

VANP Ltd

Kare Plus Staines & Weybridge

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 Staines & Weybridge provides care and support to young people and adults who are living with a physical disability, frail or living with dementia. At the time of this inspection, 17 people were using the service.

People's experience of using this service:

- People had an assessment of their care and support needs. People's views were considered when developing their individual care plans.
- People were supported in their communities to attend activities of their choice.
- The provider had safeguarding processes in place and a system to report allegations of abuse.
- Staff assessed risks to people's health and wellbeing and a risk management plan was put in place to manage these.
- People who required medicines were supported by staff. Records used for the management of medicines were completed accurately.
- The registered manager followed the provider's recruitment processes so only suitable experienced staff were employed.
- 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.
- People and their relatives provided staff with feedback about the service. People were happy about the level of care and support they received.
- People said that staff were compassionate, kind, and provided them with the support they needed in a respectful way while protecting their dignity and privacy.
- People and their relatives contributed to their assessment and reviews of their care and support needs.
- People said that the service was well-led and the management team were responsive to any queries they had about their care.
- The registered manager carried out regular reviews and monitoring of the quality of the service.
- Staff were complimentary about the registered manager and were happy in their jobs.

Rating at last inspection: This is the first inspection of this service since the registration of the location in February 2018.

Why we inspected: This was a planned scheduled inspection. At this inspection we found the service was rated Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-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.

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 Staines & Weybridge

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:

This announced inspection took place on 28 February 2019. One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has experience of caring for someone living with a physical disability.

Service and service type:

Kare Plus Staines & Weybridge provides care and support to adults who are living with a physical disability, adults over 65 and some who live with dementia. At the time of this inspection, 17 people were using the service. Not everyone using the service receives regulated activity; 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 take into account any wider social care provided.

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 it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started and ended on 28 February 2019. We visited the office location on 28 February 2019 to see the registered manager and office staff; and to review care records, policies and procedures.

What we did:

Before the inspection, we looked at information we held about the service including notifications. A notification is information about important events, which the service is required to send us by law. 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.

During the inspection:

- We spoke with five people who used the service and one relative.
- We also spoke with the registered manager, the nominated individual and two members of staff.
- We looked at five care records and medicine administration records.
- We also looked at three staff records and other documents relating to the management of the service.

After the inspection:

We contacted two health and social care professionals but did not receive feedback from any.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse.

- Staff understood how to protect people they supported from harm and abuse. All staff completed training in safeguarding adults which helped them to develop their knowledge about the types of abuse and how to report an allegation of abuse promptly.
- The provider had a safeguarding policy and process in place. Staff followed this process to ensure people were protected from potential abuse. One member of staff said "I understand what actions to take if a person I was caring for told me about abuse."
- The safeguarding records showed concerns were managed appropriately and investigated by the registered manager and the local safeguarding team.

Assessing risk, safety monitoring and management.

- People we spoke with said that they felt safe when staff came to visit them at home. Comments included "I feel very safe, everything is very good", "I feel very safe and I can rely on their care whenever I need it" and "They've been coming for a long time and I trust them."
- Risks that affected people's health and wellbeing were identified and management plans developed to guide staff and reduce the likelihood of harm. For example, a person's care records clearly stated that staff must ensure the person's walking aid was placed near them so they could have easy access to the equipment and to use it when walking. This helped to manage the risk of falls.
- Each risk assessment and management plan was reviewed by staff. Any changes in relation to risks were updated in the person's care records and shared with staff so they could continue to meet people's needs safely.

Using medicines safely.

- People who needed to take medicines were supported by staff. All people we spoke with told us they had their medicines on a regular basis and had no concerns about the way their medicines were managed.
- Staff had training in medicines administration. This enabled staff to develop the necessary skills to support people with the administration of medicines safely.
- The registered manager assessed staff's medicine administration competency. Staff completed assessments to ensure they practiced safe medicines management.
- Medicine administration records (MAR) were used to record when people had their medicines. The MARs were accurate and contained no unexplained gaps which meant people had their medicines as prescribed.
- The registered manager had a medicines audit system in place. Each month completed MARs were returned to the office for review. The audits helped to review the effectiveness of the management of medicines and staff practice in this area.

