

Kitec Healthcare Services Limited

Kitec Healthcare Services

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?	Requires Improvement ●

Summary of findings

Overall summary

This announced inspection was carried out between 5 and 14 July 2017. The service provides domiciliary care and support to people in their own homes. At the time of the inspection, six people were being supported with their personal care by the service.

The service had a registered manager, who was also the provider. 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.

Although the provider completed regular audits, they did not have robust systems to drive continual and sustained improvements. The provider worked closely with people, their relatives and staff to ensure that the service provided appropriately met people's needs. They also promoted a caring and inclusive culture within the service.

People were safe because the provider had effective systems to keep them safe, and staff had been trained on how to safeguard people. There were risk assessments in place so that staff knew how to support people safely. People had been supported safely to take their medicines. The provider had effective staff recruitment processes in place and there was sufficient numbers of staff to support people safely.

Staff received training, support and supervision that enabled them to provide appropriate care to people who used the service. People were able to provide verbal consent to their care and support, and the requirements of the Mental Capacity Act 2005 were being met. Where required, people had been appropriately supported to have enough to eat and drink, and to access health services.

Staff were kind and caring towards people they supported. They treated people with respect and supported them to maintain their independence as much as possible. People were happy with how their care was being provided, and they valued the support they received from staff and the registered manager.

People's needs had been assessed before they were supported by the service. Care plans took account of their individual needs, choices, and information received during assessments. Staff were responsive to people's needs and were working closely with people's relatives to ensure that the support they provided was appropriate. The provider had a system to manage people's complaints and concerns, and there had been no concerns raised about the quality of the service.

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.

There were effective systems in place to safeguard people and staff had received appropriate training on how to keep people safe.

There was enough staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training and support to develop their skills and knowledge so that they supported people effectively. The requirements of the Mental Capacity Act 2005 were being met.

Staff understood people's individual needs and provided the support they needed.

People had been supported to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring towards them.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

People were involved in planning and reviewing their care plans to ensure that their care needs were appropriately met.

The provider had a system to manage people's complaints and concerns.

Is the service well-led?

The service was not always well-led.

Audits had been completed regularly, but the provider's quality monitoring systems were not robust enough to drive continual and sustained improvements.

The provider sought feedback from people, their relatives and staff to ensure that the service provided appropriately met people's needs.

The provider promoted a caring and inclusive culture within the service.

Requires Improvement 

Kitec Healthcare Services

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 between 5 and 14 July 2017. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office to support the inspection process. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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. We reviewed this and other information we held about the service including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the visit to the provider's office on 5 July 2017, we spoke with registered manager, who is also the provider of the service. We also spoke with the administrator. We looked at the care records for four people who used the service. We also looked at the recruitment and training records for the four care staff employed by the service. We reviewed information on how medicines and complaints were being managed, and how the quality of the service was assessed and monitored. Following the visit to the office, we spoke with three people who used the service, two relatives and three care staff by telephone.

Is the service safe?

Our findings

People told us that they were supported safely by staff and they had never been concerned about their safety. One person said, "I do feel safe when the carers are here." Another person told us, "I feel safe, but I sometimes ask the carer to be gentle as I have very tender legs. The carer has never hurt me and I look forward to them coming. I have a key safe and that is used correctly."

The provider had processes in place to safeguard people from harm or abuse, including safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. We noted that staff had received training on how to safeguard people and staff we spoke with showed good knowledge of local safeguarding procedures. One member of staff told us, "I definitely feel that service users are safe and well looked after." They further told us that they would always report issues of concern to the registered manager so that people were kept safe. Another member of staff said, "I have done safeguarding training and if I'm worried about anyone, I will call the manager and let her know."

Care records we looked at showed that potential risks to people's health and wellbeing had been assessed and there were risk assessments in place that gave guidance to staff on how to support people safely. People had relevant risk assessments in various areas including mobility, nutrition, skin care, and medicines. The provider had also completed an assessment of people's homes to ensure that they were free from hazards that could put them, their relatives and staff who supported them at risk of harm. We saw that risk assessments were reviewed and updated when people's needs changed.

