Kumari Care Limited

Kumari Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 8 August 2016. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

Kumari Care provides personal care to people in Bath and surrounding areas. They offer a range of services to individuals who live in their own homes and need support or care. .At the time of this inspection there were 200 people receiving service from Kumari Care. People who used the service had a variety of care needs. Some had 24 hour live in care staff, some very complex needs with several care calls a day and others required one call a day.

At the last inspection of the service in 20 October 2014 we found the service was meeting the regulations.

The service had a registered manager in place. 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.

There were mixed comments from people about staff timeliness. The majority of people told us care staff arrived on time. However some people told us care staff didn't always arrive on time and people were not told if there was to be a change in care staff. They told us they were not always informed if care staff would be arriving late.

People's care needs and risk assessments were not regularly reviewed. However care staff knew the people they cared for well. There were gaps in training for staff and this also included important training updates. Staff had not received regular support to help them understand how to deliver good care in line with the provider's policy. Staff completed an induction when they started work.

There were policies and procedures in place in relation to the Mental Capacity Act 2005.People's consent was always sort when offering care and support. However staff showed a lack of understanding of how to ensure their practice was in line with the Act.

Most of the people we spoke with told us they were very happy with the care and support they received from the service.

We saw the provider had a quality assurance monitoring system; however the system was not always effective because it had not identified the shortfalls that were found at the inspection

There was a risk that people may not have their medicines as prescribed due to lack of detail when recording administration. People who used the service told us they felt safe with the staff and the care and

support they were provided with. We found there were systems in place to protect people from risk of harm There was a reporting process in place to record accidents, incidents and near misses for people who used the service.

Complaints were welcomed and were investigated and responded to appropriately.

Some people who used the service said their visit times suited their wishes and staff in the main always stayed the agreed length of time. However, some people told us their care worker timekeeping was not good, and they could be late.

Recruitment procedures were effective with checks made on people's employment histories and with the Disclosure and Barring Service (DBS).There was enough staff to meet the needs of people who used the service.

People's care plans contained sufficient information to provide consistent, care and support. People received good support which ensured their health care needs were met. Staff knew how to respect people's privacy and dignity.

We identified that the provider was not meeting all regulatory requirements and was in breach of a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

We have made a recommendation about the management of medicines.

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

Assessments were undertaken of most risks to people who used the service and staff. However there were some gaps. Written plans were in place to manage the identified risks.

Medicine administration records lacked details around what medicine had been given

People told us they felt safe and well looked after. Staff knew what to do to make sure people were safe. There were not appropriate arrangements for the safe handling of medicines.

A recruitment process was followed before staff were employed and staffing level met the needs of people who used the service.

Is the service effective?

Requires Improvement

The service was not always effective.

There were gaps in training for staff and this also included the important training updates.

There were policies and procedures in place in relation to the Mental Capacity Act 2005. However staff showed a lack of understanding of how to ensure their practice was in line with the Act.

Staff were not being regularly supported and developed

Is the service caring?

Good

The service was caring.

Staff had developed good relationships with the people they supported and knew people's need well.

People were very satisfied with the care and support provided to them. They spoke positively about the way in which staff helped them.

People were involved in planning their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care needs and risk assessments were not regularly reviewed. This could mean that people's needs may not being met

People's needs were assessed before they began to use the service and person centred care plans were developed from this information.

There was a complaints procedure for people to raise their concerns and this was supplied to people who used the service. People knew who to contact in the service if they needed to raise any concerns or complaints

Is the service well-led?

Requires Improvement

The service was not as well-led as should be.

The provider had a quality assurance monitoring system; however the system was not effective as some short falls were not identified.

People told us the managers were approachable and tried to resolve issues for them.

Staff spoke highly of the management team and spoke of how much they enjoyed their job.

Kumari Care

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 8 August 2016 and was announced. The inspection was undertaken by one inspector.

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Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law.

