

Kapital Care (UK) Limited

# Kapital Care (UK) Limited

## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Kapital Care (UK) Limited is a domiciliary care agency providing personal care to people living in their own homes. The services they provide include personal care, housework and medicines support. At the time of our inspection the service was providing personal care and support to a total of 30 people. The Care Quality Commission (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:

Effective medicines management systems were not in place.

There was not an effective quality assurance system in place to monitor various aspects of the care provided and identify deficiencies in relation to people's care and the running of the service.

Risk assessments were in place. However, we noted that in some instances the information recorded in these was limited and did not always include instructions for staff about how to mitigate associated risks. We have made a recommendation in relation to this.

Recruitment practices were not always robust enough to help ensure staff were suitable to support the people who used the service. We have made a recommendation in respect of this.

Feedback we obtained indicated that people and relatives felt safe in the presence of care staff.

Measures to prevent and control the spread of COVID-19 and other infections were in place.

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 we spoke with told us they enjoyed working at the service and were well supported by management and their colleagues.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for the service was good (3 October 2018).

### Why we inspected

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

The inspection was prompted due to the length of time that has passed since the last inspection.

#### Enforcement and recommendations

We have identified two breaches of regulation in relation to medicines management and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Kapital Care (UK) Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 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.

#### Service and service type

Kapital Care (UK) Limited is a domiciliary care agency that provides personal care to people living in their own houses.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

Inspection activity started on 2 August 2023 and ended on 15 August 2023. We visited the office location on 9 August 2023 to see the registered manager, office staff and review records related to the service.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We reviewed a range of records related to 8 people's care and support. This included people's care plans, risk assessments, medicines records and 6 staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included quality assurance records and policies and procedures. We also reviewed a sample of electronic call monitoring (ECM) data. An ECM system is where care staff log in and out of their calls, and the information is recorded.

We spoke with 7 staff members. This included the registered manager, operations manager and care workers.

We spoke with 3 people who used the service and 5 family members. We obtained feedback from 1 care professional.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. Medicines administration was not always recorded on Medicines Administration Records (MARs). We found that the provider assisted people with medicines support but did not always record this. Therefore, we could not be assured that people received their medicines as prescribed. Where MARs were completed for some people, we found that these were not always completed fully.
- The provider's medicines policy referred to procedures that were out of date and did not reflect current guidance.
- Staff were trained in the safe administration of medicines and we saw documented evidence of this. However, staffs' medicines competency was not checked to assess their ongoing level of skill.
- Management did not carry out medicines audits to check that discrepancies and/or gaps in recording on people's MARs were identified and followed up. The service failed to identify medicine management shortfalls we found at this inspection.
- We found no evidence that people had been harmed however, systems were not robust enough to demonstrate that medicines were always managed safely. We raised this with the registered manager who said that they would review their medicines processes and ensure MARs were in place where required.

Systems in place were not effective enough to ensure the safe management of medicines. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Risks to people were mostly identified and managed to help keep people safe. Risk assessments covered various areas such as the environment, transfers and medical conditions. These included details about the level of risk and some information about control measures in place. However, we found that the detail recorded in relation to control measures was limited in some instances.
- We found people's care records identified risks, however there were occasions where there was not a personalised risk assessment in place for specific health issues. For example, one person had epilepsy, but there was no personalised risk assessment detailing signs to look out for and what action to take in the event of a seizure. Instead, there was an epilepsy fact sheet which contained this information but it was not specific to the person. This meant staff had not been provided with guidance to ensure the person received care in a way that met their specific medical needs. Another person used a walking stick but there was not an appropriate personalised risk assessment to help manage the associated risk related to the use of this equipment.

We recommend the provider review their risk assessments to ensure all potential risks are identified and appropriate details of how to mitigate risks is documented.

- Staff received training in key areas of potential risk such as moving and handling, basic first aid and health and safety.

#### Staffing and recruitment

- Systems were in place for the recruitment of new staff. Checks were undertaken. This included Disclosure and Barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. Other employment checks, such as the right to work in the UK had been completed. We saw that references were obtained. However, there were some instances where only one reference was on file. In some instances, character references were obtained instead of employment references. The reason for not obtaining an employment reference was not documented. There was also a lack of evidence to confirm how references had been verified to check their authenticity.

We recommend the provider review their recruitment process specifically in relation to reference checks to ensure people are supported by suitable staff.

- There were sufficient staff numbers to safely and effectively meet people's needs and cover their agreed hours of support. The registered manager explained that they were currently recruiting care staff but at present had sufficient care staff to cover the hours of care they provided.
- The majority of feedback received regarding punctuality was positive. One family member told us, "Yes we don't have any issues with them being overly late and they are quite punctual." Another family member said, "Yes and no, it depends on who it is that comes, but they're not overly late."
- An electronic homecare monitoring system was in place. This monitored care worker's timekeeping and punctuality in real time. The system would flag up if care staff had not logged a call to indicate they had arrived at the person's home and were running late. If this was the case, staff in the office would receive an automatic notification and the office would call care staff to ascertain why a call had not been logged and take necessary action there and then if needed.

