

# Eastern Specialist Services Limited

## Kare Plus Norwich

### Inspection report

Atlas House  
Iceni Court, Delft Way  
Norwich  
NR6 6BB

Tel: 01603340044  
Website: [www.kareplus.co.uk/norwich](http://www.kareplus.co.uk/norwich)

Date of inspection visit:  
24 April 2019  
26 April 2019

Date of publication:  
20 May 2019

### 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

- This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection, 56 people were receiving a service from Kare Plus Norwich.

### People's experience of using this service

- People received a service that was considerate of their needs, respectful and caring.
- All the people we spoke with who used the service told us they were happy with the care they received and would recommend the service to others.
- People's needs had been assessed and they had been fully involved in the planning of the care and support they received. Their consent had been sought and adhered to the Mental Capacity Act 2005.
- The care delivered was person-centred and met people's needs. This included where people needed support with their medicines, nutrition or accessing health services.
- People told us that staff were caring, kind and compassionate in their approach. People felt respected and care planning was done in a way that put people in control of the support they received. People's dignity was maintained, and their independence encouraged.
- The service had an open and supportive culture, and this had had a positive impact on the people who used the service.
- People told us the service was well-managed, that they were listened to and that any concerns they may have were dealt with quickly and efficiently.
- Staff had been safely recruited and there were enough of them to provide patient, unhurried and individualistic care to people.
- The morale of staff was high, and they were motivated. They received ongoing training and support. This had benefited those that used the service who told us staff were happy in their work and that they had confidence in staff's abilities.
- Procedures were in place to help keep people safe, such as those in relation to safeguarding and risk management.
- The quality monitoring system the provider had in place was effective at improving the service and people were involved in this.
- The management team and staff demonstrated commitment and passion in the work they did, and the registered manager was keen to listen to suggestions to further improve the service.
- The provider had good oversight of the service and attended the service's office each day so was fully involved in the running of the service.
- Regulatory requirements had been met.
- For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

- The provider had changed its address since our last inspection and this was the service's first inspection under the new registration. The service was rated good under its previous registration.

#### Why we inspected

- This was a planned comprehensive inspection based on the length of time since its new registration.

#### Follow up

- We will continue to monitor this service and take any actions as necessary.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Kare Plus Norwich

## 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 an inspector, an assistant 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

- Kare Plus Norwich is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people and younger adults. Some people who use the service may be living with dementia, have a learning disability, a mental health need, a sensory impairment or a physical disability.
- At the time of our inspection, 56 people were receiving the regulated activity of personal care.
- 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 two working days' notice of the inspection site visit to ensure staff would be available.
- The inspection started 24 April 2019 and ended on 26 April 2019. We visited the office location on 24 April 2019 to see the registered manager and office staff and to review care records and policies and procedures.

#### What we did

- Prior to our inspection we reviewed and analysed the information we held about this service. This included reviewing statutory notifications the service had sent us. A notification is information about important events which the provider is required to send us by law.
- We viewed the information sent to us by stakeholders including health professionals and commissioning

bodies such as the local authority and continuing healthcare.

- Feedback was also requested from the local authority quality assurance team and social and healthcare professionals who had had recent contact with the service.
- A Provider Information Return (PIR) is key information providers can send us on their service, what they do well and improvements they plan to make. A PIR was not received for this service as we had not requested one prior to our inspection.
- We spoke with four people who used the service and nine relatives.
- We spoke with the registered manager, the deputy manager, the care coordinator, one field care supervisor and two home care workers.
- We reviewed the medicines administration record (MAR) charts for two people. We also reviewed the care planning documents for seven people who used the service. Documents associated with the management of the service were also viewed.
- After our inspection, we gave the provider 48 hours to submit any further documents to demonstrate that they were meeting the fundamental standards. Extra information was submitted within the time frame and has been used as evidence for this inspection.

# 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 and legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe whilst receiving care from Kare Plus Norwich. One person said, "I feel very safe. I am very happy with them [the service]." A relative told us, "I think [family member] is safe with them, yes. They have a key safe, which staff use, and staff look after them well."
- The provider had procedures in place to help protect the people who used the service from the risk of abuse.
- All staff had received up to date training in safeguarding adults and children and demonstrated their knowledge through discussion.
- Staff were able to tell us how to report potential abuse both within their organisation and externally.
- We saw that the service had reported abuse to the local authority safeguarding team when it had been identified. One potential incident of abuse had been identified on inspection that had not been discussed with the safeguarding team to gain advice. This was completed by the service on the day of our inspection.
- For safeguarding concerns, we saw that the service had liaised with appropriate authorities regarding the incidents and had kept robust records demonstrating their actions. Referrals had been made as required to appropriate organisations to further protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- The risks associated with those that used the service had been identified, managed and mitigated. For example, where people were at risk of falls or infections, assessments were in place that gave staff information on how they could help keep people safe.
- Individual risks associated with people's homes had been identified and factors to consider in relation to those risks had been recorded. For example, the location of emergency cut off points for utilities were recorded, as were any environmental hazards. We saw that, following a staff member injuring themselves after a trip, the risk assessment was reviewed to ensure all actions had been taken to mitigate future occurrences.
- The service had assessed the risks associated with adverse weather and taken steps to ensure their staff could deliver the care to those most vulnerable. For example, a vehicle more appropriate for adverse weather conditions had been contracted for the winter months.
- The risks associated with the office environment had also been assessed and managed to help keep staff and visitors safe.