We usually ask the provider to send us 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. The provider completed a PIR and returned it to us

We visited two people in their home and spoke with two care staff. We visited the provider's office where we spoke with the registered manager and the director. We spent some time looking at documents and records that related to people's care and support and the management of the service. We reviewed six people's care records and the five staff records. We also looked at care plans, training records and other records relevant to the quality monitoring of the service.

We spoke on the telephone to eight people who used the service and three relatives after the inspection. This was to ask them for their views about the service. We also spoke with four health and social care professionals involved with the service on the phone after the inspection to ascertain their views of the service.

Requires Improvement

Is the service safe?

Our findings

There were mixed views about the timeliness of staff visits however the majority were positive. Some people told us care staff didn't always arrive on time and people were not told if there was to be a change in care staff. One person told us" Yes generally they come on time but sometimes they are late but they let you know. I suppose it due to the traffic most of the time". Another person told us, one care staff that comes here is always late. They don't tell you if they will be late". Most of the people we spoke with told us they were very happy with the care and support they received from the service. They told us, "The carers are good. They arrive on time" Another person said "The girls have never been late. We have not missed any call. They are really good and we feel very safe with them. Other comments included "Yes they are always on time. I have two carers coming to help me. I am happy " and "they are generally on time. Occasionally they are late due to traffic or they are held up, but they always let us know. I am not worried at all. The carers are good".

People told us care workers stayed long enough to complete all the tasks required of them . One person told us, "They do stay the required time and make sure they tidy up before they leave"' and " they go over and above what is required of them" We asked staff if they felt there were enough of them, one care worker told us, " We are never rushed. There is always enough staff. We work in the areas close to us so we don't have to go from one end to another. We also help out to make sure everybody is covered." This comment was reflective of the feedback from all the staff we spoke with

All of the people we spoke with told us that they, or their family members, felt safe when the care workers were in their home. One person who used the service said, "I've got no worries there. All the carers that come to here are trustworthy and very good people. Yes they are really good. They have been with us for a very long time. I am happy with them"." A relative said, "I feel my relative is safe with them. I am not in the room with them but I am confident (name) is safe with them. I have no worries or any concerns". Another relative told us "Yes they are very good. I can't complain about them they are very good. Mum seems to like them". In our survey, 100% of people who used the service said they felt safe and 100% of people's relatives thought their family member was safe.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the registered manager. Some of the comments included "I will report it to the office. I will also report it to the social service and the CQC if nothing is done". Staff said they were confident the registered manager would respond appropriately. Staff told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed most had this training when they started employment.

We found the service safeguarding policy in place and this had been reviewed to show it still reflected the current legislation. The registered manager had taken action to report safeguarding incidents promptly to us and had also taken appropriate action to manage any potential on-going risks

There were systems in place to keep people safe through risk assessment and the management of risk to

people. However some areas of potential risk to people had not been assessed or recorded. We saw that risk assessments in regards to a stair lift used by staff members for transferring an individual up and down the bedroom was not in place. The person and their relative told us they felt safe with staff when using the stair lift as "They know what they are doing and they have been with us for a very long time". They also told us "Yes when it comes to the stair lift safety is very paramount. The carers have to be familiar with the operation of the safety of the stair lift.

On another occasion staff told us they used a handling belt to support a person with their mobility to keep them safe. There was no risk assessment in the person's care file in regards to this equipment and this was confirmed by staff. Staff members told us they felt the person needed it as it helped with their mobility. This meant that people could be at risk of potential injury due to lack of risk assessment. We discussed the above with the registered manager. They acknowledged our concerns and said whilst the people concerned had never had any accidents of came to any harm, they would ensure that these risk assessments were undertaken immediately to reduce the likelihood of harm or injury.

Staff we spoke with said they were aware of risk management plans and could describe how they kept themselves and people who used the service safe. For example, making sure there were no trip hazards around the home.

The registered manager told us that staffing levels were determined by the number of people who used the service and their needs. They said staffing levels could be adjusted according to the needs of people who used the service.

