

## Kcare Nursing Agency Limited

# Kcare

### 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

This inspection took place on 11 and 13 January 2019.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults.

At the time of inspection, there were 20 people receiving personal care services from the provider.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were happy with the care they received from the provider and that staff were friendly and caring. They said the service was reliable and they received their care calls as planned.

There were enough suitable staff in place to meet people's needs. The provider had systems in place when recruiting new staff to assesses that their experience and character was appropriate to the role. Senior staff were available to cover care calls when required and the provider had systems in place to minimise disruption to the service during emergency situations such as severe weather.

Staff had access to training which was appropriate to their role. The registered manager monitored staff's ongoing working practice and training needs to help ensure staff were competent and confident in their role.

The registered manager had a good insight into the day to day running of the service. There was an organised structure within the provider's senior team, where senior staff were confident and focussed in their role.

The registered manager had implemented a series of audits and checks of the quality and safety of the service. They had also commissioned an external care consultant to assist them with audits and action plans which encouraged improvements.

The service had implemented an electronic care planning and monitoring system which enabled senior staff to monitor the care being deliver in real time. People's care plans and staff rotas were updated through this system, which meant that staff had access to the most up to date information.

The provider assessed people's needs to help ensure they received appropriate care. Care plans were developed and reviewed in partnership with people. They were based on delivering positive outcomes for

people and incorporated information about people's needs and preferences. Care plans covered a range of areas including the support people needed with their medicines, nutrition and healthcare.

When people's needs changed, their care plans were reviewed and the provider sought appropriate input from external health and social care professionals to help ensure people's needs were met.

Risks to people were assessed and mitigated. When incidents took place, the provider reflected on events to help reduce the risk of reoccurrence. There were systems in place to help prevent the risk of infections spreading.

People were safeguarded against the risks of abuse and harm. The provider had worked with the local safeguarding teams to investigate individual concerns when they arose and put plans in place collaboratively to keep people safe.

People received personalised care which reflected their equality, diversity and human rights. Staff understood the need to gain appropriate consent to care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's communication needs were considered in the planning and delivery of care.

The registered manager sought feedback about the service from people to help make improvements to the service.

There were appropriate systems in place to handle complaints and concerns.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Kcare

## 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.

The inspection activity started on 11 and ended on 13 January 2019. It included visiting the office location on 11 January to see the registered manager; and to review care records, policies, and systems related to the running of the service. On 13 January 2019, we spoke to seven people or relatives who used the service via telephone. One inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection, we received feedback from one social worker and one healthcare professional, who had recent experience working with the provider.

During the inspection, we also spoke with the registered manager, three office staff, three care staff and one external care consultant.

We looked at care plans and associated records for four people and records relating to the management of the service. These included four staff recruitment files, accidents and incidents, quality assurance records and records of complaints. We looked at key policies developed by the provider. We reviewed quality monitoring visits by an external care consultant and action plans developed by the provider in response to their feedback.

The service was last inspected in February 2016 where the service was rated good.

# Is the service safe?

## Our findings

People told us they received safe care from KCare. People's comments included, "The staff come when they are meant to. I feel like they are a reliable company.", "No issues here, I am happy with the care.", and, "I'm in safe hands (with KCare)."

There were sufficient numbers of staff in place to meet people's needs. People told us they had consistent staff who generally kept to agreed times. One person said, "I have a little team of staff, the same ones that come to see me." Office based staff were also trained to deliver care and were available to cover visits in times of sickness or absence of regular staff. This helped to ensure that there were robust staffing arrangements in place.

The provider had recruitment processes in place to help identify candidate's suitability to work with people. They carried out interviews and a series of pre-employment checks to help assess their experience, knowledge and character. This helped to ensure suitable staff were employed.

Risks associated with emergencies were assessed and mitigated. The provider had contingency plans in place to help ensure the service ran safely in the event of extreme circumstances, such as severe weather. People's care needs had been assessed to identify those most vulnerable, to ensure their care calls were prioritised. The registered manager arranged for all weather vehicles to transport staff to care visits if roads were difficult to access. This helped ensure there was a contingency plan in place in extreme weather circumstances.

Risks associated with people's health and wellbeing were assessed and mitigated. Where risks were identified for areas such as, falls or skin breakdown, there were plans in place for the use of equipment or staff monitoring to reduce the impact of these risks on people.

There were safe systems in place to help ensure people received their medicines as prescribed. People had a 'medication profile' in place. This documented the medicines people were prescribed, why they were taking them, any known side effects and any special instructions in relation to safe administration. Staff recorded medicines administration electronically using the provider's electronic care planning and monitoring system. The system gave prompts to staff for administration and alerted the office if staff had not recorded that they had administered medicines. This helped to ensure there were safe systems in place to manage people's medicines.

There were systems in place to protect people from the spread of infections. Staff had received training in infection control were aware of good infection control practice when supporting people with their personal care. This helped to minimise the risk of infections spreading.