Staffing and recruitment

- The people we spoke with told us they had no safety concerns in relation to the staff that visited them. One relative told us, "I think [family member] is safe with staff. [Family member] knows them all now and is very settled and comfortable with them."
- The provider had safe recruitment procedures in place to further help protect people from the risk of

receiving care and support from people not suitable to work with them.

- The three staff recruitment files we viewed were well organised and contained information to demonstrate that appropriate steps had been taken to ensure staff were of suitable character. Enhanced disclosure and barring service (DBS) checks had been completed, identity confirmed, and interview records showed questions had been asked to check knowledge and suitability in role.
- There were enough staff to meet people's needs in a timely and patient manner. Those that used the service, their relatives and staff told us so. One relative told us, "Staff are very kind and patient. They understand [family member] and let them take their time to do things."
- People told us staff arrived on time and stayed for the allotted time. Where emergencies or travel disruptions caused staff to be late, people were informed, and a member of the office staff team completed the care visit if necessary.
- An electronic system logged when staff arrived for a visit and again when they left. This was monitored on a daily basis as was any missed visits. The service had missed only two visits to date this year and both had been due to a software failure that was quickly rectified.

#### Using medicines safely

- Where staff assisted people to take their medicines, safe systems were in place to manage and administer these.
- We saw that staff supported people to remain as independent as possible with their medicines and that the required support was individually assessed and delivered. This included supporting people to manage their own prescribed medicines.
- Staff had received training in medicines and regular spot checks ensured their competency to administer these to those that used the service.
- Records were in place to assist staff in administering medicines and the MAR charts we viewed confirmed good practice guidance was followed.
- All completed MAR charts were audited by the service to ensure safe administration of medicines. We saw that where issues had been identified, appropriate actions had been promptly taken. For example, for one person, a telephone call had been made to the GP to request clear dosage instructions on the labels of some medicines.

#### Preventing and controlling infection

- Those that used the service told us staff adhered to infection prevention and control good practice guidance.
- One person who used the service told us, "Staff wear gloves and always look clean and smart in their uniform." Another person said, "Staff wear gloves."

#### Learning lessons when things go wrong

- During our inspection, we found the registered manager open to suggestions and keen to discuss ways in which they could improve the service.
- We saw that actions had been taken to improve the service where issues had been identified via quality monitoring audits or service user's feedback.
- Following minor issues being identified on inspection, the service promptly implemented an action plan and submitted this to us two days after the inspection visit. This demonstrated a commitment to acting on feedback to improve the service.



# 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.

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 with appropriate legal authority in place. For community services, applications to deprive a person of their liberty are made to the Court of Protection. No applications had been made at the time of our inspection. We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and demonstrated knowledge through discussion.
- People told us that staff gained their consent before assisting them. One relative told us, "Staff do ask [family member] if it is okay if they do whatever. When they refuse, staff respect that." Another relative said, "Staff ask what [family member] wants to wear after their shower."
- The care plans we viewed showed that people were in control of the care and support they received. For example, one care plan stated that the person would tell staff whether they required personal care on each visit and, if so, how this was to be delivered.
- Where a person's capacity was in doubt, mental capacity assessments had been carried out with clear records indicating how and why this had been carried out, and what the outcome was.

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

- People's needs had been assessed and recorded to help staff support people in an individualised manner.
- People's likes, dislikes and preferences had been gained and their care planned in accordance with these choices. For example, what people liked to wear and how they liked to be supported.
- For one person who had a protected characteristic under the Equality Act, we saw that this was considered in the planning of their care.

Staff support: induction, training, skills and experience

- All the people we spoke with told us that staff had the skills and attributes to provide them with care and support. One person who used the service told us, "They are good carers. They know what they are doing." One relative said, "I have confidence in the staff. They are well trained and look after [family member] very well." Another relative described the staff as, "Excellent."

