

Kris Carers Limited

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Inspection report

Peepul Centre
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Tel: 01162436483

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10 July 2019

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30 July 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kris Carers Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 42 people using the service received personal care.

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

The provider had made some improvements in how it monitors the quality of service. Further action was still needed to fully embed the quality monitoring systems, ensure the training for staff and the registered manager was kept up to date and the requirements of duty of candour were fully understood.

Commissioners continue to work with the office staff to develop person centred care plans and to improve the systems used to monitor the people's care.

People and relatives told us they were happy with the care provided. Staff were mostly reliable and on time. Staff told us they felt supported by the office staff. The views of people who used the service and staff were sought.

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

Rating at last inspection

The last rating for this service was requires improvement (published 31 May 2019).

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook a focused inspection to review the Key Questions of Well-led only.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kris Carers Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kris Carers Ltd

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 Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 10 July 2019 and ended on 15 July 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan

our inspection

During the inspection

We visited the office to see the registered manager, two office staff reviewed a range of records. This included three people's care records and three staff files in relation to recruitment, support and training. A variety of records relating to the management of the service, including audits complaints and policies and procedures were reviewed. We made calls to a person who used the service and two relatives and one care staff on 12 July 2019.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider did not operate effective systems to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made. Although the provider was no longer in breach of regulation 17 further action was needed to fully embed the quality assurance systems and processes.

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 registered manager did not fully understand their duty of candour responsibility. Incidents had been reported to the local authority and notifications were sent to Care Quality Commission (CQC), but clear and accurate records relating to investigations of incidents and complaints were not always kept. There was no robust oversight of complaints because informal concerns were not recorded or used to identify any patterns and take action.
- Quality assurance systems and processes were not fully implemented. Audits on people's care files and staff files had started and issues were being addressed by the office staff. The first full audit was expected to be completed within a month. There was no oversight to monitoring punctuality and to identify any late calls, so action could be taken. Relatives told us staff were mostly reliable and on time. The office staff were reliant on staff or people who used the service to contact them when care staff were late to arrive.
- The training information for staff and the registered manager was updated since our last inspection. Some staff were booked to complete e-learning on dementia care, safeguarding adults and the deprivation of liberty safeguards. However, the registered manager had not identified training to help them make improvements to the management and delivery of care.
- People's care was planned and monitored. People's care plans were reviewed with the person and their relative within two weeks of starting. Six monthly reviews were planned unless the person's needs changed. A relative said, "Reviews [care plan] is done in person every six months. Staff call to check if everything with [person] care is ok." A staff member said, "If [person] takes longer to be supported then you have to stay with them; you can't leave them. If it happens more times then I must tell the office, who will check and increase the (call) times."
- The previous inspection report and rating was displayed within the service and on the provider's website.

Continuous learning and improving care; Working in partnership with others

- Commissioners were supporting the office staff to develop person centred care plans. They said further action was needed in how the provider monitored care call times and audited the daily care logs returned to the office because discrepancies were not always identified.
- The registered manager and office staff welcomed feedback from this inspection process and agreed to make sure the quality audits systems and processes were fully implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received care based on their individual assessed needs and their care plans included individual preferences or cultural needs. One person told us, "I'm happy with the care given and the carers are lovely too."
- Most people and relatives knew who the registered manager was. People's views about their care and the service was gained through review meetings and telephone feedback. Satisfaction surveys had been sent out and the responses were being collated.
- Staff understood their responsibilities towards providing quality care to people. Staff were encouraged to raise queries and make suggestions at the staff meetings. Regular spot checks were used to monitor staff practices. A staff member said, "[Office staff] came yesterday to check I was on time, wearing my uniform and ID and [they] checked I did all the tasks from the care plan. [They] checked I used the hoist and rotunda correctly and completed records."