There were systems in place to help protect people from the risk of abuse and harm. The provider had a safeguarding policy in place which was developed in line with local authority safeguarding guidance. Staff received training in safeguarding vulnerable adults, this helped them recognise if people were at risk of

harm and the action needed to keep them safe.

There were systems in place to investigate incidents and errors. The registered manager investigated all incidents to look for causes, trends and actions that could prevent repeat occurrences. There had only been very few minor incidents since the last inspection and they had been investigated appropriately to reduce the risk of future harm.

## Is the service effective?

### Our findings

The provider used technology to promote the effective delivery of care. They had implemented the use of an electronic care planning and monitoring system. Staff accessed this system using an application on their mobile phone. The system had details of staff rotas and people's care plans which were accessible to staff. Staff used the system to log when they started and ended care calls. This system was monitored by office staff, who could identify when staff visited people. This reduced the risk of there being any missed calls. Office staff updated care plans and staff rotas using the system which helped to ensure staff had the most current information available to them. Records of care visits included medicines administration which were recorded on the electronic system. This enabled office staff to monitor care in 'real time' and respond if care tasks were not delivered as planned.

The provider assessed people's needs prior to care commencing. They used a range of assessment tools to determine people's needs. Senior staff met with people to help identify their preferences around their personal care routines. They also reviewed assessments from social workers and health professionals to help formulate appropriate care plans.

Staff received training, support and supervision relevant to their role. Staff received a range of online and classroom based training covering key areas of their role. The training was regularly updated to help ensure staff were following current best practice. The registered manager and senior staff regularly supervised staff by observation of working practice and individual supervision meetings. This helped to monitor staff's working performance and training needs.

The provider sought appropriate consent to care. Senior staff visited people to go through their care plans to ensure they understood and consented to care. If people were not able to give their consent, this would be sought from a person who had legal authority to consent on their behalf such as the person's representative, who had power of attorney for their health to make decisions in the person's best interests. An appointed power of attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves. These actions were in line with the requirements of the Mental Capacity Act (MCA) 2005.

People's nutritional needs and preferences were identified in their care plans. This included any risks associated with eating and drinking such as food allergies. People had varying degrees of independence in this area with some people requiring minimal support whilst others needing assistance to prepare meals. One person said, "Staff respect my choices around eating and drinking. I told the staff I didn't want tea anymore and now they get juice for me instead."

People had access to healthcare services as required. People had information about their healthcare needs in their care plans. People were predominately responsible for accessing healthcare services independently. However, the provider made arrangements to schedule care visits around health appointments to help enable people to access these services if required.



The provider made appropriate referrals to social workers and healthcare professionals to ensure people had the right levels of support. The registered manger contacted relevant professionals when people's needs changed and they required increases or decreases in their care. This helped to ensure appropriate levels of support were in place.

## Is the service caring?

### Our findings

People told us that staff were caring and kind. Comments included, "Staff are good at what they do and are very nice to me.", and, "The staff are all caring and kind."

People told us they were involved in making choices about their care. One person said, "They [the provider] listen to what I have to say and always ask what I want." People told us they were consulted about their staffing preferences and that the provider adjusted help to ensure they were supported by the staff they liked. One person said, "If I don't like somebody. I can phone up and they won't come again."

The provider held regular reviews with people to help ensure care met their preferences and expectations. The registered manager also made phone calls to people to check they were happy with the service provided. This helped to ensure people were involved in and happy with their care.

Staff were knowledgeable about people's needs, they could describe people's preferences and how to best meet their needs. Staff told us how they cared about people's wellbeing and would stay longer than planned on their care visits if people were unwell or distressed.

People told us they were treated with dignity and respect. They told us that the service provided was consistent and they received a schedule of their upcoming care visits. People said the office staff informed them when there were any changes, but these were kept to a minimum. One person said, "If my [staff] is away, they [member of office staff] phone me up and ask if they can come and do the care themselves. I tell them I am delighted to see them." The provider had also recently signed up to a 'Dignity Charter'. This was facilitated by the council and involved upcoming external audits assessing the providers approach to dignity, respect and equality and diversity.

People were encouraged to be as independent as possible. Care plans identified areas where people needed support and where they wished to do things for themselves. One person said, "They [staff] help me when I need them to, but I still do plenty for myself."

There were systems in place to ensure people's confidentiality was protected. The registered manager ensured that all care documentation was stored in locked cabinets in the providers office. They ensured that there was no identifiable information on display in the office that contained people's personal details. This helped to ensure that people's personal data was stored securely

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics, such as, age or disability. The provider used an 'equality impact assessment tool' to assess whether their policies and procedures had an impact in relation to people's protected characteristics. They had adjusted the uniform policy in relation to staff's religious beliefs. This demonstrated the provider was committed to promoting equality and diversity within the

service.

