

S U V Healthcare Ltd

# Kare Plus Milton Keynes and Bedford

## 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 Milton Keynes and Bedford is a domiciliary care agency. It provides personal care to 9 people living in their own homes.

### People's experience of using this service:

People told us they felt safe receiving care from the staff.

Medication was administered safely and records kept were accurate.

Risk assessments were in place to manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

People told us that staff arrived on time, and they received the consistent support they required.

Staff were trained to support people effectively.

Staff were supervised and felt confident in their roles.

When required, people were supported by staff to prepare food.

When required, people had support with healthcare arrangements.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff treated people with kindness, dignity and respect and spent time getting to know them.

People were supported in the least restrictive way possible.

Care was completely personalised to each individual.

People and their family were involved in their own care planning as much as was possible.

A complaints system was in place and was used effectively.

The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

Audits took place which were effective at finding fault, and appropriate actions were taken.

The service had a registered manager in place, and staff felt well supported by them.

### Rating at last inspection:

The last rating for this service was requires improvement (published 5 October 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

### Why we inspected:

This was a planned comprehensive inspection

### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Kare Plus Milton Keynes and Bedford

## **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. This inspection was planned 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 was carried out by one inspector.

#### Service and service type:

Kare Plus Milton Keynes and Bedford provides personal care to people living in their own houses and flats and provides a service to a range of adults. Not everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means 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:

The inspection was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available. The inspection started on 27 August 2019 by visiting the office location to review records, policies and procedures. We returned to the office to finish our inspection on 2 September 2019, and also made telephone calls to people using the service.

What we did:

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). The PIR 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 looked at other information received from the provider, such as statutory notifications about events the provider must notify us about. We also reviewed feedback from other professionals who work with the service. We took all the information into account when we inspected the service and making the judgements in this report.

During our inspection we spoke with three people using the service, two relatives of people using the service, two care staff, the office manager, the provider, and the registered manager. We reviewed the care records for four people, and other records relating to the management oversight of the service. These included staff recruitment files, staff training and supervision records, policies and procedures, surveys and feedback from people who used the service and quality assurance audits.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care from the staff. One person said, "They know what they are doing, I am safe."
- The registered manager understood their responsibilities in relation to safeguarding, how to report and investigate concerns, and how to protect people from potential discrimination.
- Staff had received training on how to safeguard adults and demonstrated a good understanding of the signs of abuse. Staff were clear on how to report concerns under safeguarding or whistleblowing procedures.

Assessing risk, safety monitoring and management

- Risk assessments documented in detail any risks that were present in people's lives, and enabled staff to work safely with people. This included assessments to understand people's health conditions such as epilepsy, and what to do in the event of an emergency.
- Both people and relatives we spoke with told us they thought risk was assessed safely, and all care tasks were carried out by staff who followed procedures and understood what risks were present.

Staffing and recruitment

- The provider had safe staff recruitment checks in place. This meant checks were carried out before employment to make sure staff had the right character and experience for the role.
- People and relatives told us they felt there were enough staff working for the service, as they did not have any missed calls, and staff were consistent and on time to visit them.
- There was no electronic logging system in place to monitor staff, however regular spot checks took place which showed that staff were on time.

Using medicines safely

- Improvements had been made to the recording and administration of medicines. At the time of inspection, only one person was receiving support with medicines.
- Medicines were managed safely. Staff told us, and records showed they received training in the safe handling and administration of medicines.
- Records showed the medication administration records (MAR) were completed accurately by staff after giving people their medicines.
- Thorough audits took place which picked up any minor errors in recording, and actions were set with staff for improvement.

### Preventing and controlling infection

- The provider ensured personal protective equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.
- People told us that staff followed infection control procedures and wore the protective equipment they were supposed to.
- Staff told us, and records showed they received infection control training.

### Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and monitored to check for trends and patterns and identify learning to share with staff. The registered manager regularly visited people and monitored staff, to pick up on any required improvements, and took prompt actions as required.

# 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 Requires Improvement. At this inspection this key question has now improved to 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's care needs were assessed and detailed in their care plans, this included their physical abilities, independence, choices, relationships and culture. People's goals and aspirations had been considered and staff were supporting people to achieve them.
- Protected characteristics under the Equality Act had been considered. For example, people's lifestyle preferences, religious and cultural needs.

Staff support: induction, training, skills and experience

- Staff had received an induction and regular training that ensured they had the skills they needed to do their job. One staff member told us, "I was new to care when I joined, the induction was good and prepared me for the job."
- Ongoing training was provided to refresh staff knowledge and learn new skills when required. For example, specialist training to manage healthcare conditions and medicines had been booked for staff to attend in response to the needs of a person being supported.