There were comments from people who used the service about whether the service employed enough staff: one person said, "Yes, I think there are enough staff, they always send us staff." Care workers told us "Yes we have enough staff. The registered manager told us "The office staff cover or pull staff from other areas. If carers have gaps in their rounds we ask them to cover". This was confirmed by the carers we spoke with.

Care workers covered different areas and saw the same people regularly. They told us " it helps us to provide care to people we are familiar with". Some of the people we spoke with told us they, or their family member, received care services from familiar or regular care workers and new staff always shadowed existing care workers before they worked with them. This was so people were not presented with unfamiliar care staff.

People we spoke with told us that even when care workers were off sick, or on holiday, they would be replaced by care workers familiar to them. One person told us said, yes I got to admit that sometimes we do get somebody not very familiar but we go get staff that are familiar regularly". Kumari Care usually makes sure that one carer is familiar with the routines but like every organisation they run into difficulty some times. I have no concerns at all". One relative said " it makes a big difference when it is the same staff". 93% of people who returned our survey told us they received care and support from familiar, consistent care workers who stayed the agreed length of time and their care workers arrived on time.

People were protected from the risk of being cared for by unsuitable staff because there were effective recruitment and selection processes in place. Required checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking that prospective staff members are not barred from working with vulnerable people. Written references had been obtained prior to staff commencing work and these were obtained from the staff member's last employer to show evidence of previous good conduct. This helped to ensure people who used the service were protected from individuals who had been identified as unsuitable to work with vulnerable people. All applicants were also required to complete a language

assessment to test levels of competency in English. We saw evidence of this assessment in the staff files we reviewed. This ensured that care workers were able to communicate effectively with the people who used the service.

There were records of checks being carried out to make sure staff from overseas could legally work in the UK. This ensured that illegal workers were not allowed to work with vulnerable people. Disciplinary procedures were in place and the employee handbook contained staff code of conduct and the disciplinary appeals process. This helped to ensure standards were maintained.

We looked at medication records for people who used the service. There was a medicines policy in place. This included a guidance on the use of 'as and when required' (PRN) medication. The service used a Medication Administration Record (MAR). We found that when staff gave people their medicines they signed the (MAR). However they did not give any details of the medicines that had been given instead staff recorded 'dosette box', dossette pack' and in some cases 'DB', 'DP' and others 'ticked' as given . This meant it was not always clear which specific medicines staff had administered on any particular day. We discussed our concerns with the registered manager who said they would review their MAR to enable staff to record the medicines properly and safely on the MARs sheets

The MARs were used to record the administration of creams and ointment. These had no information about how often cream was to be applied. This meant that people may not be receiving all their medicines as prescribed. There were care plans in place and body maps in the file to guide staff on where the cream needed to be applied.

We looked at other systems in place for managing medicines and found there were appropriate arrangements in place to assist people to take their medicines safely. We saw staff were trained in medication administration before they started administering medication. Records showed staff competency was checked to ensure practice remained safe. People who used the service and who received help with their medications told us the support or supervision they received with their medications was timely and appropriate. One person said, "Yes they give me my medication and make sure I take it. They also cream my legs. Another person said, "My family member give me my medication" and they (staff) make sure I take it. They give me water to swallow it down."

Records showed the needs of people were assessed regarding the support they needed with medication. This information was then transferred in to a support plan to give staff the guidance they needed.

The registered manager told us that MARs were returned to the office each month and checked for accuracy and completeness. We saw these were signed by the care coordinator to show this had been done. Staff told us they were encouraged to report any concerns regarding medication.

Staff told us they were trained in all aspects of medicines management and said the training equipped them well. We saw evidence of this in the files looked at. Staff also said they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or 999 if they thought this was needed.

An accident reporting policy was in place. The policy was a part of the health and safety policy which gave guidance to staff on how to report accidents and incidents. We saw that there was an accident book. Accidents and incidents were recorded and action was taken where necessary to reduce further occurrences.