We looked at the recruitment records for all four members of staff currently employed at the service and we found all necessary pre-employment checks had been completed. These included checking each employee's identity, employment history, qualifications and experience. The provider also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The provider had sufficient numbers of staff to support people safely. People told us that they were consistently supported by a small group of staff who knew their needs well. One person said, "The carers are regular and if they are off, then it is someone else, but never a stranger." Another person said, "I had a new carer starting and they came for 3 or 4 days with the manager to watch how to do things, but I usually have regular carers." People also told us that they were supported at agreed times and they had never had missed visits. One person told us, "The carer comes once a day, they have never missed me and they do not turn up late. They arrive nice and early, and I feel they are flexible if needed." Another person said, "Sometimes when the agency is short staffed the carers will go off early if they have finished here. I don't mind, it is all swings and roundabouts." Although a relative said that the time staff visited their relative in the morning was not convenient for the person as it was too early for them to get out of bed, they told us that staff waited until the person was ready to get up before supporting them.

Although one person and two relatives told us that they managed medicines themselves, we saw that some

people were supported by staff to take their medicines. The only person we spoke with who was supported by staff to take their medicines told us that this had been done safely. They added, "I have to have eye drops and lots of medication. The carer has to do that and I keep my eye on them to make sure it is all done correctly." Members of staff we spoke with confirmed that they had been trained on how to administer medicines safely and their competence was occasionally assessed, and we saw evidence of this in the records we looked at. They also said that they always ensured that people they supported with medicines took these as prescribed by their doctor, so that they received effective treatment. We looked at some of the medicine administration records (MAR) which had been returned to the office for auditing and noted that they had been completed correctly, with no unexplained gaps. The manager told us that they audited finished MAR as quickly as possible so that any errors could be identified and rectified promptly.

Is the service effective?

Our findings

People and relatives told us that staff had the right skills to support people effectively. Although none of the people we spoke with could tell us what training they thought staff had, they were all happy with how their care and support was provided by staff. Staff we spoke with were confident that they provided good care to people who used the service including one member of staff who said, "We manage people's care really well. Everywhere I go people are happy and therefore I must do a good job." Another member of staff said, "I always do things properly and I can't leave my clients until everything is done."

The provider had an induction for new staff and on-going training programme for all staff so that they continually developed the skills and knowledge they needed to support people appropriately. Records showed that staff had been trained in a range of subjects relevant to their roles including in health and safety awareness; food hygiene; moving and handling; medicines management; and safeguarding. Staff told us that they found the training quite useful and informative, and this was particularly so for a member of staff who was new to the care sector. This member of staff told us, "Training was good as I learnt a lot of new things like using a hoist and changing catheter bags." Another member of staff said, "Training is good and we try to do a bit of training every three months."

We saw that staff had regular supervision meetings and staff we spoke with confirmed this. They were also complimentary about the support they received from the manager, whom they said they could approach whenever they needed advice and guidance. One member of staff told us, "We get supervision every three months. I find the manager is good and always there when we need help." Another member of staff said, "I get supervision regularly and the manager does spot checks on a weekly basis to make sure that we do things properly."

People told us that they made decisions about their care and they consented to the support provided by staff. When asked if staff gained their permission before supporting them, one person said, "The carer knows me well, and my likes and dislikes." Records we looked at showed that the majority of people had mental capacity to make decisions about their care and had signed forms to consent to their care plans. Staff told us that they always sought people's permission before they provided any care and support, and they ensured that any care provided to people met the requirements of the Mental Capacity Act 2015 (MCA). The 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 saw that when required, staff supported some people with their meals, although one person and two relatives told us that they did not require any support with this. The only person who told us that staff supported them with their meals said that they were happy with how this was managed. They also said, "My family member buys my meals ready made and then the carer will heat it up for me at lunchtime. At breakfast, I decide what I would like and sometimes I just have toast. Then at tea time, I will have a sandwich. I am able to make all my drinks myself." Staff we spoke with had no concerns about any of the

people they supported not eating or drinking enough. They further told us that they would report to the person's relatives and the manager if they became concerned about a person not having enough food or drinks to maintain their health and wellbeing, so that appropriate support could be sought from health professionals.

