Zamss Limited

Kare Plus Enfield

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 20 November 2018. We last inspected Kare Plus Enfield on 14 January 2016 and the service was rated good.

This service is a domiciliary care agency. It provides personal care to a range of adults living in their own homes with a broad range of physical, mental health and learning disability needs. At the time of this inspection the service was providing personal care to 53 people.

At the time of the inspection the acting manager was applying to CQC to be registered manager for the service. 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 and their relatives told us they were happy with the care provide and staff were kind and caring and treated them with respect.

We found discrepancies between the paper based care records based at the office and people's homes and the electronic system staff used to prompt tasks. This included the management of medicines. There were risk assessments to guide staff in meeting some people's needs, but not others.

The majority of staff understood their responsibilities in relation to safeguarding adults and the service had processes in place to respond to safeguarding concerns.

The management team had changed in the last year and the full range of audits were not taking place at the service, although spot checks and competency checks of staff took place regularly. We could see the service learnt from accidents and incidents.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. However, the service did not always record people's mental capacity effectively.

Recruitment of staff was safe and staff were supported in their roles through induction, training and supervision. Staff told us they enjoyed working at the service.

People told us there were enough staff to meet their needs, who knew them well, and they were usually punctual.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

The service listened and responded to people's concerns and complaints, and used these to improve the quality of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. There were gaps in risk assessments so staff did not always have guidance in how to manage risks.

Not all staff had followed the service's safeguarding adults procedures.

It was not always clear what medicines support people were receiving.

Appropriate checks took place before staff were employed so recruitment was safe.

Adequate infection control processes were in place.

There was evidence the service learned from incidents to minimise reoccurrence.

Is the service effective?

Good

The service was effective. Staff were supported to provide good care through comprehensive induction, training and supervision.

The service worked with health professionals to support people to have good health.

Staff understood consent and the importance of involving people in decisions about their care.

Is the service caring?

Good

The service was caring. People told us staff were kind and caring to them and treated them with respect.

People were encouraged to be independent.

Is the service responsive?

Requires Improvement

The service was not always responsive. There were inconsistencies in care records and between paper based care records and the task based electronic care system.

There was a complaints process in place and they were dealt with in a timely manner.

Is the service well-led?

Requires Improvement

The service was not always well-led. Audits undertaken by the service had not identified the issues we found at the inspection.

People and their relatives told us the management team were available and the service was good.

Staff told us the management team were supportive and available.

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 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 took place on 20 November 2018. The provider was given 48 hours' notice because the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make. We also spoke to the main commissioning body for the service.

The inspection was carried out by two adult social care inspectors and one 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. Their involvement was limited to phoning people using the service and their relatives to ask them their views of the service.

As part of the inspection we spoke with four people using the service and ten relatives. We also spoke with six care staff, the manager and the nominated individual for the provider.

We looked at care records for six people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at recruitment records for three members of staff, including details of their training and supervision.

We looked at a range of quality audits, safeguarding records, staff meeting minutes and incident and accident records. Following the inspection we requested feedback from health and social care

professionals.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they were provided with a service that felt safe. "The service provided is safe, there is a key pad entry for the relatives to let the carers into the home." "My father likes to keep the conservatory door open, so when the carers notice this they get worried about his safety and raised this as a concern, and on few occasions, this has been notified to me."

The service had systems in place to safeguard people and staff we spoke with demonstrated a good understanding of safeguarding. They told us "We make sure people are safe and report everything." And "If we see any marks or bruising we put it on a body chart." However, we reviewed one safeguarding alert that had been notified to the local authority and CQC and noted that staff had not given the manager additional information related to bruising at the time of the incident. It was an oversight on the part of the management team that this information had not been noted in the daily log notes for the period, and staff had not followed protocols to phone the office and alert the management team of any bruising.

Following the inspection, the service investigated the incident further and sent an additional notification to CQC and the local authority. The manager told us they were increasing checks of paperwork at people's homes and using the electronic monitoring system to ensure staff were fully working to the protocols already in place.

The service supported some people with medicines management. Staff told us "we mainly prompt people with medicines" and "sometimes we have to pop them out of the blister pack". There was a medicines support plan. However, it was lengthy and not always clear exactly what tasks staff were responsible for. Also, the paper based task list for staff outlining the tasks for each visit, was not always up to date which meant we could not cross reference the medicines support plan with daily tasks. We discussed this with the manager who showed us the electronic system which showed the current tasks staff were expected to carry out. This indicated paper based care records were not always up to date.

Following the inspection, the manager told us they would review their system for updating paper records in people's homes and prioritise getting these up to date so other professionals, relatives and people using the service had evidence of the tasks staff were expected to complete. Staff were regularly competency checked for giving medicines and three people told us staff supported them with medicines management.

There were risk assessments in place on paper based records for some of the risks identified in support plans. These covered environmental risks in the home, fire risks, moving and handling and falls. However, they were not always detailed. For example, one risk assessment did not give detailed information about how to transfer a person despite them needing two people to transfer, and the importance of using a sliding sheet being noted by an occupational therapist. The electronic system staff had access to did show a sliding sheet was needed for this person.