Staffing and recruitment.

- The registered manager ensured there were enough staff available to support people. People said they had regular staff coming to support them and they enjoyed the consistency of care workers. Comments included "They come to me three times every day and they are very reliable", "They are always on time and very reliable" and "They turn up at the same time every day."
- People said that care workers were considerate and ensured they received their assessed care as planned. Staff told us they had sufficient time between visits to ensure they arrived on time for the care visit as planned. One person said, "They always call me if they are delayed so I know when to expect them."
- The provider's recruitment processes were followed so suitable staff were employed. The job application process included an application form, attendance at a job interview and providing supporting documents such as, job references, proof of the right to work in the UK and proof of identity.
- Pre-employment checks took place before staff were employed at the service. This included a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. All staff files contained all documents related to the staff recruitment process.

Preventing and controlling infection.

- The provider had an infection control policy in place at the service and staff completed infection control and hand hygiene training.
- Staff followed this guidance to reduce the risk of the spread of infection .
- Staff had available to them personal protective equipment and used gloves and aprons provided to reduce the risk of infection.

Learning lessons when things go wrong.

- There were records of accidents and incidents and safeguarding concerns that occurred at the service.
- The registered manager completed internal investigations into each incident and identified learning from them.
- We saw records of an incident that was shared with staff for learning purposes. A person's health deteriorated quickly whilst receiving care and support from staff. Staff took action to keep the person safe. Contact was also made with the person's GP and other health care professionals. The registered manager shared the details of the incident with staff and held a discussion about the actions staff must take to reduce the likelihood of a similar incident reoccurring.
- Recommendations from this incident were shared with staff who said they understood the importance of sharing information about events when things go wrong and how to implement good practice to protect people.

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

Good: 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 had an assessment of their needs and made choices about their support and care before they received a service. One person said that the service was flexible to meet their needs and care workers arrived at a time they chose. Another person commented "They make sure I get the same staff who I know well."
- People contributed to the development of their individual care plans. Each care plan provided staff with enough information about people that ensured they received appropriate care and support to meet their needs.
- Staff had an understanding of local standards. The registered manager was familiar with the local borough council's safeguarding policy and showed us details of how they followed this when contacting the council's safeguarding team.

Staff support: induction, training, skills and experience.

- People said that staff who supported them were well trained and effective in doing their job to support them. Comments included "They are so efficient that it is quite breath-taking" and "They all know what they are doing."
- People were supported by staff who had completed an induction when they began working at the service. Staff began the Care Certificate during their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The induction process helped new staff to gain an understanding about the people they supported, the service and operational policies.
- Staff completed mandatory and refresher training throughout their employment. Staff training included safeguarding adults, basic first aid, medicines management and infection control. A member of staff said "I have done a lot of training, all of the mandatory training. If I need to do other training such as diabetes or end of life care, this is arranged for me." Training was provided either in house, through e-learning or from the local county council training academy. The training gave staff a foundation for them to develop skills and knowledge to support people effectively.
- Staff had supervision with their line manager. Staff were able to reflect on their work practices and identified their professional and personal development needs. The registered manager provided additional support for staff if an issue was identified during supervision. This included additional training or support.
- There was a system in place for staff to have an appraisal. There was a programme for staff to comment on their job performance over the previous year. At the time of the inspection appraisals were not yet due but had been planned for staff.

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

- When people required support with meals and drinks this had been assessed and staff supported them

with their nutrition and hydration needs.

- Not all people we spoke with had their meals prepared by staff but those who did were complimentary about the way they were prepared and served. Comments included, "They make my meals and they are all good and just as I like", "I have a choice in the meals I eat which I have ready in the freezer and they are always done very nicely for me" and "They are all good cooks and I enjoy the meals they make."

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

- People received support from health care professionals when this was required. This assisted in the maintenance of people's health and wellbeing.
- Records showed that staff referred people for health care advice and support if their health deteriorated or if staff were concerned about their health and wellbeing. For example, we saw that staff had contacted a person's GP and occupational therapy team when a person's mobility needs changed.
- Staff recorded all appointments and assessments with healthcare professionals including their recommendations for ongoing care and support. This ensured the person's changing needs were met by staff providing support.