- Staff had received an induction when they first started in their role, ongoing training and regular support in several formats. Records confirmed this as did our discussions with staff.
- The provider offered staff the opportunity to gain further qualifications and most staff were working towards the Care Certificate; a set of standards that staff in health and social care should work to.
- Staff also had the opportunity to attend training workshops with local funeral directors. This helped staff to have often sensitive conversations with people and their family members as people neared the end of their life and following the death of a person.
- Staff knowledge was further encouraged by a 'swap table' which all staff had access to at the provider's office. This allowed staff to swap books and resources on relevant topics to help enhance their knowledge and development. These resources were also made available to those that used the service.
- All staff we spoke to told us they felt particularly supported by the management team and provider. One staff member described the service as, "Very friendly and welcoming," while another told us they felt valued as a staff member. A third said, "Kare Plus as a whole has made me gain confidence in myself."

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

- Where assistance was required to eat and drink, people received this and they told us it met their needs. One relative told us that staff not only assisted their family member to make meals but also with the weekly grocery shop.
- Another relative explained how supportive staff were in relation to meeting their family member's nutritional needs. They said, "Staff do encourage [family member] to eat something and will suggest things they think [family member] may like."
- The care plans gave staff information on how people needed support with meeting their nutritional needs and included people's likes and dislikes. The service had a nutrition and hydration champion in place which further enhanced the service people received.
- For people who had their nutrients non-orally, care plans were in place that were up to date and gave staff information on how to support people with this. Care plans had been written taking into consideration the recommendations of appropriate health care professionals as well as the wishes of the people using the service.

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

- Although none of the people we spoke with had required staff to call healthcare professionals for them, they all told us they had confidence that staff would should the need arise. One relative stated this and added, "Staff let me know if they think [family member] is not their selves." Another relative told us, "I'm sure staff would do everything they could to help."
- From the care plans we viewed, we saw that professionals had been involved in assessing and meeting people's needs. This included professionals such as the GP, speech and language therapists and social workers.

# 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; respecting equality and diversity

- All the people we spoke with talked highly of the caring and respectful nature of the staff that worked for Kare Plus Norwich. One person who used the service said, "I think the staff are very kind people."
- One relative told us, "Staff are very caring. Nothing is too much trouble for them." Another said of staff, "Very patient, they let [family member] take their time and they are very caring too."
- People told us they felt listened to by the service and that their decisions were respected.
- The service ensured that people, wherever possible, received the same team of staff to ensure consistency and to build relationships. The people we spoke with told us this happened. They told us they received a rota so they were aware of which staff would be assisting them.

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

- All the people we spoke with told us they had been involved in the planning of the care and support they received.
- One relative told us, "Yes, there is a care plan and I was involved in the assessment." Another relative said, "Yes, [family member] has a care plan and I am involved in it. It is up to date."
- People's preferences in relation to the service they received were met. For example, where people requested assistance from a certain gender of staff, to how and when they received a staff rota.
- Care plans showed that regular reviews of the care people received had been undertaken with people and their family members if appropriate. Records showed that these were open arenas where people could discuss all aspects of the service. After each review, all parties signed the document to agree actions discussed.

Respecting and promoting people's privacy, dignity and independence

- Respect for people and their wishes was evident throughout the service.
- People told us staff were respectful and that their wishes were adhered to. One relative told us, "Staff are very respectful. They never push [family member] to do anything they don't want to do." Another relative said, "Staff are very respectful to us both [family member and relative]. They respect [family member's] dignity when they are helping them have a shower...make sure the door is shut."
- People's independence was respected and encouraged. People told us this and we saw it in the care plans we viewed.
- One relative told us, "[Family member] is limited but staff do encourage them as much as possible and they have started to do more things for themselves since staff started coming in."
- In one care plan, we saw that it was clearly recorded that staff were to take direction from the person who used the service in respect of what care and support they provided.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that the service met their needs and was flexible in its approach.
- Everyone we spoke with told us that staff turned up on time for visits, stayed the allotted amount of time and were flexible in changing visits as required. One relative said, "[The service] always does it best to accommodate us if we need to change times and they always stay and do everything we need." A second relative told us, "Staff never rush off. They always ask if there is anything else we need doing."
- The relatives we spoke with told us staff were quick to respond to their family member's changing needs and action as appropriate. One relative explained, "Staff are very good. They are on the ball. They notice things and let me know." Another relative said, "Staff encourage [family member] to do as much as [they] can to keep [them] going."
- Each care plan contained a section that gave staff an overview of what support they needed to provide at each visit. Detailed care plans for each area of daily living could then be referred to if needed. We saw that these were planned with people, considering their likes and preferences and what was important to them. They were up to date and contained enough information for staff to be able to support people in a person-centred manner.
- We saw that care plans were written in a kind and respectful manner and considered people's thoughts and wishes. They put people at the centre of the care they received.
- The registered manager told us that for one person with a visual impairment, they provided a rota in large print and would supply other documents in larger print if required.

