

Trinity Towers Limited

Kare Plus Loughborough

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 plus Loughborough is a domiciliary care agency. At the time of the inspection they were providing personal care to 40 people living their own homes..

People's experience of using this service:

People and their relatives felt they were supported in a safe way by. Staff knew how to keep people safe. Risks associated with providing care were assessed and managed correctly. Recruitment procedures were safe.

Staff sought support from healthcare professionals when required. Staff were appropriately inducted, trained and supported to do their jobs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care and support was provided by caring and compassionate staff who knew people well. Care plans were individualized and gave staff the information to provide care and support in the way people preferred.

People, their relatives and staff had the opportunity to make suggestions to improve the service. People felt the service was managed well, and that staff and the registered manager were approachable. Staff felt supported in their role.

The service strived to continually learn and improve, the quality of service provision was monitored and changes were made where required. Staff worked effectively with other agencies

Rating at last inspection:

This was the first inspection since registration with the CQC.

Why we inspected:

This was a scheduled inspection.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern, we may inspect sooner than scheduled. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 Safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Safe findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Safe findings below.

Good ●

Kare Plus Loughborough

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, and an expert by experience. The expert by experience made telephone calls to people and relatives to ask for their feedback about the service..

Service and service type

Kare plus Loughborough is a domiciliary care agency providing care and support to people in their own home's. It provides personal care to people living in their own houses and flats. It provides this service to older people and people living with physical disability.

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.

Notice of inspection

We gave the service 48 hours notice of the inspection visit because the manager is often out of the office supporting staff. We needed to be sure that they would be in. We carried out the inspection visit on 24 May 2019.

What we did

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements

they plan to make. We reviewed the PIR as part of the planning process for this inspection, as well as other information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Notifications are information on important events that happen in the service that the provider must let us know about.

During our inspection visit we spoke with three people who used the service and four relatives. We spoke with two members of the care staff, the registered manager, the provider and the compliance manager. We looked at care records as well as other records relating to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said when asked about feeling safe, "Yes quite safe. No complaints about this at all. They walk me to the bath which is the main thing to save me falling over when going to wash me. They support me safely under my arm. Yes very safe with them handling me."
- People were given information about raising concerns when they first began using the service. Staff and managers checked with people frequently and asked them if they had any concerns. This meant that people were encouraged and empowered to raise concerns.
- Staff knew how to recognise the signs of abuse and what to do if they suspected it. They knew how to report concerns and felt sure their managers would listen and take action. They had also been given information about reporting concerns and whistle blowing to other authorities such as the Local Authority and the CQC.
- Managers and staff took safeguarding people from risk and abuse seriously. Staff had received training and risk was discussed during staff meetings and staff supervision, sessions. The registered manager told us, "Safety is important and is the first question we ask people when we speak with them."
- We were given examples of where managers had raised concerns with other authorities and provided additional support to people when risk was identified.

Assessing risk, safety monitoring and management

- Risk was assessed before people began using the service. This included risk in the environment and for specific activities.
- Management plans were in place so that staff knew what action to take to reduce risk. For example, devices to assist people with sensory impairment and motion sensor mats to reduce the risk of falling.
- The registered manager told us they were reviewing fire risk assessments for each person to ensure staff knew the best way to evacuate a person in the event of a fire. They were also introducing a risk assessment for malnutrition to assist early identification of nutritional risk.

Staffing and recruitment

- Staffing was calculated to meet the needs of the people using the service. People told us staff had time to meet their needs and arrived on time and stayed for the allocated amount of time. One person said, "They arrive on time, never missed coming and always take their time with me when here as it takes me a while to get around." A relative said about the staff. "Very good on call timings no concerns at all over that or anything else to be honest. Always stay the full time with them and never rush doing anything. Always turn up too."
- There were contingency plans in place to cover short notice staff absence and systems to alert managers if a member of staff did not arrive for a call. The registered manager told us there had not been any missed calls.

- People received care and support from a consistent staff group who knew them well.
- There was a safe recruitment policy and procedures so that as far as possible, only staff with the right character and experience were employed.
- There were systems and processes in place to make sure staff could not be employed until all necessary checks had been carried out.