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.

We checked whether the service was working within the principles of the MCA.

- Staff completed training in the MCA. This helped them to understand their roles and responsibilities in caring for and supporting people safely while protecting their rights and supporting them to make their own decisions wherever possible.
- Assessments were carried out with people if staff were concerned about whether they were able to make particular decisions.
- Where there were concerns about people's abilities to make decisions for themselves, staff took action to report those concerns to the local authority adult social work team for further investigation and assessment.

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.

Good: 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.

- Staff understood people's needs and were focussed on providing appropriate care and support for them as planned.
- People spoke of the care workers in affectionate terms like they were part of their families and much valued for their friendship as well as for the care they provided.
- People were supported to maintain relationships with people they cared about and were important to them. Staff had also developed relationships with people's relatives which helped staff gather relevant information when people using the service were unable to provide this. For example, staff had made contact with a relative when their family member's needs changed. They were able to provide information about their deteriorating mental health needs that helped staff support the person safely.
- Staff supported people to meet needs related to their identity and culture. People were supported to attend events and activities that celebrated and met needs related to their culture, identity and spiritual beliefs.

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

- Staff supported people to make decisions about their care and support. People and their relatives contributed to the assessment of their care and support needs.
- Decisions that people made regarding their care needs were recorded and included in the assessment and care plans. This included, the gender of the care worker and the time of the care visits they preferred.
- Staff were praised for their understanding of individuals likes and dislikes and for the respectful way they treated people. People said staff asked them how they liked things to be done and did it the way that was preferred.

Respecting and promoting people's privacy, dignity and independence.

- People said all staff were respectful to them. Comments included "Care workers are kind and respectful and I have everything done just as I like it" and "[Staff] ask how things should be done and take their time" and "[Staff] always ask me before they help."
- Staff carried out care and support in privacy so people's dignity was maintained. One person said "Excellent staff they are all lovely and very caring and really know what they are doing."
- When people wanted to go out into the community staff supported this. Staff accompanied people to appointments or social events and provided care and support in a timely way so people could go out independently.

Is the service responsive?

Our findings

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

Good: 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.

- Staff completed assessments with people with the support of their relatives. Assessments helped staff to identify people's care and support needs.
- Assessments captured people's likes, dislikes, care, support and treatment needs. The assessments helped staff develop a plan of care to ensure people's assessed needs were met safely.
- People had a review of their needs by staff on a regular basis. This ensured that staff had up to date information about people's needs to care for them safely.
- Changes in care and support needs were recorded. People said, "During care plan reviews staff have a good chat with me and they listen to me" and "They take their time to talk to me properly."
- People chose the activities they were interested in. Staff supported people to access these when required.
- Staff referred people for social support when they needed additional support. For example, a person told a member of staff that they wanted to meet other people. In response to this the member of staff and the person discussed local activities. They identified a local daycentre that would meet their needs. The person attended the daycentre which reduced their risk of social isolation as they were able to participate in activities and meet new people.

Improving care quality in response to complaints or concerns.

- People and relatives understood that they could make a complaint about the service if they were dissatisfied about an aspect of the care and support.
- People said they were satisfied with the level of care and support received. Comments included "Everything is fine but I would just call them if there was a problem and they would listen", "My [relative] would know who to call if I had a complaint but we have never had to complain" and "There's no complaint whatsoever but I'd know who to call if necessary."
- Complaints received were managed appropriately and in line with the provider's complaints process. Each complaint was responded to with an outcome of the investigation and with actions taken by staff to resolve the complaint.

End of life care and support.

- Staff we spoke with had an understanding of the health and social care professionals who could provide specialist care and support.
- Staff had completed end of life training when they began supporting a person who required end of life care and support. Staff had awareness and an understanding of the 'NHS Capacity, care planning and advance care planning in life limiting illness. A Guide for Health and Social Care Staff'. This gave staff guidance about how to care for and support people who required end of life care.
- Staff had developed an understanding of advance wishes and care plans people had at the time of death. Care records were developed for people who required end of life care. These captured details of what

people wanted at that time, including health care professional's details, family member's contact numbers, religious practices and any Do Not Attempt Resuscitation information. This information ensured people had the right care and support at the end of their lives.

