens, so you try to ensure staff are supported with their work/life balance, they pay this (goodwill) back to you." They went on to say, "My team are amazing. There is nothing they would not do to support their customers. There is not a single one of them I would not have look after my own father for me."
- The provider looked after people and staff well. People and staff were provided with a Christmas gift bag by the provider to show their thanks. Staff told us when starting work at the service they were given items such as shoe grips and personal alarms to ensure they remained safe when lone working.

- Staff were valued and supported with flowers and gifts to celebrate their achievements and during difficult times.
- The registered manager and provider were 'hands on' in supporting their staff with any challenges faced. The registered manager had assisted a staff member who run out of petrol on a busy road. Additionally, the provider supported a staff member who had a flat tyre by taking them to buy a replacement one and fitting this for them.
- A bad weather protocol ensured that staff were available to support the most vulnerable and isolated people who lived closest to them. The provider ensured people and staff met in advance, so people knew the staff should such a situation arise.

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

- The provider understood their responsibilities in relation to duty of candour and being open and honest and accepting responsibility when things went wrong.

Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement. An in – depth investigation had taken place following some concerns being raised previously, to understand if any improvements could be made.
- The registered manager kept up to date with changes in care and best practice. They were part of an 'Outstanding' managers network which they found supportive and gave them new ideas. They said this had enabled them to change some recruitment practices further which had proved successful. They focussed upon recruiting staff for their vales and supporting staff to gain skills and experience relevant to their role. This contributed towards the exceptionally caring support we found during this inspection.
- One successful recruitment drive matched one young male person with a similar staff member at their request, so they did not feel that this was obvious, when they were out together in the community.
- Weekly management meetings ensured managers were up to date with progress of people and staff and consider any improvements which were required.
- Staff were supported with a library of resources the registered manager had developed to promote learning. These included information about dementia care, social care, best practice as care leaders, and personal development.
- Some plans were in place to expand the service, but the registered manager said they wanted to ensure they had the reputation to be able to expand successfully and they did not want to do this too quickly.
- A new electronic system had been implemented which enabled the registered manager to monitor the service. For example, care calls and travelling times.

Working in partnership with others

- Staff worked with a variety of professionals to support them in meeting people's needs.
- Staff arranged for a local event in the community to support paid and unpaid carers (friends and relatives) providing goodie bags, prizes and discounted vouchers for them and to show them how valued they were.
- The provider encouraged staff to volunteer in the community where possible, even for a small amount of time, and some links had been made with local day centres and charities.
- One staff member had attended a networking event alongside the provider and won a 'Speaker of the Year' award. At this event they talked about how they loved their job and how they had helped someone who had fallen. This was by supporting them as they lay waiting for the ambulance throughout the day and evening, whilst providing care and ongoing emotional support to them, and refusing to leave until they knew they were completely safe.
- The provider produced a quarterly newsletter for people and staff to help keep up to date with any

changes or news.

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

- Quality and safety checks were completed in relation to areas such as medication and care records and had been successful in identifying areas for improvement, for example missed signatures on records, and in ensuring these were acted upon. One staff member told us, "We have very high standards here. It is the structure of the way the service is run. We do offer person centred care and you genuinely do feel that."
- Senior staff reviewed their colleagues' audits, to ensure these had correctly identified any areas for improvement. When any trends were identified, for example, a failure of some staff to record times they logged out of care calls, extra staff supervision and support was put in place to address this. Staff were kept up to date by email with any changes to the providers policies and procedures.
- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed on the website.

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

- Views of people and staff were gathered annually through surveys, and compliments had been received about the service in relation to staff approach and how the service was run. All of the feedback received was positive.
- Staff were able to complete surveys anonymously if they chose to. In one survey staff feedback was received staff they felt their mileage allowance for travelling should be higher. This was subsequently increased.
- People were encouraged by staff to say if they wished for any information to be updated in their care plans, where there were any changes.
- Alongside the three - monthly review meetings, other meetings were held in the people's homes with their care teams, if they chose to, where they were able to suggest any improvements to the overall service.
- Staff meetings and one to one meetings were held, where staff had opportunities to raise any issues, concerns or put forward suggestions. Topic areas such as MCA and health and safety were covered. Reflective practice sessions with staff considered specific events, what went well, what could be improved and any learning from these that they could share as good practice. One meeting was arranged in a local coffee shop to say thank you to staff for their hard work.
- Staff were supported exceptionally well by the provider at difficult times, for example when supporting people at the end of their lives. The registered manager arranged for further staff meetings at these times to offer staff an opportunity to share their feelings and emotions.
- Observations of staff practice were undertaken by senior staff to ensure they worked in line with the provider's policies, and feedback was given when improvements could be made.