South Eastern Solutions Limited

Kare Plus Maidstone

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

We conducted an announced comprehensive inspection of Kare Plus Maidstone on 24 September 2018. Kare Plus Maidstone is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger adults and people with dementia, learning disabilities, autism or physical disabilities. At the time of our inspection the service was not supporting anyone with autism or learning disabilities.

On the day of our inspection there were 17 people using the service and everyone received the 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.

This was the first inspection of this service as the service was registered with CQC on 26 September 2017. A registered manager was in post. 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 2008 and associated Regulations about how the service is run.

People were protected from abuse and avoidable harm and the provider had effective systems in place to manage this. Risks to people were identified, risk assessments were completed and kept up to date. There was enough safely recruited and suitably trained staff to meet people's assessed needs. There was some feedback from people that calls had been late, however, staff had the time to meet people's needs. The provider had acted on this feedback and was implementing a new electronic care system to improve the monitoring of late or missed calls. People were supported with their medicines safely and protected from the risk of infection. Accidents and incidents had been monitored and analysed; and lessons were learnt from these.

People's needs assessments were kept up to date and reflected in people's care records. There was clear guidance for staff on how to support people with their needs in the way the person wanted. People's individual protected characteristics, such as their sexuality or disability were considered during needs assessments and within peoples care plans. People were supported to live healthily and access healthcare. 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 were treated with kindness and staff were caring and respectful. The service had received positive feedback from other health professionals, relatives, staff and people. There was a person-centred culture and the managers and staff knew the people they cared for well. People and relatives were involved with their care and staff respected people's need for privacy and dignity. Confidential information was kept secure and people's independence was promoted.

People received personalised care which was responsive to their needs. Care plans and assessments were kept up to date, were detailed and person centred and recorded what was important to the person. People were involved in their reviews, along with their relatives. People could raise any concerns or complaints they had. The complaints procedure was available to people and complaints were managed appropriately. People's end of life wishes, where known, were recorded and reflected well in people's care records.

People, relatives and staff were engaged in the service and the registered manager had acted on feedback received from people and their relatives. The provider had systems in place to promote continuous learning and acted to make improvements. The provider had good oversight of the quality and safety of the service and risks. Regulatory requirements were understood and managed. Records were well organised and stored safely. Staff achievements were recognised and rewarded and staff told us they received regular supervision and training. The managers and staff worked in partnership with a range of healthcare professionals to meet people's needs. The provider and registered manager kept up to date with best practice, maintained partnerships with other local agencies and actively supported their local community.

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.

Systems were in place to protect people from abuse.
Risks assessments were completed to keep people safe.
There were enough suitable and safely recruited staff to keep people safe and meet their needs.
Medicines were administered safely.
People were protected from the prevention and control of infection.
Learning from accidents and incidents was evident.

Is the service effective?

Good

The service was effective.

Assessed needs were reflected in people's care plans and kept up to date.
Staff had received the right training and support to fulfil their roles.
People were supported to access healthcare services.
Consent to care was sought and people were supported in the least restrictive way possible.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion.
People's needs around equality and diversity were considered.
People and their relatives were engaged with the service and were involved in decisions about their care.
Staff understood and respected people's privacy and dignity and promoted their independence.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred, looked at their likes and dislikes, what was important to them and were kept up to date.

People and relatives could complain and the provider acted on feedback they received.
People's wishes regarding the end of their life, where known, were included in their care records.

Is the service well-led?

Good

The service was well-led.

A positive, person centred culture of continuous learning was promoted by the management team.
Systems were in place to ensure that quality, performance and risks were managed effectively.
The views of people, relatives and staff had been actively sought.
Staff worked in partnership with a range of healthcare professionals to meet people's needs.
The provider kept up to date with best practice and supported their local community.

Kare Plus Maidstone

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 was planned to check 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 announced. We gave the service 48 hours' notice of the inspection visit because staff were providing care to people in their own homes. We needed to be sure that the manager and staff would be available to meet and talk to. Inspection site visit activity started on 24 September 2018 and ended on 27 September 2018. We visited the office location on 24 September 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We also visited one person in their own home and met their relative. We spoke to two people and two staff on the phone on the 25th and 27th September.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the service. We looked at notifications which had been submitted to inform our inspection. A notification is information about important events which the provider is required to tell us about by law. We reviewed the providers completed Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke to the deputy manager, the registered manager and the directors. We asked the registered manager to display posters inviting feedback from people, relatives and staff. We emailed healthcare professionals and commissioners for feedback. Following this inspection, we had feedback from one health care professional.