People were safe from infection because staff ensured they used the appropriate personal protection

equipment (PPE). The induction training and staff handbook contained information on infection control and staff confirmed staff had attended the relevant training. People who used the service and their relatives told us staff wore gloves and apron whilst attending to their personal care, This was supported by our observations of staff during visits to people's homes. Staff explained how they applied their training in practice. For instance, one staff commented, "We collect aprons and gloves from the office. We have more than enough. We must wear aprons and gloves to prevent infection"

We recommend that the service consider current guidance on recording administered medication and take action to update their practice accordingly.

Requires Improvement

Is the service effective?

Our findings

People did not have the benefit of being cared for by staff who had the appropriate training and support to meet their needs. However, the training matrix we looked at although detailed and well recorded showed that there were gaps in training for staff and this included important updates. Staff also told us they received some training but they were not kept up to date. For example, medication and safeguarding. We found nine members of staff were overdue on moving and handling training, 12 on safeguarding, two staff members had their last training on safeguarding in 2006 and 2009. Six staff members had the last medication training update in 2011. One staff member told us "It is difficult to go for training as we are not paid to attend. I don't want to lose a day's pay. I cannot afford it". We found that staff had not received adequate training on the application and awareness of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This would have enabled staff to understand issues around MCA and consent issues.

The provider did not provide specialist training where it was required, nor did they ascertain which staff had already completed specialist training. For example, one person who used the service had a complex condition. Over a one week period, this person was attended by three different care staff. The provider had not provided the care staff with the training required to enable them to provide appropriate support to the individual. The healthcare professionals who were involved in the care of this person told us that they felt the carers did not have the skill to manage the person's condition. This meant the provider could not be assured that the care workers were trained to carry out this task safely and were therefore putting the person at risk of harm.

Staff were not supported through individual one to one supervision meetings and appraisals. This would have provided opportunities for staff to discuss their performance, development and training needs, which the registered manager would have been able to monitor. For example, in the supervision matrix we looked at, one staff member last had supervision on 15 May 2013 another on 4 May 2013. The provider's staff supervision policy states "There will be four supervisory sessions each year". It was acknowledged by the registered manager, the director and staff that supervisions had not happened regularly. At our last inspection on 20 October 2014 we found that supervision was not being carried out regularly. An action plan was in place at that time to provide more timely supervision for all staff.

Staff we spoke with told us they were well supported by the management team. However they told us they had not received one to one supervision and annual appraisal on a regular basis. One staff member told us "The last supervision I had was two years ago". Another staff member told us "I had my supervision four months ago. My appraisal is not due yet". The staff member said "it gives me a chance to discuss any concerns I might have about my work".

This is a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that new staff completed in house induction courses before starting. The induction and refresher training included all essential training, such as health & safety, safeguarding, first aid and food hygiene. Staff told us they received induction training when they started work. They said they

received a good induction which had prepared them well for their role. Staff told us they had 'shadowed' experienced staff as part of their induction training. One staff member said, "The training is really good I had to work with one of our coordinators to check what I am doing you before I can work on my own".

Records looked at showed some staff had received spot checks' to assess staff's performance while carrying out their role. Staff confirmed some spot checks took place but not regularly. Staff said they received feedback from spot checks. They said they found this useful."

People gave mixed comments in regards to staff being knowledgeable and suitable to do their jobs. Some of the people we spoke with told us they thought the staff were skilled and competent to carry out the care tasks that they, or their family members, needed. One relative said, "Yes. If you have any questions they seem to know. They do a good job". A person who used the service said," they really help me. They are very good. They always know. what they are doing and "I think staff receive good training from what they do for me" They are good. They [the care staff] do everything I need them to do, and a little bit more." Everyone who returned our survey told us their care workers had the skills and knowledge to give them the care and support they needed.

Whilst most people thought staff were experienced and skilled, two people mentioned issues with care staff not understanding the English language. One person said "The carers have got English language difficulty. They don't understand me and I don't understand them. It is hard". Another person said "I am particularly impressed with the English speaking people and "I am very happy with the carers that come to me. They are not English but they speak reasonable English". A relative told us. "My relative's carers are not English but they are excellent. Mum can understand them".