#### Systems and processes to safeguard people from the risk of abuse

- The majority of feedback indicated that people felt safe and comfortable in the presence of care staff. When asked about this, one family member told us, "The care aspect of things is very good and yes I feel that they understand how to look after [my family member] safely and do it well, so I have no concerns for [my family member's] safety." Another family member said, "Yes they look after [my family member] really well and safely." However, another family member told us, "It's not personable, very quick and do the basics but I think it's safe."
- Policies were in place to help keep people safe from abuse. These described what constituted safeguarding and what action should be taken should concerns be raised. Staff completed safeguarding training to help ensure they had the ability to recognise when people were at risk of abuse and how to respond.
- Staff said they felt comfortable to whistle blow should they witness poor or abusive practice. They were confident that management would take appropriate action when required.

#### Preventing and controlling infection

- There were systems in place to help keep people and staff safe and protected from the spread of infection. Policies on infection prevention and control and COVID-19 were in place.



- Staff received training in infection control practices.
- Personal protective equipment (PPE) such as gloves, masks, aprons and shoe covers were provided for them. Staff used PPE correctly and had access to an adequate supply.

Learning lessons when things go wrong.

- There was a policy in place for reporting, recording and monitoring incidents and accidents to help ensure people were supported safely.
- At the time of the inspection, the registered manager told us there had been no incidents or accidents in the last year. The registered manager assured us that incidents and accident would be investigated appropriately, and actions would be put in place to minimise future occurrences.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the appropriate skills and knowledge to effectively support people. They completed an induction which provided them with an overview of the service as well as information about their day-to-day role whilst outlining their responsibilities. Staff also completed online training to reinforce their knowledge and understanding.
- There was a system in place to monitor staff training. We looked at the training records and found that staff completed training in areas such as safeguarding, infection control and person-centred care. However, we found that some staff required refresher training and raised this with the registered manager who acknowledged this and said that staff were in the process of completing this.
- Documentation we viewed indicated supervisions took place quarterly and this was confirmed by care staff we spoke with. We looked at a sample of supervision notes and found these were generic and lacked detail about what was discussed during these sessions. It was also not evident that supervision sessions were tailored to individual staff. We discussed this with the registered manager who acknowledged this and said that they would address this.
- Staff told us that they felt well supported by the registered manager and that they were always able to contact the office when needed. When asked about management support, one care staff told us, "Very, very supportive, not just of me but all the staff. Good place to work. It is very nice." Another care staff said, "Management and staff are supportive. If I have any questions, I can speak to them."

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

People can only be deprived of their liberty 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

- A system was in place to help ensure compliance with the requirements of the MCA. Care plans we looked

at included some information about people's mental health needs and assessed their levels of mental capacity to make decisions and provide consent to their care.

- Staff we spoke with told us that they sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.

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

- Assessments were carried out before people started using the service to ensure their needs could be met. People and family members were involved in the assessments to enable them to make an informed choice about people's care. Details such as people's healthcare needs, social background, mobility, personal care and safety requirements were considered. Protected characteristics under the Equality Act 2010, such as a person's age, gender, religion, marital status and ethnicity were also considered as part of the assessment.
- A care plan was created following the assessment process. This included information about what care people needed and guidance for staff about how to provide it. Details of people's preferences were documented. People's cultural needs were documented in their care plan.

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

- The provider monitored people's health and nutrition. Whilst care staff did not prepare meals from scratch, they did heat meals for people and assisted with breakfast.
- Care support plans included information about people's dietary needs and requirements, likes and dislikes and allergies. This helped care staff ensure that people's needs and wishes were respected and met.

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

- The provider worked with other agencies including social care and healthcare professionals to help ensure people received a level of care that met their individual needs and preferences. Changes in people's needs were shared with commissioners [representatives of public bodies that purchase care packages for people].
- Staff, people and their relatives where appropriate worked together to ensure people received effective care and support.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received care and support from care staff who were kind and respectful. One person said, "They are so kind and caring, and I had care before, and they were terrible, and I stopped the care so now I can tell how good these are." One family member told us, "Yes very well cared for and they are kind and very good at communicating and the care aspect of things is very flexible - and they are very good and very helpful and approachable."
- People's preferences were included in their care plans. This information enabled care staff to know a bit more about the person and engage in conversations with people based on their interests.
- Wherever possible, people were provided with a consistent group of staff so that they were familiar with one another and could build a rapport.
- The registered manager explained that where possible people and care staff were matched together based on their interests and geographical location.

Supporting people to express their views and be involved in making decisions about their care.

- The majority of people felt listened to by staff and management. People had been consulted about their care and support needs. The service involved people and their support network where applicable, in making decisions to ensure their needs were met. One person said, "They (care staff) always ask but I tell them as well and we talk about the things I need doing and we have a laugh." Another person told us, "They listen to what I want and provide it." However, when asked whether they had confidence in management, one person said, "Not at all as they don't listen." We discussed the feedback with the registered manager who advised that they would conduct further reviews with people to ensure their individual concerns were addressed.
- People and those acting on their behalf were encouraged to express their views about the care and support from the initial assessment through to care reviews and telephone monitoring calls.