Another person did not have a risk assessment in place despite them having significant mental health needs which resulted in behaviours that could be a challenge for staff, and themselves. When we discussed this

with the manager and provider and from talking with staff could tell that they had a good understanding of people's needs but the paperwork did not always reflect this.

After the inspection the manager sent us updated risk assessments for people we had identified as of concern and told us they would prioritise reviewing all risk areas and ensure risk assessments were in place on people's paper based records in their homes and at the office. The electronic system the provider used did not store or display risk assessments.

There were enough staff employed to meet the people's needs. Staff told us they had enough time to get from one visit to another. Staff told us "we have jobs near each other to avoid being late" and "if we need more time the managers will sort it."

Staff were of the view "our clients are very happy" and we found this to be the case. People and their relatives told us "Regular team of carers are allocated to them, so the same one usually comes apart from when some is off, then another person comes but we usually know who they are." Another relative told us "I'm pleasantly surprised with the care and attention my father has received, they never let him down, they always make sure someone comes to him even at short notice." People told us they had continuity of care from the same carers. One relative said "my [family member] has very complex needs, because he is blind as well, therefore, hearing the same voice is very comforting for him."

There were no missed visits reported to us. One person told us they sometimes had to phone the office to find out who was coming as the carer was late. Feedback included "The agency will always send someone, even when a regular carer is off at short notice. They may come a little late but we are informed of this."

Accident and incidents were managed safely and the service could show learning from them. The provider could also show they improved practice following feedback to the service. For example, staff now worked with a colleague and did 'double up' appointments all day to ensure staff were not waiting for the second member of staff to arrive which may keep people waiting for care.

The provider had systems in place to minimise the spread of infection. Gloves and aprons were available for staff to use, and relatives and people using the service confirmed they were used.

Staff recruitment practices were safe. Appropriate criminal records checks were carried out and references from previous employers had been taken prior to staff starting work. This meant staff were considered safe to work with vulnerable adults.

Good

Is the service effective?

Our findings

People told us the staff were skilled and able to care effectively for them and their family members. Feedback was positive and included, "the carers are well trained and have adequate training to meet my needs." And "Carers are superb, they are consistent and they always support me with what I need. I'm really happy."

Relatives also praised the staff. "My relative is bedbound and her condition can deteriorate from one day to another, but carers are so tuned into her condition that they react quickly to accommodate her needs. The supervisor does reviews and care plans are adjusted accordingly." Another relative told us "Carers are very professional and know my mum really well. They talk to her, engage and interact with her; I have no concerns with them looking after my mother. I'm usually there and see them, they are amazing."

Staff were inducted to the role when they started at the service. This included shadowing experienced staff and undertaking the Care Certificate. 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. Staff had to undergo a probationary period and we could see meetings were held to confirm or extend this period depending on their competence.

Staff undertook training in key areas such as safeguarding, medicines management, food safety hygiene, moving and handling and basic life support. Some staff had undertaken additional courses such as understanding epilepsy and community nursing staff had showed staff how to manage people's catheters.

Staff competency was spot checked by the management team. Staff told us "you never know when they are going to turn up" and there was system in place to prompt managers to undertake supervision and appraisals. Supervisions took place regularly and staff told us they felt supported in their caring roles.

Staff supported people with their nutrition and fluids. Staff confirmed mainly heating up ready meals or meals prepared by family. Staff understood people's likes and dislikes "she likes salad bowl for lunch and porridge in the morning". Staff told us they made sure people had enough food and drink.

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 and found staff understood the need to gain consent before providing care. They told us "we tell the client everything we are doing and check if they are ok with it" and "we ask are you ready to wash your face now?" The paper records had 'consent to care' documents signed, but the care records did not always make clear people's capacity to make decisions in a way that was useful for staff. We also noted that at times relatives had signed care plans

without any explanation.

We discussed this with the manager and provider and they showed us a new document they would implement following the inspection to make people's capacity clearer for staff. Also, where people did not have capacity to sign documents this would be noted on care records.

The service supported people to live healthier lives and worked effectively across organisations to maximise people's health and well-being. Through discussions with the manager, staff and from records we could see the service was proactive in liaising with health and social care professionals to support people with their health needs. For example, the service referred people for occupational therapy assessments and updated district nurses and the local social work teams on progress or concerns they had with people.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. Feedback from people included "Carers are very helpful, polite and kind. They give me a shower, dress me, give me a sandwich of my choice and a cup of tea. [Carer name] is really good, she helped me with my water bill. She rang the water company and got it all sorted out for me." "My carers, go that extra mile, they check if I want anything else done before they leave. I'm so grateful."

The manager was able to give us examples of how staff had been particularly caring to people using the service, outside of their contracted role. For example, staff waited for nine hours with a person whilst they were waiting for medical attention following an injury; another stayed with a person who had a gas leak until the gas engineer arrived as they were anxious.