Improving care quality in response to complaints or concerns

- Most people we spoke with had no reason to complain about the service they received.
- For the two people who told us they had raised concerns in the past, they told us these were dealt with efficiently by the service. One relative told us, "We have only had little niggles at times, nothing major. They are very good at sorting things out straight away." The second relative said that when they raised concerns, "They [the service] acted straight away."
- The service had a complaints policy in place together with a log of complaints.
- There was one complaint on file which we saw had been managed, investigated and responded to appropriately.
- The registered manager told us they used complaints to better improve the service and we saw evidence of this.

End of life care and support

- The service supported people coming towards the end of their life with respect and dignity.
- The care plan for one person requiring end of life care demonstrated their needs had been assessed on an individual basis and took their wishes into consideration.

- Details of the person's condition was in place with an escalation pathway clearly written to help staff know when medical intervention was required whilst considering the person's wishes.
- End of life care planning considered the wishes of those people important to the person and who knew them well.

# 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team had built an open and considerate culture at the service and this was evident from the feedback we received from people.
- People that used the service, their relatives and staff all told us the service was well managed with supportive and helpful staff. One relative said, "I think it is well managed. The carers are happy in their work."
- People spoke highly of the registered manager with one relative telling us, "I always ring the [registered] manager. She is very helpful and does her best." Another relative said, "Yes, I know the [registered] manager. When we had a problem, she came straight away. She is very helpful."
- Staff agreed with the supportive nature of the management team and everyone we spoke with told us they were happy in their work. One staff member said, "I love working for Kare Plus. I feel as though I achieve something every day." Another told us, "I love it. It's very positive, very supportive with a good sense of humour that is appropriate. Staff support each other, you feel valued."
- All the staff we spoke with during our inspection demonstrated cooperative ways of working and mutual respect of each other contributing to the positive culture within the service.
- The provider had incentives in place to reward their staff for the work they did and aid their wellbeing. This included providing massages to help staff's mental and physical wellbeing. A dedicated rest room had also been provided for staff to help them overcome the often-emotional challenges they faced in their role.
- Following our inspection, the provider sent us an action plan in response demonstrating their willingness to act upon feedback to improve the service further.

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

- There was a clear staff organisational structure in place at the service and people knew who they needed to speak with if they had any concerns.
- The registered manager was supported by several office-based staff as well as a director for the provider. The office-based staff told us there was a mutually collaborative culture in place and that they discussed issues together to find resolutions.
- The registered manager told us they felt empowered by the support they received from the provider. They told us that the provider, "Makes me believe in myself and pushes me to get the best out of me." They told us they had a mentor in the deputy manager and that all staff worked very well together.
- The registered manager showed a commitment to learning and developing their skills and knowledge. They had booked several training sessions and attended meetings with other registered managers who they

told us they learnt from.

- Statutory requirements had been met by the provider and registered manager and they demonstrated their regulatory knowledge during the inspection.

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

- Everyone we spoke with told us that the service communicated well with them.
- One relative told us, "It's easy to get through to the office. Staff are all extremely helpful." Another said, "I have not found any problems with communication between anyone." A third relative explained, "Communication is very good."
- People that used the service, and their relatives, had opportunities to feedback on the service they received, and this was used to drive improvement. One relative said, "A supervisor came out only last week and asked us questions."
- We saw that surveys had taken place and that people had opportunities to provide feedback at regular care plan reviews. People also told us this.
- Staff meetings were held on a regular basis and minutes showed these to be arenas for discussion and learning.
- All the people we spoke with told us they would recommend the service to others. One person who used the service told us, "They are good carers. I am happy with the service." A relative said, "We are both very happy with the service [relative and person who used the service]. We like the carers and get on well with them. They are a massive support for me."

Continuous learning and improving care

- There was an effective quality monitoring system in place and the evidence we found on our inspection confirmed this.
- Care plans, daily logs and medication management were audited, and we saw that actions were taken as required.
- Missed and late visits were analysed and discussed at weekly meetings held between the provider and management team to ascertain reasons and prevent reoccurrence.
- The arrival and departure times of staff when making visits to those that used the service were also monitored and rationales were provided where these had not been as planned. Technology was used to monitor this aspect of the service. The same technology was used by staff to ensure they always had up to date information available to them including that on people who used the service and policies and procedures.

Working in partnership with others

- The service had worked with others to provide care at short notice to people and to cover situations such as informal carer illness and holidays.
- The service worked with other local health and social care professionals to provide care and support to people. This included where people had complex health needs.
- The provider encouraged their staff to participate in their local community and staff had been involved in several charity fund-raisers.