Before our inspection we also received concerns from two healthcare professionals who were concerned about some carer workers poor English language communication skills. This was in regards to care and support of a person with complex needs supported by Kumari Care agency. We spoke with the registered manager who acknowledged the concerns raised and said they had assessed staff on English language at the recruitment stage and this was supported by our evidence in regards to recruitment. The registered manager stated that they would put an action plan in place for the service to provide additional English classes for those staff where English was not their first language.

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.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) and that included steps that staff should take to comply with legal requirements. The registered manager knew of their responsibilities regarding Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. 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 Mental Capacity Act 2005 (MCA) The registered manager knew that regarding domiciliary services any DoLS referral would have to be made to and approved by the Court of Protection. However, we found that staff had not received adequate training on the application and awareness of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff were not able to tell us anything about the Act or its principles, and how it affected their practice. Staff did not have an awareness of the Court of Protection.

People we spoke with told us that their consent was sought for their or their family member's care, both at the care planning stage and when personal care was given. One person told "Yes definitely they will not do anything without my permission or consent". Another person said "They always ask for my consent and if there's anything else they can do for me" One relative said, "The carers are very good with them. They always ask them if it's ok to help with them. Another relative said "They always ask her do you want a wash for example".
Care staff we spoke with told us they prepared meals for some people they supported. They said they always gave people the choice about what they ate.

We saw information in people's care and support plans about their nutritional needs. Staff told us before they left their visit they made sure people had access to food and drinks.
People who used the service or their relatives dealt with their healthcare appointments. Staff recorded daily what support or care they gave to people who used the service by making notes of times, what they did and any needs for referral to a doctor, social workers or other healthcare professionals. Some people we spoke with told us that care staff worked well with other care and health professionals. One relative said "[Name of person] has district nurses and the GP involved a lot and they all seem to work together well and know what each other are doing." One relative was pleased that care staff had alerted them to the need for a GP visit for their family member. The relative said, "They would stay until we come or the emergency service arrives. It is good to know staff are keeping an eye on (Name of person)"

Good

Is the service caring?

Our findings

People we spoke with were complimentary about the caring attitude of the care workers. Comments from people included: "I am impressed with the cares. They are very good. I think we are fortunate the carers we get are very good and courteous. They are like friends. They do what they can and they do it well. They do a difficult job" and "They're excellent and very caring." Other comments included "Very good, clean and courteous, efficient and kind" and "I have not had any bad carer. They are very good. Always willing to do anything I tell them to do". "They are very kind and caring" and "They are absolutely brilliant I can't fault them I am happy with the carers and "They are all very good I look forward to seeing them". One relative told us, "The girls are kind, polite and very caring. We have no concerns about the carers." Another relative said "They do a good job as far as I am concerned"

People we spoke with told us their care worker listened to them about their care needs and acted upon their wishes. One person said "Yes they do listen to me. They are very kind, very respectful and thoughtful. They do anything I ask them to do. I am happy with my care "Another person said "They are polite and respectful". One relative said, "One carer I wasn't happy with doesn't come anymore".

People we spoke with told us they, or their family member's, privacy and dignity were respected. One person who used the service said, "They make sure they shut the door and close the window my curtains, they put a towel over me. They are respectful." Another person said "They put a towel at the correct places. I don't mind if they are male or female. They do a good job". One relative said, "When they are washing and dressing (Name of person) I am not in the same room. I let the two girls get on with it. The carers always shut the door and close the curtains".

In our survey we asked people if they were introduced to their care workers before they provided care or support: 50% of people agreed. The survey results showed 93% of people were happy with the care and support they received, care workers always treated them with respect and dignity, and care workers were caring and kind.

People we spoke with told us that care workers helped them to be as independent as possible. Staff described how they encouraged people to be as independent as possible. For example, encouraging them to carry out personal care and dress themselves. They said they felt this was important for people's sense of pride and well-being.
Some people we spoke with told us care workers always asked if there was anything else that needed doing before they left the house. One person said "When they ask you if you want anything else doing it makes you feel they really care about you, and it's not just about doing a job."

