

KML Kare Limited

KML Kare

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

KML Kare is a domiciliary care service providing personal. At the time of our inspection there were 62 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Most people, along with relatives, staff and professionals had only positive feedback about the care provided. People confirmed they felt safe. A small number of people felt consistency of staff and timing of calls could be improved.

Safeguarding concerns were investigated and action taken to help keep people safe. Staff knew about the whistle blowing procedure and were confident to speak up if needed. There were enough staff to meet people's needs and new staff were recruited safely. People were supported to have their medicines and incidents were investigated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to ensure they had enough to eat and drink. Staff received the training they needed.

People's needs had been assessed and this was used to develop personalised care plans. Where required, risks had been identified and assessed. Staff supported people respectfully with their end of life care needs.

Staff described a person-centred ethos within the service. They also said there was good support and teamwork. The provider had a structured approach to quality assurance. People's feedback was gathered and used to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 18 November 2021 and this is the first inspection.

Why we inspected

This was the first inspection for this newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

KML Kare

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

An inspector and 1 Expert by Experience carried out this performance review and assessment. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service provides care to people living in their own homes and we needed to make arrangements to contact them.

Inspection activity started on 21 December 2022 and ended on 10 February 2023.

What we did before the inspection

We reviewed information we had received about the service since they registered with us. We sought feedback from the local authority and health commissioners who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used telephone calls to enable us to engage with people using the service and relatives, and electronic file sharing to enable us to review documentation. We contacted staff via email. We received feedback from 5 people, 8 relatives and 11 staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- The provider had systems to help keep people safe from the risk of abuse. People confirmed they were safe with the staff providing their care. Staff and relatives had a similar view. One relative commented, "[Family member] is safe with them. [Family member] feels safe because they have regular carers and they know two of them really well, they are local I think."
- The provider dealt with safeguarding concerns appropriately. Concerns had been referred to the local authority safeguarding team for investigation and the provider implemented any recommendations made.
- Staff knew about the whistle blowing procedures and were confident to raise concerns, if required. One staff member commented, "I have not felt the need to whistle blow but know I would feel confident to do this. I have raised concerns with my manager and always feel this is dealt with in a timely manner."
- Potential risks had been identified and assessed, with measures identified to help keep people safe.

Staffing and recruitment

- There were enough staff available to meet people's needs in a timely way. People and relatives confirmed staff were reliable and usually turned up on-time. One person told us, "They are usually on time unless weather or traffic are bad. I know who is coming, mostly because the carers will tell me."
- Staff confirmed their rotas were usually manageable and they had the time required to provide people's care respectfully. One staff member said, "My rota stays the same as much as possible. In this line of work there will always be slight changes, if changes do occur my manger communicates very well with this."
- New staff were recruited safely.

Using medicines safely

- Medicines were managed safely. People confirmed they received their medicines when they needed them. One relative commented, "[Family member] has oxygen and the regular carers are very good and understand [family member's] needs."
- People's care plans described the support they needed from care staff to take their medicines. The registered manager checked people received their medicines correctly.

Preventing and controlling infection

- The provider prevented and controlled infections effectively. They had up to date policies and procedures.
- Staff had completed relevant training and used PPE safely.

Learning lessons when things go wrong

- Incidents and accidents were investigated with action taken to help prevent the situation from happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they started using the service. This enabled the provider to determine how people wanted their care provided.
- As well as health and care related needs, the assessment included people's wider social needs. This helped staff gain a better understanding of the person they cared for.

Staff support: induction, training, skills and experience

- Staff received good support and accessed the training they required to be competent in their role. Records showed training and supervision was up to date.
- Staff confirmed they were well supported by both management and their colleagues. One staff member commented, "I feel extremely supported within my role as I've done a lot of training, shadowing, hands on and had the right support I needed of management."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink, in line with their needs and preferences. One person said, "They have done meals for me if my [family member] is away and it's been fine"
- Care plans described how staff should support people with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked alongside health care professionals to provide the support people needed.
- Care records included details of the other health care professionals and services involved in people's care.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider followed the requirements of the MCA. Staff supported people to make choices and decisions about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People confirmed they were treated with dignity and respect and that care staff treated them well. One person told us, "The carers are really nice and they chat to us."
- Staff supported people to maintain their independence. One staff member said, "We care for people in their own homes, maintaining as much of their independence as possible."
- Care plans described how staff should support people to make choices and be involved in decisions about their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People confirmed they received good care and staff were caring. Some relatives also confirmed this. One person told us, "My main carer is called [staff name] and they are amazing, a breath of fresh air and so supportive. She goes over and above." One relative said, "The carers are absolute gems, really lovely." One person told us, "I love my carers."
- People and staff had developed positive relationships. One relative told us, "The carers are good, [family member] likes them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care had been planned in line with their needs and preferences. Care plans were personalised and described how people wanted their care provided. This included prompts for staff about promoting choice and independence.
- Care plans were reviewed regularly and updated to reflect people's changing needs.
- Staff supported people with dignity and respect at the end of their lives. Staff worked closely with health professionals. Health professionals gave positive feedback about the skills of the care staff. One health professional told us, "The majority of the carers are vastly experienced in palliative care." They described how staff were sensitive to people's needs and reported changes quickly.
- Staff had either completed or were enrolled onto specific end of life training courses to develop their knowledge and skills.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and formed part of their care plans.

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints. People and relatives knew how to raise concerns if needed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider prioritised people's needs providing care to help ensure they achieved good outcomes. One staff member told us, "The service users are always our priority and they always feel safe to open up to us about any issues that they feel."
- Staff found management supportive and approachable. They confirmed they could share ideas and usually received feedback. One staff member told us, "[Registered manager] is always open to suggestions from staff to enable changes throughout. [Registered manager] always listens, and never makes me feel like I am wasting her time."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager. They were proactive in submitting the required statutory notifications for significant events to the Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people, relatives and staff to gather feedback about the service and this was used to improve people's care. People, relatives and staff gave positive feedback when they were last consulted. One relative commented, "We have a good relationship with [registered manager]. We do give regular feedback directly to [registered manager]."
- Staff meetings took place regularly which enabled staff to share their views about the service.

Continuous learning and improving care; Working in partnership with others

- The provider had a structured approach to quality assurance. The registered manager regularly checked quality across a range of areas, including medicines administration and care planning.
- The provider worked with other health services to work towards promoting good outcomes for people.