People told us that they managed their own health appointments and were not supported by the service with this. One person said, "I am able to organise GP and other appointments for myself." A relative said, "There is a physiotherapist involved with [relative], but the agency have never suggested other professionals." Although staff told us that they did not routinely support people with their health appointments, they said that they would be happy to support people to attend appointments if they needed them to. They also said that they would also assist people to access urgent care if a person became unwell when they were supporting them.

Is the service caring?

Our findings

People and relatives told us that staff were caring and friendly. One person said, "The staff are very good and very friendly." Another person's relative described staff who supported their relative as "lovely". Staff we spoke with described their approach to care as being caring, kind and approachable. One member of staff told us, "I like caring for people. It gives me joy when I see people happy and saying thank you." Another member of staff said, "Clients get 100% good care not just from me, but other staff too. I always approach people with a smile and it makes everyone happy." A third member of staff said, "I can see that my clients are appreciative of my support and this makes me really happy."

People told us that interactions with staff were always positive and respectful. One person said, "The carers are very respectful and I never hear them speak about the manager or other carers. That is a rare thing." Additionally, none of the people we spoke with had concerns about their privacy and dignity not being respected by staff and were tremendously happy with how staff supported them. One person expressed their satisfaction that they were being supported with personal care by a member of staff of the same gender as them. They told us, "When I am being washed the carers allow me to wash myself in areas that are private. They protect my dignity, not like in the hospital when men used to wash me there." Staff told us that they always ensured that personal care was provided in private in order to protect people's privacy and dignity. Staff also understood how to maintain confidentiality by not discussing about people's care outside of work or with anyone not directly involved in their care. We also saw that people's care records were kept securely in the provider's office to ensure that they could only be accessed by people authorised to do so.

People told us that they made decisions and choices about how they wanted to be supported and staff respected this. Some people could also recall being involved in planning their care and were aware that they had care plans that staff followed. One person said, "I had a say in what I wanted at the beginning, and the care plan is signed and written in every day." Another person said, "We had a 'getting to know you' session on the first day and we decided on what was needed." People told us that staff respected their religious and cultural needs. One person told us, "I can say I am going to church and the carers don't mind. My family member found the agency and I like the idea of there being a Christian element to the agency."

People told us that staff supported them to maintain their independence as much as possible and were appreciative of the support that enabled them to live in their own homes. One person told us, "I had been very independent, but care is something I have needed to get used to. I am now a lot worse, and now need to have help four times a day."

We saw that people had been given information including the times they would be supported, contact details of the service and the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received appropriate care that met their needs. The provider also worked closely with the local authority that commissioned the service to ensure that people were supported well and they had no unmet care or social support needs.

Is the service responsive?

Our findings

People told us that their individual needs were being met by the service and they were happy with how their care was being provided by staff. We saw that assessments of people's needs had been completed prior to them using the service and this information had been used to develop their care plans so that they received appropriate care and support. People's care plans identified their care and support needs, and took account of their preferences, wishes and choices. Some people and relatives told us that they had been involved in planning and reviewing people's care including one person who said, "My sight is failing but the staff do read out to me what they have written."

Staff told us that the information in people's care plans was detailed enough to enable them to provide safe and effective care. They also said that they reported changes to people's care needs to the registered manager and care plans were normally updated quickly. One member of staff said, "There is definitely enough information in clients' care plans. Another member of staff told us, "The manager plans the care well so that staff can provide good care." We saw that there were systems in place to review people's care plans.