Respecting and promoting people's privacy, dignity and independence

- Care plans detailed what tasks people could do on their own and the areas they required support. The provider supported people in a way that enabled them to help maintain their existing skills to keep their independence as far as practicable.
- Care staff we spoke with were aware of the importance of dignity and privacy and knew ways to support people with dignity and respect. Feedback from people and family members indicated that care staff were respectful of people's privacy and dignity.
- Care records and files containing information about staff were held securely in the office. Computers were

password protected to ensure only those authorised to do so could access them.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints. Complaints and concerns had been investigated and responded to in line with this policy. However, we noted that there was no centralised system for recording complaints and their outcomes. We also noted that there was no record of lessons learnt following a complaint to help the service learn from these. We raised this with the registered manager who acknowledged this and said that they would ensure that the detail was consistently documented.
- People and family members we spoke with told us they were aware how to make a complaint and would not hesitate to do so. When asked about raising concerns, one family member told us, "I've always been able to speak with them and have contact via email and they're normally quite good and deal with it straight away." Another family member said, "Yes I would if I felt I needed to but in the past not a lot changes when you do mention things."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Care plans we looked at included details about people's medical background, details of medical diagnoses and social history. There was also information about what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life. This included information about people's personal care, what tasks needed to be done each day, times of visits, people's needs and how these needs were to be met in line with people's preferences and wishes. Care support plans we looked at were specific to each person and provided staff with guidance to help meet people's needs in a personalised way.
- Care staff told us management communicated with them about people's changing needs and support regularly. One care staff said, "Very good communication here. They are very good at that. I get the information I need." Another care staff told us, "Communication. This is good here. I can speak to the management at any time."

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 care plans included information about how people communicated and how they wished care staff to communicate with them.

- The service was able to tailor information in accordance with people's individual needs and in different formats if needed. The registered manager confirmed that documents could be offered in bigger print or braille and could be translated.

#### End of life care and support

- At the time of the inspection no one was receiving end of life care from the service.

# 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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- Effective audits and checks were not in place. The service failed to consistently maintain accurate and complete records for people and staff.
- Management did not complete checks and audits in relation to the completion of MARs. The operations manager confirmed the last time a MAR audit was completed was 5 January 2023. The service therefore did not have an effective system in place to check whether people had received their medicines as prescribed.
- Effective checks were not carried out in other areas such as staff recruitment and risk assessments for people. The service had failed to identify and address issues we found in respect of this. This meant that people may not always receive care and support that was specific to their individual needs.
- Feedback from people and family members indicated that they had not been asked to complete a formal satisfaction survey. We asked the registered manager about this and they advised that a formal survey was sent at the end of every year but the response rate was low. They said that they would review this with the aim of sending out a formal survey and making it easier for people and family members to return these.
- There were occasions where the service had failed to consistently maintain records. For example, they failed to record all complaints, outcomes and lessons learnt on a centralised system.
- Systems and processes were not consistently in place or effective in maintaining oversight of the safety and quality of the service. The current auditing systems was not robust enough to show that the quality of the service had been assessed and improvements to the safety and quality of the services being provided to people had been made.
- We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate service improvement was effectively managed.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had policies in place to help guide staff and ensure that they were clear about their responsibilities. However, some of these policies needed to be updated so that they reflected current guidelines.
- Staff we spoke with were clear about their own specific roles and responsibilities and how they contributed to the overall running of the service. They told us that staff morale was positive. They told us



they felt supported and valued working at the agency. One care staff told us, "This is a fantastic place to work. They listen to us and are quick to answer our questions. They are very supportive and also keep in contact and ask us for our feedback to help make things better." Another member of staff told us, " They listen to staff. I feel valued working here."

- During this inspection, the registered manager was open and receptive to our feedback and indicated a willingness to make improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people

- The provider was aware of their responsibility to notify CQC of all significant events and were aware of their responsibilities in line with the requirements of the provider's registration.
- The service had appropriately displayed their previous inspection rating in the office.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The feedback we obtained from people and family members was mixed in relation to their confidence in management. One family member said, "Yes I do have confidence, I've not had a reason to speak with them and nothing bad or concerning has happened." However, one family member told us, "No I don't mention things to be honest as you've always got that concern they may stop the care but I don't think they're great and I can't say I'd feel confident. I'm not sure about them." We raised the feedback with the registered manager who confirmed that they would respond to individual concerns appropriately.
- Spot checks on staff were carried out to monitor how they were providing care, their timeliness and professionalism.
- Where required, the service communicated and worked in partnership with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always ensure the proper and safe management of medicines. Regulation 12(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The current systems in place were not effective enough to assess, monitor and improve the quality and safety of the services being provided to people.</p> <p>Regulation 17(1)</p>