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.

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

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

- The registered manager completed checks of the service. Audits on care records, staff files, safeguarding records and medicines management were completed. Following the review, the outcomes were shared with staff and areas for improvement were acted upon.
- There was a manager's quality meeting that took place at the service. These meetings were used to review the areas of improvement and to discuss other areas of the service that would benefit from development. For example, there was a change to the frequency of staff file audits, improvements were made to the delivery of the Care Certificate using Skills for Care work books and following a care record review staff implemented a food chart for a person using the service who had concerns about their diet.
- Staff we spoke with enjoyed working with people. Staff comments included "Working with people is everything I am passionate about" and "I love my job."
- The registered manager sent the Care Quality Commission (CQC) information of events that occurred at the service as required. Safeguarding incidents were promptly notified to the CQC, so we could take action promptly.

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.

- People said that the service was well-led and the office staff answered any queries they had with professionalism. Comments included "I am happy that I can call the office at any time if I need to and it's the same people who know me well" and "When I talk to the office they always know who I am and help me straight away."
- The registered manager and the provider were available at the service. Staff said that they were both approachable and said they felt comfortable discussing issues relating to their work.
- Our discussions with the registered manager showed they were positive about the care and support they provided to people, the support for staff and in the development of the service. Members of staff told us they received "fantastic support" and "The manager was very understanding and helpful."
- The registered manager operated a 24 hour on-call service. People and staff were able to speak with a manager for advice and support outside office hours.

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

- People gave their views of the service. Staff contacted people on the telephone and completed spot

checks. This was to assess staff performance and check that a good standard of care was delivered. People and relatives received regular questionnaires asking them for their views on the care and support they received. The feedback was positive. People commented "Very happy with the service received" and "Couldn't be better, I am very happy with the care I receive."

- The registered manager and senior staff encouraged staff to perform well in their jobs. Staff achievements were recognised by the registered manager and senior managers of the service. Staff who were identified as 'going over and above' their job were rewarded, their success celebrated and shared with colleagues.
- Staff attended regular team meetings. These meetings happened on a monthly basis. Staff shared their experiences while caring for people and learned from colleagues. We viewed copies of the team meetings minutes, these showed that a variety of subjects were discussed. For example, completion of daily care logs, discussions about the new medicines policy as well as an opportunity for open discussions of staff issues or concerns.
- There was a newsletter developed, for the service. This provided staff with a snapshot of what was happening within the service, including success stories that were shared.

Continuous learning and improving care.

- The registered manager had a system in place to review incidents, complaints and safeguarding incidents that occurred at the service. These were analysed, and actions recorded to reduce the likelihood of a reoccurrence.
- Staff said that they were asked for their opinion and were involved in the development of the service. One member of staff said, "The manager asks us for our opinion on the service and encourages us to share our views."
- The registered manager engaged the service in activities that helped staff gain insight into the lives of people using the service. For example, staff took part in an activity that gave staff the experience of living with an age related disability. Staff put on gloves and tried to untie their laces and others wore ear plugs to simulate a person living with hearing loss. Staff said this experience gave them an understanding into people's needs and gave them an increased empathy with people who live with mobility difficulties and hearing loss.

Working in partnership with others.

- The registered manager and staff had a working relationship with staff from the local county council and the clinical commissioning group. This relationship helped people to receive consistent and co-ordinated care.
- Staff had also developed links with local services. These included local charities. Staff sought advice for people using the service with dementia and linked them with support from organisations such as the Alzheimer's Society.
- The registered manager and staff developed links to people living in the local community. A person living in the local area often came into the office whilst out shopping and was made to feel welcome by staff. Staff engaged with the person and offered them cups of coffee, biscuits and a chat. This helped the person maintain contact with their local community and reduce the likelihood of social isolation.