

Zamss Limited

Kare Plus Enfield

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	

Overall summary

This inspection took place on 14 January 2016. We gave the provider one days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection. This was our first inspection of this service since it was registered with the Care Quality Commission (CQC) in March 2014.

Kare Plus Enfield provides support and personal care to people living at home. There were approximately 20 people using the service at the time of our inspection.

However, the registered manager told us that only nine people were currently receiving personal care. The provision of personal care is regulated by the Care Quality Commission.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

People told us they were treated well by staff and felt safe with them. Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate risks.

People told us that staff came at the time they were supposed to or they would phone to say they were running a bit late.

The service was following robust recruitment procedures to make sure that only suitable staff were employed at the agency.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves. People's ability around decision making, preferences and choices were recorded in their care plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs. Care plans reflected how people were supported to receive care and treatment in accordance with their current needs and preferences.

People told us they had no complaints about the service. However, they felt they were able to raise any concerns should they need to.

The agency had a number of quality monitoring systems including six monthly surveys for people using the service and their relatives. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

Summary of findings

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. People told us they felt safe and trusted the staff who supported them.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Good



Is the service effective?

The service was effective. People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

Staff were provided with training in the areas they needed in order to support people effectively.

Good



Is the service caring?

The service was caring. People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Good



Is the service responsive?

The service was responsive. People using the service were able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

People told us they were happy to raise any concerns they had and that the agency would take action.

Care plans included an up to date and detailed account of all aspects of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Good



Is the service well-led?

The service was well-led. People confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff had a clear understanding of the meaning of person centred care and supported people within this ethos.

Good



Kare Plus Enfield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken on 14 January 2016. We gave the provider one days' notice that we would be visiting their head office. After our visit to the office we talked to three people using the service and three relatives over the phone. The inspection and interviews were carried out by one inspector.

Before the inspection, we asked the provider to complete 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 completed PIR before the inspection.

We also reviewed other information we have about the provider, including notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

We spoke with four staff who supported people with personal care and the registered manager.

We looked at five people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held by the agency including meeting minutes, health and safety documents, quality audits and surveys.

Is the service safe?

Our findings

People told us they were treated well by staff and felt safe with them. One person told us, “I feel quite safe.” Another person who used the service commented, “They have every respect for my home.” Relatives told us they had no concerns about safety and that they trusted the staff who supported their relatives.

Staff could explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. Staff understood how to “whistle-blow” and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

Staff knew the procedure to follow if the person they were supporting became ill or had an accident. A staff member told us they had gone round to a person’s home and saw that they were ill and immediately called an ambulance. We saw that a relative provided feedback to the registered manager that staff had taken appropriate and speedy action when they visited a person who had fallen ill.

Before people were offered a service, a pre assessment was undertaken by the registered manager or office manager in the person’s home. One person told us, “[The office manager] came to see me. We hit it off straight away. They have all been very nice.”

Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to mobility, falls, nutrition and medicine administration if applicable.

Where risks had been identified, the management had thought about and discussed with the person ways to mitigate these risks. For example, we saw that a rug in a person’s kitchen had been assessed as a trip hazard. The registered manager told us that the family had agreed to remove this rug.

We saw that risk assessments were being reviewed on a regular basis and information was updated as needed. Risk assessments had been signed by the person using the service or their representative. People using the service and

their relatives confirmed that risks to their safety had been discussed with them. The registered manager told us all staff were informed of any changes in a person’s care needs or risks and staff confirmed they were kept updated.

Environmental risk assessments had been completed to ensure both the person using the service and the staff supporting them were both safe. For example, we saw risk assessments had been developed for staff who worked alone with people, which also included having safe access to people’s homes.

People told us that staff came at the time they were supposed to or they would phone to say they were running a bit late. One person told us that they had been phoned by staff when they were stuck in traffic. Another person told us that staff were, “Always on time.”

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks. Staff told us the agency gave them traveling time so they did not feel rushed when supporting people. One staff member told us, “It’s very good you have enough time. You don’t have to rush with people. It’s safer.”