Staff we spoke with clearly demonstrated they knew people's likes and dislikes and they had good relationships with people. They spoke warmly about the people they supported. They said they provided good care. They confirmed they had time to get to know people before providing care. One staff member said, "We are always introduced and shadow other staff who know the person before we work alone with anyone." Another staff member said "I look at the care plan and ask them what they would like me to do".

The care plans showed people had been involved in planning their care and support. These were personalised and included information about the specific support people required during their visits. Staff told us " we provide care that is tailored to meet individual needs".

The daily care records we looked at were completed at the time of care delivery, signed by the staff members and if possible by the person who used the service to show they agreed with the care provided. A staff member said, "We always write what we have done for the person at each visit and make sure we sign it." Daily records showed people's needs were being met. People told us they had received questionnaires/surveys asking their opinion of the care the service provided.

Requires Improvement

Is the service responsive?

Our findings

People's care needs and risk assessments were not always regularly reviewed. This could mean that people were at risk of receiving unsafe care and their needs not being met. Some people we spoke with told us that they, or their family member, received reviews of their care plans others told us their care plan had not been reviewed for a long time. One person told us "Yes there are regular reviews". Another person told us "Nobody has come to me for two years and nobody came to review my care plan". Another person said , " We have been with them for a few years and they check my care with me. Every so often they review my care plan. They know what to do. I've had no problems.

The registered manager told us reviews of care and assessed risks were held with the person and/or their relative annually or sooner if needed. This was also stated in the policy. However, we found from the records we looked at that 40% of the care plans had not been reviewed in accordance with the provider's policy. This meant that there was a risk that the care workers might not know how to meet people's current needs.

Records showed that people had their needs assessed before they began using the service. This ensured the service was able to meet the needs of people they were planning to provide a service to. The information was then used to complete a more detailed care plan which provided staff with the information to deliver the needed care. People told us they were involved in the assessments of their needs when they first began to use the service. We saw assessments were comprehensive and evidenced staff had discussed people's support needs and the delivery of care; risk assessments; care plans; service user agreements; statement of purpose; complaint and compliments procedure. People were able to express their preferences and choices. For instance, people were given a choice of whether to have a male or female care worker. One person told us I don't mind a male or female staff. They all do a good job". A relative told us "We refused them sending us a male carer when they asked us. It's not good for mum".

We spoke with one person who had just begun to use the service, they told us
risk and care assessments had been completed and a care plan was already in place. Comments included "Yes someone came to see me before I started. Yes I have a folder in the house."

Care plans contained details of routines and information about people support needs. Information was person centred and individualised. We saw information detailing each person's morning, lunchtime, teatime and bedtime routines. For example, how they like to be supported to get washed and dressed.

Staff were knowledgeable and understood people's care, support needs and routines. They were able to describe care needs provided for each person. This included individual ways of communicating with people. One staff told us "I know the support needs of the people I support because I have been with them for a long time". The registered manager told us a copy of the care and support plan was kept in the person's own home and a copy was kept in the office. We saw care plans were in place in the people's homes we visited

and we saw duplicate copies of this in the office.

The registered manager told us Kumari Care have a dedicated team specifically responsible for scheduling work. They are currently using electronic call monitoring (ECM) which is through text from mobile phones. The registered manager told us this programme alerted the office to when a care worker had arrived at a person's home. It helped the service to monitor staff attendance and lateness to ensure care packages were provided as planned. We saw this system being used at one of the homes we visited.

People we spoke with told us they felt involved in decisions about their care, knew how to complain and were confident complaints would be addressed. One person said, "I am confident they will report my concern to the right person if I have any concerns. They will listen to what I have to say". All staff we spoke with said the registered manager dealt effectively with concerns raised. All of the people we spoke with knew the telephone number for the office and most people had used the telephone number to contact members of the office team.