Using medicines safely

- Staff managed medicines well. They had undertaken training and had their competency checked so that they could give people their prescribed medicines safely.
- One person told us staff supported them with their medicines in the right way.
- Managers checked records for the management of medicines and frequently reviewed people's medicine support needs.
- Staff had recognised when a person was having difficulty managing their own medicines. The plan of care was changed to include staff prompting the person to take their medicines at the right time.
- There were policies in place about the safe management of medicines and staff knew what to do in the event of a medicine error.
- Records were accurate and up to date and audits were carried out to ensure people had received their prescribed medicines.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to respond appropriately to protect people from the spread of infection. They followed good practice guidelines, including food hygiene, washing their hands thoroughly and wearing gloves and aprons appropriately.
- Protective equipment such as gloves and aprons and shoe covers were provided to staff.

Learning lessons when things go wrong

- There were systems in place to check incidents and these were used as learning opportunities to try and prevent future occurrences.
- The management team reviewed risk assessments and care plans following incidents to prevent recurrence. The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they began using the service to ensure the service had the required skills and experience to meet their needs.
- People's protected characteristics under the Equality Act were considered and respected to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.
- Staff kept up to date with changes within the sector through ongoing training and links with other organisations such as the local authority and the UK Care Home Association.

Staff skills, knowledge and experience

- Staff received training, support and guidance so that they had the knowledge and skills to do their job well. New staff completed induction training and worked with more experienced staff until they were confident and competent.
- People told us staff knew how to meet their needs and were trained. One person said when asked if the staff were trained, "Definitely. I need hoisting and that is a skill in itself. They know exactly how to handle me safely and when they leave, they make sure everything is left close to hand for me like the TV remote and a drink and sandwich." A relative said about the staff, "They are excellent, I simply cannot fault them with anything."
- Staff told us they had the training and support they required to do their jobs. One staff member told us about the induction training and support they had received when they first began working at the service. They told us the training had been very useful and they felt supported. Staff could request additional training and this was provided.
- All staff had regular supervision. Staff also knew they could seek support from their managers and from other staff whenever this was required.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff understood people's nutritional and hydration needs and knew how to support them.
- People and relatives told us staff supported them to eat and drink by preparing the meals they wanted or making sure they had access to snacks and drinks between calls.
- All staff had received training about food hygiene.
- When people were not eating and drinking enough, staff took action and referred to healthcare professionals such as community nurses and doctors.
- Senior staff had received training about specialist nutritional needs and cascaded this to other staff.

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

- We were given examples of staff working with other agencies such as the local authority, Police and healthcare services to ensure people received the care and support they required.
- Hospital information sheets were in place for each person. These contained important information about the person to pass on to hospital staff in the event of an emergency admission to hospital.

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

- People had access to all the healthcare professionals they required.
- Staff made appropriate referrals to healthcare professionals such as doctors and occupational therapists and staff followed their guidance.
- Staff knew how to recognise changes in people's health or wellbeing and reported these changes to their managers.

Adapting service, design, decoration to meet people's needs

- Audits and checks were carried out to make sure people's home's were safe and the environment met needs.
- Staff supported people to access specialist equipment such as mobility hoists when this was required. One person told us how this had improved their quality of life.

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

- People told us staff always asked for their consent. One person said, "They (staff) always ask me if I am ok and want I want doing before they proceed with anything. They always look in my plan first as well to see it is all alright and what is down to be done."
- 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 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 with appropriate legal authority. In community based services, this is usually through MCA application for a Court of Protection Order.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had received training and were following the principles of the MCA. They supported people to make decisions and made sure consent was given before providing care and support.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were supported by staff who were caring and compassionate.
- One person said, "The carers are all very kind and thorough. Very polite and nice." Another person said about the staff, "The one I have is excellent. So gentle, friendly and caring." Another person said, "I can't fault them they have transformed my life with their compassion, caring, kindness and friendly attitude in everything they do for me."
- People's relatives also said the staff were caring and compassionate. One relative said about the staff, "All of them are so very kind and thoughtful and caring."
- People told us staff went that extra mile for them. One person said, "It is the little things they do that stand out like watering my plants, popping to the shop for me. Yesterday the carer had a break after my call and when finished she stayed with me in her own time for a chat and got all my washing in off the line."
- Staff had time to spend with people. They knew people well, a member of the care staff had noticed a person had a low mood and reported this to managers. Action was taken to include a social visit and this had a positive effect on the person.
- They said they felt valued and supported by their managers and colleagues.