The registered manager told us that the minimum amount of time that was offered by the agency was half an hour. Staff told us that they would monitor the time it took to complete care tasks safely for about two weeks. If the originally agreed time was not enough the office would renegotiate increased time with the person or the local authority.

We checked staff files to see if the service was following robust recruitment procedures to make sure that only suitable staff were employed at the agency. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. We saw that the agency carried out checks to make sure the staff were allowed to work in the UK. Staff confirmed that they were not allowed to start work at the agency until satisfactory references and criminal record checks had been received.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what they should and should not do when

Is the service safe?

supporting people or prompting people with their medicines. Staff told us that the training had made them feel more confident when supporting people with their medicines.

A recently appointed staff member told us the management were very supportive and had observed them administering medicines and had only allowed them to do

this on their own when they were fully competent. They were also told that if they had any concerns with the management of medicines they were to contact the agency for further training and support.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. The agency management undertook spot checks on staff at the person's home. These spot checks included medicine audits. People told us they were satisfied with the way their medicines were managed.

Is the service effective?

Our findings

People who used the service and their relatives told us they had confidence in the staff who supported them. People described the staff as “Very professional” and “Flexible”. One relative, who wrote to the registered manager, commented, “I felt very happy leaving my mother in your care and I know she enjoyed all your visits.”

Staff were positive about the support they received in relation to training. One staff member commented, “There’s always training on offer.” Another staff member told us about the recent moving and handling training they completed. They told us, “The training is very good. They make you take part and make you use the hoist. It makes you think about how it feels to be lifted in it.”

Staff are required to attend mandatory training as part of their induction. Staff told us they were provided with training in the areas they needed in order to support people effectively and safely. They told us that this covered safeguarding adults, food hygiene, moving and handling, infection control and the management of medicines and we saw relevant certificates in staff files we looked at. In addition to the mandatory training, staff told us that they were also offered national vocational training. Staff told us that they could also discuss any training needs in their supervision.

A relative had written to the registered manager praising one of the staff who supported her husband. She commented that the staff member had read up on her husband’s specific health condition and that, “This has helped to understand him better.”

Staff confirmed they received regular supervision. Spot checks and observed competencies were also part of the staff supervision system. Staff told us that the spot checks undertaken by the field supervisors were a good way to improve their care practices. They also told us that the management praised them when they saw good practice, which they said was reassuring and supportive. One staff member told us that supervision was a positive experience. They said, “They give me feedback on anything that can improve me. They praise you.”

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.

Staff understood the principles of the MCA (2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person’s “Best interests” which would involve asking people close to the person as well as other professionals and advocates.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. Staff told us it was not right to make choices for people when they could make choices for themselves and people’s ability around decision making, preferences and choices were recorded in their care plans. The registered manager told us that all the people that currently use the service had the capacity to make decisions about their care.

There was information incorporated into people’s care plans so that the food they received was to their preference. Where appropriate and when this was part of a person’s care package, details of their dietary needs and eating and drinking needs assessments were recorded in their care plan, which included likes and dislikes on food and if they needed any support with eating and drinking. We also saw nutritional risk assessments had been completed when required to make sure that staff supported people safely. We were told that people’s food and fluid intake was monitored and recorded when this was required by their GP. People told us they were happy with the support they received with eating and drinking.

Where the agency took primary responsibility for organising people’s access to healthcare services and support, we saw that records were maintained of appointments made and attended to GPs, dentists, optician and chiropodists. The registered manager told us that staff had noticed that someone’s eyesight was deteriorating and obtained the person’s consent to arrange an optician appointment and then supported them to attend.

Care plans showed the provider had obtained the necessary detail about people’s healthcare needs and had provided specific guidance to staff about how to support

Is the service effective?

people to manage these conditions. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness.

Comments about the staff were very positive and included, “All the [staff] gave [my relative] excellent attention, showing empathy and kindness,” “They are very good, very helpful,” “[The staff] are very amiable and never intrusive,” and “They have all been understanding and incredibly patient.”