We reviewed three people's care records, three staff recruitment files, staff induction, training and meeting records and a variety of records relating to the management of the service including staff rotas, surveys conducted and audits.

Good

Is the service safe?

Our findings

People told us they felt safe. All the relatives we spoke to told us they thought their loved one was kept safe. Safeguarding and whistleblowing policies were in place and the provider had notified us of any concerns. Staff had received training and were able to tell us what they would do in the event of a safeguarding concern. Staff understood they could blow the whistle to CQC or other external organisations if they needed to. Safeguarding concerns had been reported appropriately within local authority safeguarding procedures. There had only been one safeguarding raised which was not related to this provider.

People were supported to keep safe. People had comprehensive risk assessments for all their assessed needs which were up to date and reviewed regularly. These informed staff how people need to be supported with their individual care needs, for example around their mobility and personal care. Environmental health and safety checks on people's homes and the staff office were also completed, monitored and audited. Appropriate systems were in place which ensured information held about people was secure.

There were sufficient staff available to meet people's assessed needs. There was some feedback around not always having a consistent staff team due to staff leaving and other staff covering absences. Managers had helped when needed to enable all visits to be covered and people we spoke to confirmed this. One person told us "they made sure I had somebody (staff)." The registered manager was already aware of this concern and had acted on feedback to make improvements. The provider also delivered a care recruitment agency which supported them with their recruitment. The registered manager had held exit interviews with staff who had left and had listened to feedback from current staff. They had reviewed and amended their staff terms and conditions to improve their recruitment and staff retention; and had recruited a care supervisor to cover any shortfalls to provide as much consistency as possible.

There was some feedback that care staff had not always arrived on time for care visits, for example due to being held up in traffic; and people had not always been informed by the office that their visit was delayed. However, people, relatives and staff all said that staff had the time to meet all their needs and this had not impacted on them. Rotas confirmed that people received their care and the registered manager told us that although they had struggled with recruitment, they had managed to deliver all their care visits and had not had any missed calls. Where people had not been informed their carer was going to be late, the manager had apologised to them and had taken action to prevent this happening again. The provider was in the process of moving over to a new electronic care system which will enable them to better monitor and manage late visits or missed calls. This will enable instant alerts when a call is late or missed and enable the managers to respond instantly.

The provider used safe recruitment processes. The appropriate checks were made to ensure only suitable staff were employed to support people. New staff were asked to complete an application form and to provide a full employment history. Interviews were held to assess their suitability and aid the decision-making process. References were followed up and checks had been made against the Disclosure and Barring Service (DBS). This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people.

The provider ensured people were supported with their medicines safely. Medicines Administration Records (MARs) were completed, spot checks were done and medicines were audited monthly. People had clear support plans around their medicines which included medicines to be taken 'as required' (PRN). All staff were trained to administer medicines and staff we spoke to could tell us about their responsibilities with medicines.

People were protected from the risk of infection. Staff told us they used gloves and aprons, and washed their hands thoroughly, and people confirmed this. Staff received training and understood their role in relation to this. The service had suitable policies and systems in place to support this.

The provider had monitored and analysed accidents and incidents, had acted on these and learnt from them. For instance, on the day of our inspection, an incident had come through where one person had pushed a staff member. The manager had contacted the staff member to see if they were ok, was querying whether the person had an infection as it was out of their usual character, had contacted the GP and was planning to visit the person to update their risk assessment in line with the response from the GP.

Good

Is the service effective?

Our findings

People's needs were assessed before receiving the service and local authority assessments and reviews were available in people's records to add to the assessment process. People's needs assessments were kept up to date and reflected in people's care records. The service supported people with a variety of different needs to enable people to continue living at home independently with support. For example, people who have had spinal injuries or mobility needs; people who have had a stroke and people with dementia. People's care records had clear guidance for staff on how to be supported with their needs in the way they wanted. The manager informed us that they considered people's individual protected characteristics under the Equality Act 2010, during needs assessments and within peoples care plans and we saw evidence of this in people's care files. They had discussed this within team meetings and staff had received training.

Care staff had the right induction, training and on-going support to do their job. Staff inductions included time in the office for reading policies, face to face training, E-learning and shadowing experienced staff on their visits. Training during induction included moving and handling, safeguarding, first aid, health and safety, medication, food hygiene and infection control. Staff recruitment files and training records confirmed this. Staff completed the Care Certificate which 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 sector. All staff had been trained to meet people's specific needs where required, for example peg feeding. This is a method of feeding where a tube has been inserted into the persons stomach to provide a means of feeding when oral intake is not adequate.