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

- People were involved in developing and reviewing their care plans. One person told us about a recent review. They said about their care plan, "A manager recently came and reviewed it with me due to my mobility change and we discussed the best way forward. I have a copy of it here with me."
- People were asked for their views through surveys and care plan reviews.
- Managers carried out visits and made telephone calls to make sure people were happy with the support they received and made changes accordingly. For example, call times were changed so they fitted in better with the person's routine.
- Staff arranged for advocates to assist people to make decisions where this was required.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy, dignity and independence. One person said, "Staff are most respectful when washing or showering me. They let me do the bits I want to do and always make sure a towel is at hand to cover me." Another person said, "They will wrap a towel around me, close the curtains and door and never leave me without anything on when bathing me. Always make sure I am covered up."
- Staff had received training about maintaining privacy and dignity. They gave us examples of how they promoted dignity and supported the person to maintain their privacy.
- People's independence was encouraged. Care plans reflected the things people could do for themselves as

well as the support required from staff.

Is the service responsive?

Our findings

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

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

- Care and support was personalised and met the needs and preferences of the person. Staff involved people and their relatives in developing their care plan and made changes to reflect changing needs and circumstances.
- The registered manager gave us an example of how staff supported a person to wash their hair. Staff had used a person centred approach and this resulted in the person accepting this support and enjoying the experience.
- Staff considered and met people's physical, mental, emotional and social needs. Care plans were detailed and gave clear instructions to staff about the best way to meet the person's needs and how to communicate.
- People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.
- The registered manager told us that information was available in large print and could be translated in to other languages on request.

Improving care quality in response to complaints or concerns

- People and their relatives felt confident raising a complaint and were sure that managers would listen and take action.
- The provider's complaints procedure was given to people when they first began using the service.
- Complaints were used as an opportunity to learn and improve. The registered manager gave us examples of how they had resolved complaints and used them as a learning opportunity and had made changes. This included introducing a communication board to improve staff communication and reduce the risk of communication failures.

End of life care and support

- Staff had received training about end of life care and worked closely with healthcare professional such as community nurses and Macmillan nurses when this was required.
- People's advanced wished and preferences regarding end of life care were respected.

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, their relatives and staff made very positive comments about the service. One person said about the service, "Very, very happy. Like I say they have helped to transform my life." A relative said, "Happy with everything. Give me complete peace of mind."
- Staff were fully aware of their responsibility to give a high-quality, person-centred service, based on the provider's ethos and values.
- The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties. One person said, "The service is exceptionally well led and managed with hands on management who are very responsive."

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

- The registered manager provided strong leadership and staff understood their roles and responsibilities. There was a clear and supportive organisational structure.
- Staff performance was observed to check policies and procedures were being followed. Staff had 'supervision' with their managers, they had opportunities to discuss their learning and development needs.
- Staff told us their managers were supportive both personally and professionally.
- The registered manager understood their legal duties and sent notifications to CQC as required.
- The provider had a quality assurance system in place to ensure that staff continued to give high quality care.

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

- Annual satisfaction surveys were sent out. The results were analysed and action was taken in response to people's feedback. For example, staff had been reminded they must inform people if they were running late for their call.
- The registered manager told us an 'open day' was being arranged for people and care givers
- Staff were involved in developing the service. Staff had asked for additional equipment and this had been provided.
- Staff meetings were held and staff said their feedback and opinions were listened to and acted on. Staff meetings were flexible so that as many staff as possible could attend at times that suited them. Newsletters

were sent to staff to keep them updated about any changes.

- Staff had received training about equality and diversity and understood their responsibilities to uphold people's human rights.

Continuous learning and improving care

- The registered manager told us that the service was continually striving to improve.
- Improvements had been made to the recording of medicine administration and staff communication.
- Good practice was encouraged through a 'carer of the month' scheme which was awarded to staff who had gone that extra mile.
- Three members of staff were working towards nationally recognised qualifications in care. The registered manager told us they intended to enrol all staff on nationally recognised health and social care courses following their probation period.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and authorities.
- The registered manager gave us examples of how working with others had ensured people received joined-up care and support.