People confirmed that they were involved as much as they wanted to be in the planning of their care and support.

Care plans included the views of people using the service and their relatives. People told us that staff listened to them respected their choices and decisions. One person told us, “They know my routine by now, they know what I want. They are very respectful.”

Relatives told us they were kept up to date about any changes by staff at the office.

All the staff we spoke with had undertaken training in equalities and diversity and understood that racism, homophobia or ageism were forms of abuse. They gave us

examples of how they valued and supported people’s differences. They told us that it was important to respect people’s culture and customs when visiting them and gave us examples in relation to food preparation and preferences. One staff member said they would always take their shoes off when visiting someone if this was requested.

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples’ likes and dislikes and their life history.

People confirmed that they were treated with respect and their privacy was maintained. A relative told us how staff would “always really make an effort” to make sure their relative was dressed smartly and in a way that maintained their dignity.

Staff gave us examples of how they maintained people’s dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people’s privacy when giving personal care was vital in protecting people’s dignity.

Is the service responsive?

Our findings

People using this service and their relatives told us that the management and staff were quick to respond to any changes in their needs. We saw from people's care records and by talking with staff that if there was any changes to people's health, this was noted by staff, and they would then phone the office and report these changes and concerns. Relatives told us they were kept up to date with any issues.

A relative commented, "They ring us up if the medicines are running low. They leave notes for each other there's good communication between them. There's a folder in the house. It's typed up and easy to read for us and the other staff." Another relative told us that staff were, "Absolutely flexible" and "Go over and above their remit."

Staff gave us examples of where they had called out the GP or an ambulance if someone had become ill or had an accident.

Each person had a care plan that was tailored to meet their individual needs. Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

We checked the care plans for five people. These contained a pre-admission document which showed people's needs had been assessed before they decided to use the agency. People confirmed that someone from the agency had visited them to carry out an assessment of their needs.

These assessments had ensured that the agency only supported people whose care needs could be met. The registered manager told us that if someone's assessed needs were too complex a service could not be offered.

People's needs were regularly reviewed by the agency. These reviews included the person receiving the service, their relatives and the placing authority if applicable. Where these needs had changed, usually because someone had become more dependent, the agency had made changes to the person's care plan. We saw a number of examples of this including a temporary increase in care hours when someone's partner had to go into hospital and the instigation of a review by the service when it was noted that someone's care needs were increasing.

Care plans included a detailed account of all aspects of people's care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

People told us they had no complaints about the service but said they felt able to raise any concerns should they need to. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management. One person told us, "I've no complaints." A relative we spoke with commented, "I've had no problems with them at all."

The registered manager told us there had been no complaints since the service started. We did see a number of very positive compliments that had been sent in to the agency.

Is the service well-led?

Our findings

People using the service, their relatives and staff were positive about the registered manager and the management of the agency. One staff member told us that the registered manager was, “Very supportive”.

A number of relatives had written to the agency with compliments about the registered manager and the staff. They had made the following comments, “From our first meeting with [the registered manager] we felt comfortable in her very professional, experienced manner of finding the right care for my mother. [The registered manager] has come back to us with solutions and suggestions to improve my mother’s care.” Another relative had written, “[The registered manager] and her staff have been superb.”

There were systems in place to monitor the safety and quality of the service provided. These included six monthly quality surveys, spot checks on staff, regular reviews of service provision and telephone interviews with people using the service.

People confirmed they had been asked for their views about the agency. One person confirmed, “I filled in a questionnaire. The staff are excellent.”

We saw completed surveys that indicated people were satisfied with the service. Comments for these surveys included, “pleasant, helpful nice people,” “reliability and respect” and “very satisfied with the service we receive.”

Staff told us that they were aware of the organisation’s visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. When we discussed these visions and values with the management team it was clear that these values were shared across the service.

A relative had written the following to the agency, “One of your staff said that they treated all their clients as if they were caring for their own family. This, I feel, sums up the ethos of your company, so thank you once again.”