Staff received formal supervision and this was evidenced in staff files. Staff told us they received regular supervision and training. There was a career pathway for staff wishing to develop. Appropriate policies and procedures were in place for staff guidance and they had access to a manager on call 24 hours a day. The provider had ensured that staff had received consistent training to fulfil their roles and we observed how their electronic system identified when training was due.

The service was not supporting anyone at risk of malnutrition or dehydration or anyone on a specialist diet. Where required, meals were prepared and people were supported to eat and drink. People and relatives told us that they did their own menu planning and shopping and care plans evidenced this. Care plans included information about people's nutrition and hydration needs, for example the need to leave a drink in easy reach of the person before leaving the call.

People were supported to live healthily and access healthcare. One staff member told us an example of when they had noticed one person was not well and had therefore contacted their GP. The provider worked with other organisations to ensure people received the care they needed and that they were supported with various health conditions, for example by the community nurse. Records confirmed this. The provider was planning to introduce hospital passports. These are documents to help provide important information when a person is admitted to hospital. For example, how the person wishes to communicate and any allergies they may have.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection.

We checked whether the managers and staff were working within the principles of the MCA and they were. Care staff we spoke to understood how to work within the MCA and confirmed they had training on this. Care records evidenced that people consented to their care and support. Where people had a Lasting Power of Attorney (LPA) in place, it was clear in people's care records. A LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring and friendly. The service had received a compliment card from a relative which read, "(Name of staff) has a most pleasant demeanour. Always happy and has a smile on their face, they always want to know about (name of person) welfare and how (name of person) is doing. If (name of person) is feeling down (name of carer) has a way of making him laugh." One relative told us how their loved one has three visits a day and when staff return for their second visit, they always ask how they have been.

The management team were committed to ensuring there was a culture which promoted treating people with kindness, respect and compassion. The service had received positive comments from other health professionals, relatives, staff and people. One person had written poems to compliment the staff which included, "They are the unsung heroes, one and all. All the patients look forward to their call. Battling bravely through the snow, wind and rain, they banish their customers trouble and pain. Punctures and breakdowns, they take in their stride, they do their job with goodwill, smiles and pride." One person told us how following some bad news they had received, their carer came and sat with them, spoke to them and reassured them.

There was a person-centred culture at the service and the managers and staff knew the people they cared for well. Care plans reflected this and included for example, information around staff needing to inform people of the care they are providing. This was to help people to feel comfortable with the staff member. The registered manager was passionate about their role and visited people regularly.

People and relatives were consulted on decisions about their care during assessment and through their care reviews. The manager told us that people were not accessing advocacy services currently, however they would refer them to the relevant service when needed. Advocacy services offer trained professionals who support, enable and empower people to speak up. Where possible, people and relatives were involved with the planning and review of their support plans. One person when asked if they are involved with their care reviews said, "Yes, every so often (name) one of the managers comes over and has a chat with me, it's good." One relative told us how the manager has visited them and sat down with them and their loved one to review their care plans.

Managers and staff respected people's needs for privacy and dignity. Staff told us they knock and waiting for a response before entering someone's home and close the curtains and shut doors when providing personal care. People's support plans described how staff should always knock on people's doors before entering and detailed how the person liked to be supported. People were given choice about who supported them with personal care. For example, whether they would prefer a female or male support worker. Confidential information was kept secure and there was evidence that the provider was aware of new data protection laws.

People were encouraged to remain as independent as possible, for example staff described how they would pass people their food, rather than support them to eat or they would encourage people to choose their

own clothes to wear. The registered manager told us how they aim to increase people's independence; how they expect that some people in the future may not need their support or less support as their independence increased, for example after recovering from a stroke. The registered manager told us "It's about creating independence, one day they may hopefully not need our service. We tend to do a lot of reviews with the OT (Occupational Therapist) for this." One Staff member described to us how their work is about striving to help people to get better and to become more independent. They told us how they had helped one person to walk to the shop and another person to look into using their local leisure centre.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. Care plans and assessments were kept up to date, were detailed and person centred. They looked at what was important to the person, including their life history, their likes and dislikes and were tailored to their individual needs. For example, where people were cared for following a stroke, there was guidelines on managing and recovering from this for their family and staff in their care files.