People told us they were happy that they were always supported by regular staff, who had got to know and understand their needs very well. This also promoted person-centred and consistent care. This was echoed by a member of staff who said, "I support the same group of clients all the time and I've got to know them well." Another member of staff said, "It's nice that we support the same people most of the time. I do different things for people like supporting them with personal care, preparing meals or giving them their medication." Staff also told us that they were happy with the quality of care they provided to people. One member of staff said, "I know clients are happy because they have never complained about anything."

The provider had a complaints policy and procedure so that people knew how to raise any complaints they might have about the service. There had not been any recorded complaints or concerns, and people we spoke with told us that they had no concerns about how their care was managed and provided. However, they said that they knew how to raise complaints including one person who told us, "I would report straight away to the Manager if there was anything amiss, and we would talk it through. The manager is very approachable." Another person said, "I have no complaints, but I would contact the office and speak with the manager if I wanted to complain about anything."

Is the service well-led?

Our findings

There was a registered manager in post who is also the provider of the service. The registered manager was supported with administrative tasks by an office manager and an administrator. Although the registered manager and the office manager carried out regular audits of care records, staff files and medicines administration records, they did not have a robust system to show how information from the audits was used to assess and monitor the quality of the service. For example, where issues were identified during audits, the forms used did not always show what action had been taken to reduce the risk of recurrence. It was not evident whether the provider was learning from these issues and whether improvements had occurred. We discussed this with the registered manager and they told us that they would review their systems to ensure that they drove continual and sustained improvements.

People and relatives we spoke with knew who the registered manager was because they completed assessments, reviews and also routinely provided care to some people. One person told us, "The manager comes here to do the night call. I think she is very good and very approachable. They listen and will change things if they can." Another person told us the name of the manager, but provided no further comments.

However, a relative told us that communication between care staff and the registered manager was not always good. They told us that they had requested to change their relative's morning visit to a later time, but this had not been acted on. They felt that this was because staff had not informed the registered manager of their request. This had made them feel that the provider was not as responsive to their request as they should have been, although they had no concerns about the quality of the care provided. We discussed this with the registered manager who told us that they supported the person regularly, but they had never been asked to change the times until when they telephoned the relative to give them notice that we might contact them the following day. They further told us that this had now been resolved and would have been done so earlier if they had been told about it.

The relative's positive feedback was reflective of that we received from other people who were mainly complimentary about the quality of the service they received. Some people told us that they would not hesitate recommending the service to others. One person said, "I would recommend the agency as the carer is very friendly and they chat about everyday things." Another person said, "I am used to the carers and we all know each other including our likes and dislikes. The carers have become part of me, they are all genuine ladies." We saw that the provider promoted a caring and inclusive ethos within the service that took account of people's individual needs and preferences. The service was still small, with some people whom they did provide personal care to. For these people, staff provided companionship to reduce the risk of people becoming lonely and isolated. Although the provider had plans to grow the service, they told us that they wanted to do so gradually so that they did not compromise the quality of the care provided to their current service users.

The provider had a range of policies and procedures that gave guidance to staff about different aspects of the service. Staff told us that they could access these in the office when required. Quarterly staff meetings were held so that they could discuss issues relevant to their roles as a team, and we saw minutes of the

meetings held in January and April this year. The registered manager told us that meetings could be arranged earlier if there were urgent issues to discuss. The registered manager also said that staff were normally in and out of the office and could discuss and issues during these periods.

The provider had systems to enable people, their relatives, staff and external professionals to give feedback about the quality of the service because they completed annual surveys. They also regularly spoke with staff and people by telephone or visited people to ask their opinion about the quality of the service. We saw people's responses from this year's survey were mainly positive, but the provider had yet to collate and analyse the results. One relative had a query about the invoices and the registered manager showed us evidence that this had been resolved. People we spoke with were happy with the service and felt able to give feedback to the provider. Staff were equally positive about the service including a member of staff who told us, "I think the service is fantastic anyway, and nothing needs improving." Another member of staff said, "I like working for the service because it is great. I love the job and try my best. The manager is working hard to make sure that people get the best care. The manager will definitely listen if we told her that something needs improving."