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

- Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts.
- Most people required minimal support in this area, but staff understood the support required and records reflected how people should be assisted with food preparation.

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

- People's healthcare requirements were supported by staff who understood their needs. Care plans contained information about people's health conditions, and how staff should support them. This included detailed instructions on how to look out for signs of ill health with specific health conditions.
- Relatives and people we spoke with all said they felt staff had good knowledge on how to support them with any health conditions they may have. One relative said, "They understand [name's] needs really well. I am confident that [name] gets looked after."

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed where people lacked capacity, appropriate actions were taken and best interests meetings were carried out.

# 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 remained the same. 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 felt well cared for. One person said, "I receive a brilliant service, I can't fault the staff at all, they are all lovely people." We saw written compliments which included, 'My carer has really gone out of their way to help me, I can't recommend them more, great company.' Another written compliment said, 'They [staff] ensure that [name] is comfortable in bed and leave them completely relaxed to have a good nights sleep.'
- Staff we spoke with said they understood the importance of treating people with respect and gaining peoples trust, and felt able to do so because they visited the same people regularly, and were able to get to know them well.

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

- People and their relatives we spoke with told us they were involved in decision making about their care. People confirmed that staff regularly checked with them to see if any changes were required, and that the care plans in place were a good reflection of their needs.
- The people we spoke with said they knew who the registered manager was, because they were regularly in contact with them to discuss their care, and check that all was ok with them.
- Care plans we looked at were regularly updated and were completed alongside people and their families, taking in to consideration their personal wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was always respected. For example, they described how staff ensured curtains and doors were closed when providing their personal care.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 were encouraged to access their community. The service had been involved in a fundraising event for a local hospice at a local venue. Some people using the service had attended the event and supported the fundraising activity.
- Care was personalised to each individual. For example, one relative of a person told us, "We have certain carers for certain tasks as requested by [name] They like to have different staff and it's never been a problem." Another relative told us, "The staff are very flexible and supportive, they know [name] has been in hospital and have been very supportive about the care and when we need it."
- Care plans we viewed were personalised and contained information about people's likes, dislikes and personal history. Care tasks were written to show the specific way that people wanted to receive care. This enabled staff to provide personalised care to people.

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 .

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and was being used effectively. We saw that when a complaint had been received, it was investigated promptly, and the person involved was responded to in line with the provider's policy
- Records confirmed action was taken to improve the quality of support people received.

End of life care and support

- At the time of inspection, no end of life care was being delivered. The registered manager was aware of what was required to support people who may need to receive end of life care.

# 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 Requires Improvement because improvements were required to quality assurance processes and record keeping. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

This key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff all felt the service was well managed. One person said, "It's a well organised service, I would not use any other company." A staff member told us, "The registered manager is always at end of the phone. It has been a continuously improving service, and the registered manager does a really good job. She 'dot's all the l's and crosses all the t's'.
- The registered manager and the staff put people at the centre of the service, and provided good quality care that focussed on people's immediate needs.

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 registered manager maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The registered manager understood information sharing requirements. We saw that information was correctly shared with other agencies. For example, when the service had identified concerns, and the registered manager sent us notifications about events which they were required to do by law.

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

- Staff we spoke with were all clear about their roles, and understood how to manage risk and seek help when required. Staff all had confidence in the management team to ensure appropriate actions were taken when they passed on any information.
- Team meetings were utilised to communicate any changes within the service and discuss any risks or improvements that were required.

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

- People told us they felt involved in their own care, and were kept informed of any changes within the service that were relevant to them. People and relatives said they had regular contact with the registered

manager who checked on their care and updated them.

- People could feedback about the service via surveys which asked for feedback on the quality of care being received, and if any changes were required. Many people also used an online website to provide feedback to the provider.

#### Continuous learning and improving care

- There were effective systems in place to monitor the quality of the service. Comprehensive audits were undertaken by management, and the systems in place to monitor the standards and quality of the service were being managed effectively. A regional manager conducted quality checks across the whole service with feedback and actions provided.
- We saw that all aspects of the service were looked at, including health and safety, medication administration records. We saw that when errors were discovered, improvements were actioned.

#### Working in partnership with others

- The service worked in partnership with the local authority social care team when required. For example, when incidents had occurred that risked people's safety, the service worked alongside the safeguarding authority to ensure people were kept safe.