One person staff supported had behaviour that challenges and whilst staff only supported the main carer from another care agency with moving and handling, they had a behaviour management plan and the known risks on the persons care records. This provided staff with guidance on what may trigger the persons behaviour that challenges and how to respond.

Records showed that people were involved in reviewing their care plan, along with their relatives and external health and social care professionals. The registered manager liked to visit people every couple of months to review how their care was going and told us, "Speaking to people on the phone you can get an idea of what they want, speaking to people face to face, you can get a true idea of how they feel." The provider was promoting a new technology which helps monitor people living on their own, for example, informing relatives about movements in the house.

One healthcare professional told us, "The team are always responsive, proactive to identify and flag problems and will go the extra mile when needed. The feedback that we receive from patients and families is always positive. "The service did not support anyone who had any additional communication needs and the managers understood that information needs to be provided to people in a way which is accessible for them and meets their individual needs. Care plans included people's communication needs and preferences. The manager told us how their head office can provide information in other formats, for example easy read when needed to ensure they meet the Accessible Information Standards (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Providers of health and social care services are required to follow the standard to make sure that people have every opportunity to understand and be involved in their care plans and documents on an individual basis.

Complaints were recorded, analysed and managed appropriately. People and relatives could raise any concerns or complaints they had. One person told us they would complain to the manager if they needed to, that they had met them several times and knew they would be listened to. The complaints procedure was available to people in their homes and the registered manager told us an easy read version was available if needed. Relatives told us they would talk to the managers if they needed to. There had only been one complaint received by the service where a carer was running late and they were not informed. The registered manager had investigated this and found they had the wrong number for the person in their records. They corrected the error, responded to the person and apologised.

The provider had recently taken on a service for one person at the end of their life through a fast track

system in order to meet the persons needs quickly. They had completed a needs assessment and had planned to meet with their relative and hospice services to plan their end of life care. People's end of life wishes, where known, were recorded and reflected well in people's care records. All staff received end of life care training.

Good

Is the service well-led?

Our findings

A registered manager was in post who was supported by a deputy manager. People told us that they felt the managers listened to them and one relative told us they could talk to the manager. One person said, "they always say if there is any issue to contact them." Staff told us they felt supported by the managers and said, "If I ever have a problem, I can just phone up. I know they'll be there." During our inspection we found the registered manager and directors were open and receptive to feedback and knowledgeable about their roles.

The provider and registered manager had good oversight of the quality and safety of the service and risks and regulatory requirements were clearly understood and managed. For example, the manager was aware they were required to inform CQC of certain changes and important events that happen in the service. These are referred to as Statutory Notifications. They enable us to check that appropriate action had been taken. The service was further supported by their head office, for example with Human Resources and compliance. Records were well organised and stored safely. Internal audits and surveys were completed, reviewed and action plans developed as a result.

The provider showed how they valued their staff through recognition of milestones and awards, for example when they passed any social care qualifications and had been working for the provider for a year, they received a badge. There were awards for 'employee of the month' based on feedback where the carer had gone 'above and beyond' in their work. The award included the staff member being given a personalised gift. Surveys were completed by staff. These showed that staff felt they could approach the manager, that they would be listened to and they received enough support and supervision. The management team ensured staff were involved through regular team meetings and minutes from these were kept in the office. One staff member told us they had a team meeting last week and said, "I go into the office regularly and speak to the manager two or three times a week."

The management team promoted a positive culture that was person-centred. The registered manager had visited people in their homes and knew people well. The provider had a statement of purpose which detailed their values and philosophy of care. People and relatives were engaged in the service through on-going involvement from people. For example, by completing periodic care reviews. All those we viewed in people's care records were positive. Surveys had been sent to people and their relatives. Managers had fed back to people, relatives and staff, actions they had taken because of their feedback. Duty of candour was shown in the way the registered manager informed relatives, health professionals and CQC of any incidents. The provider promoted continuous learning by reviewing feedback received and action plans from audits and acted to make improvements. For example, the moving over to an electronic system to better manage late calls.

The managers and staff worked in partnership with a range of healthcare professionals to meet people's needs, for example community nurses, GP's and pharmacies. They also work with local hospital discharge schemes to provide care to people following a hospital admission. The registered manager was part of a network of home managers and attended provider forums. The provider was members of national

organisations to help them to keep up to date with best practice, for example the UK Homecare Association (HCA). The provider had developed and maintained partnerships with other local agencies and actively supported their local community. For example, paying for entertainment to go into a local nursing home and helping with local fundraising events.