Relatives and people using the service told us they were treated with respect. Feedback included, "they respect her by treating her well and use her name all the time. When they give her personal care they shut the door and curtains." "I think it's very respectable when people are spoken to nicely and talked to all the time. I think it would be disrespectful if the carers just did the job and didn't engage all."

People were encouraged to be as independent as possible. One staff member told us "we help people to be independent, for one lady I just have to put water in a bowl and give her the flannel and she does the rest herself." One care record noted "put toothpaste on brush and give to service user." Another stated "X needs to be encouraged to eat himself." The manager gave us an example of a person who was supported back to independence to the point of no longer needing the service.

Care records noted people's religious and cultural needs. One person had a staff member matched with them as they spoke the same language. Staff told us it was important to respect everyone's religion and culture. People confirmed this was the case telling us all carers are respectful and caring, and they had no concerns regarding cultural or religious needs.

Requires Improvement

Is the service responsive?

Our findings

We found discrepancies between the paper based care support plans that we were shown and that which was outlined on the electronic care system that staff worked to. We also found a number of discrepancies between the paper based support plan and the paper based staff task list. This meant that reviewing the paper based care records, copies of which were stored in people's homes, it was not always clear what service was being provided to people. For example, one paper based care record stated the person needed help with personal care, laundry and doing fun activities outside of the home, whilst the daily log for this person stated staff also helped prepare meals. Another person's care plan noted they needed support with light domestic tasks, fluids and meal preparation and personal care. However, we also saw from the daily log this person had significant mental health needs which staff were dealing with. This was not noted on the support plan or tasks list for staff.

We spoke with the manager and provider who acknowledged there was a discrepancy between paper based records and the electronic system staff were working to, and that within the paper based records there were inconsistencies. The lack of accurate paper based records meant that the people receiving the service, their relatives and other associated health and social care professionals involved in their care did not any way of checking what tasks the service were commissioned to provide. The manager and provider told us they would prioritise getting the support plans for the people with the most complex needs accurately updated and ensure copies were in their homes first, and then would work through the remaining people's care records.

However, in other ways the service promoted person-centred care. People and their relatives were happy with the care provided. We also saw person-centred information on some care records. For example, one care record noted a person's breakfast options "X likes to have bread and jam or egg on toast, always give choices." Another stated "Use two bowls, one with soap, other clear water. Use three flannels, one for face, one for the body and third for private area. Carers to assist with shaving." This gave specific guidance for staff in how best to support people. Some care records also gave information under a section 'What is important to me' and one person's outlined the number of children and their pleasure in their children and also they enjoyed watching TV.

We saw from some care records that reviews of care took place, and people and some relatives told us they were involved in reviews of people's care packages. One person told us "They do recall taking about what is going well and what is not going well and how this could be improved during the review meeting."

Relatives told us communication with the office staff was good, and for family members who lived at a distance from the person receiving the service this was particularly appreciated. One family member told us "I don't live with my father, I live all the way in [area], therefore, it is very difficult to see him on regular basis, so I can ring the office anytime for an update on my dad and they will always get in touch with me if there is any concern about anything." Another relative told us they only received care for their family member if they were ill themselves and unable to provide care. When this happened, they contacted the service and found the service responsive in finding a carer to support their family member.

There was a complaints policy in place and the manager responded appropriately to complaints in a timely manner. People and their relatives told us they would know how to make a complaint but with the exception of one person, had not needed to. This person had made a complaint regarding a carer, and said the carer in question never provided care to them again so they felt the issue had been dealt with. We also saw that compliments were received regarding the service.

Requires Improvement

Is the service well-led?

Our findings

There were some areas in which the service was not well-led. The lack of auditing of care records at the office and at people's homes meant the manager and provider did not realise the extent of the discrepancies between paper based care records and the electronic system. This could lead to confusion for care staff, and visiting health professionals would not have accurate information regarding the care provided to a person.

The manager and provider had also not reviewed the content of the care records so had not realised the contradictory nature of the information held within them. We also found risk assessments were not in place for some identified risks.

We noted there had been a change in the management of the service in the last year and as a result of these changes, not all audits had been completed, which the management team told us would have highlighted these issues. They also told us the electronic system they were using had changed on several occasions within the last 12 months which had been time consuming and diverted them from other tasks.

In many other ways the service was well-led. People and their relatives praised the staff and the management of the service. We were told they were "very happy with the carers and staff at the office." Several relatives said they could not "fault them in any way."

Staff were also very positive about the support they received from the management team. Feedback included "managers are very helpful and approachable" and "very understanding". There was always a manager available to provide support including out of hours. All staff said they thought the service was well led and enjoyed working for the organisation. This meant there was continuity of staff for people which can contribute to good care being provided.

We found the management team open and willing to make the improvements necessary to improve recording of care at the service.

There were systems in place to ensure elements of quality were checked. For example, staff recruitment was safe, staff were supervised regularly and undertook relevant training. Spot checks took place as did competency checks of staff skills. We saw that team meetings took place every two months and issues of best practice were discussed alongside other issues relevant to the running of the service.

Following the inspection the management team sent us an action plan to review all paperwork and address the issues found at the inspection.