We found complaints were recorded and were easily accessed. We saw the provider had a complaints procedure and could see that the procedure had been followed when complaints had been investigated. We noted the complaints policy and procedure was in the file of people who used the service and gave step by step guidance on how to make a complaint and the procedure the service followed when managing complaints. There was information recorded about the outcome or actions taken. Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

We saw that there were 12 complaints recorded since our last inspection. These were responded to and investigated in accordance with the provider's complaints policy. We saw that the service had received compliments from the people who used the service and their relatives. One comment included "We are grateful for the support and assistance she received so enabling her to remain in her own home. Our special thanks to (Name of staff) who was efficient, caring and understanding".

One social care professional involved with the service told us "We commissioned Kumari Care to support our clients. No issue with tissue viability problem. They informed safeguarding of someone losing weight; this resulted in a visit by the dietician and other health professionals. They are good in noticing if something goes wrong".

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Requires Improvement

Is the service well-led?

Our findings

People gave positive feedback in regards to how well the service was managed but also spoke about where there could be further improvements. For instance, training for staff where English was not their first language and communication in regards to what was happening in the service.

People's comments included "There is lack of communication from the agency. When a carer is on holiday they find it difficult to cover. They don't inform us if there is a problem. People in the office some of them are good and ring you back some of the others don't ring back" and "Generally, they do a good job but need to do something about communication", "I think it's well-led but they need to do something about staff who don't speak English" and "They never phone back. That's the only problem I have with them"

Quality assurances systems were in place to monitor and improve the quality and safety of the services provided was not being used effectively. For instance, the staff training matrix was detailed but was not always kept up to date to accurately reflect what training staff had undertaken or needed updates on. The staff supervision and appraisals was not up to date. Care plan audits undertaken were not effective as they failed to pick up the shortfalls identified in this report.

Although there was an established system in place to ensure that people's care plans remained up to date reviews of people's care plans were inconsistent. The registered manager told us that care plans reviews were not taking place as expected. The provider's policy states "Care plans are reviewed yearly or earlier if changes to client needs". The examples above demonstrate that the provider had not operated an effective quality assurance system and had maintained accurate records.
This placed people at risk of unsafe care and support.

This is a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the registered manager had good knowledge of all people who used the service and was able to detail their specific needs and preferences. They also knew key family members of people who used the service. We observed that all staff working in the office had a positive interaction with the registered manager, who was responsive to all queries.
The majority of the people we spoke with thought the service was well run. One relative said, "I think the service is well run. The manager is fine. Everything I phone her for. She is fine all done well".

There was an open, flexible and positive culture at the service. Relatives told us that the manager was approachable. One care worker explained that senior staff were "welcoming, friendly and professional"

Staff we spoke with told us that they felt confident to raise any concerns they had and could suggest ways of supporting people better in informal settings. However, there were infrequent formal meetings that involved care staff to enable them to provide frequent feedback.

Staff spoke highly of the management team and spoke of how much they enjoyed their job. One staff

member said, "We love what we do. The clients are important to us" Another staff member said "I like my job . The manager and the people in the office are helpful. The people I support are good too".

Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. In our survey 100% of the relatives of the people who used the service told us in our survey that they had been asked about the service their family member had received.

We looked at the results from the latest surveys undertaken in July 2016 by the provider to people who used the service. The registered manager told us they had just received few responses and were expecting more and that that would enable them to analyse the information properly. So far these showed a very high degree of satisfaction with the service. The registered manager said any suggestions made through the use of surveys would always be followed up. This was to ensure the service continually improved and responded to what people wanted. The director told us they contacted people who used the service often on the phone to find out how satisfied they were about the service provided. The director told us that his helped the service to improve.

Kumari care had an accident reporting policy. We saw that accidents, incidents and near misses were reported for people who used the service. The registered manager told us they would collate the information to determine if there were trends and put action plan in place to reduce reoccurrence.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider quality assurance had not identified gaps in training, supervision and care plan reviews.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were gaps in training for staff and this included the important updates.