## Is the service responsive?

### Our findings

People, relatives and professionals told us the provider was responsive to their needs. One person said, "If I want something changed, they [the provider] seem perfectly happy to do this." A social worker told us, "They [the provider] resolve issues when informed and change carers if required when requested."

People received personalised care from the provider that focussed on their preferred outcomes from receiving care. Senior staff met with people to identify what they would like to achieve from receiving care services. This information was then documented in people's care plans along with tasks for staff to help people meet these goals. In some cases, people wished to remain in their own homes and identified areas where they needed support from staff to remain so. People's preferences around personal care routines were identified in their care plans and included areas which they wished to remain independent in.

The service ensured that people had access to the information they needed in a way they could understand it and comply with the Accessible Information Standard. The Accessible Information Standard is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. As part of the provider's assessment process, people's sensory needs were considered including, how people could contact the service and the format information was sent to people in. The provider made adjustments such as providing documentation in easy read format to meet people's communication needs.

The provider had systems in place to help ensure they could respond to emergencies. The provider's office was open seven days per week and there was a senior member of staff always on duty. The senior staff operated an 'on call' service outside of office hours. This telephone service was open to people and staff, who could report emergencies or seek advice when required. This helped to ensure that the provider always had a management presence available.

The provider regularly reviewed people's needs to help ensure appropriate care was in place. Senior staff visited people at regular intervals to help ensure they were satisfied with the care provided and it still met their needs. The registered manager also made phone calls to people to check their satisfaction with the service. When people's needs changed, the registered manager acted responsively to people's changing needs by rearranging care visits, scheduling additional care and contacting professionals to help ensure people had the support they required.

The provider had a complaints policy in place. This detailed how people could make a complaint and how these concerns would be investigated. The policy also detailed external agencies that concerns could be referred to such as the local authority. Records of complaints demonstrated that the provider investigated concerns thoroughly and wrote back to people to relay the outcome of investigations. Where complaints were upheld, the registered manager wrote to complainants to apologise, outlining actions taken to avoid future reoccurrence. This demonstrated that they had an open approach to working with people when they had complaints or concerns.

The service provided compassionate care at the end of people's lives. The provider had worked in partnership with other health professionals such as doctors and district nurses to provide care for people which helped enabled them to remain in their own homes if they wished. The registered manager demonstrated how the provider had worked flexibly to meet people's changing needs in these circumstances.

## Is the service well-led?

### Our findings

There was 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 2008 and associated Regulations about how the service is run.

People and their relatives told us the service was organised and managed effectively. One person said, "I cannot criticise the service at all. They are very professional." Another person said, "The manager and the office staff are all very helpful and are well organised."

The registered manager was involved with the day to day running of the service. They regularly met with office staff to review key information about how the service was running. This included daily meetings about handover from On Call service, rota cover, complaints, staffing issues and plans for the day. This helped to ensure that the office team had a clear plan about the key daily priorities and their responsibilities in their role.

There was a clear management structure and team of senior staff in place. The registered manager was supported in their role by an office manager, whose role it was to oversee the daily running of the service. There were co-ordinators and supervisors in place, whose role was to organise staffing rotas, supervise care staff and ensure people's care plans were up to date. Each member of the provider's senior staff was knowledgeable in their role and clear about their duties. The registered manager reviewed each senior staff working performance using a set of key performance indicators, which were specifically related to their role. This enabled them to identify strengths and training needs.

The registered manager was focussed on making improvements to the service. They had commissioned an external care consultancy company to carry out regular quality audits of the service. The audits focussed on how, safe, effective, caring, responsive and well led the service was. The external company produced reports with recommendations from their audits. The registered manager used this feedback to formulate an ongoing improvement plan, which was reviewed and updated. This process had been effective in implementing improvements in the provider's On Call service and staff's knowledge of the MCA.

The registered manager was committed to their role and kept themselves updated with latest guidance and legislation through a combination of local providers groups and updates from professional bodies such as the CCG and CQC.

Providers are required by law to submit notifications to CQC to inform us when important events or serious incidents took place at the service. The registered manager fully understood their responsibilities in this area and had submitted notifications appropriately.

The provider's senior staff carried out audits to check the quality and safety of the service. These audits included, Medicines Administration Records (MAR), records of care visits and care plans. They used these

checks to help ensure staff were providing care as planned and to pick up on any errors or trends which needed addressing. Senior staff audited records for each person monthly. These audits were effective in identifying when staff had made errors and needed additional training or support.

The provider worked in partnership with other stakeholders to promote good outcomes for people. For example, the provider worked with the local authority in a 'winter pressures initiative'. A social worker told us, "Recently they [the provider] assisted with winter pressures by assisting in taking on care packages that minimised a delayed transfer of care." This demonstrated the provider worked in partnership with other stakeholders.

People were involved in contributing and feeding back about the service. The registered manager had invited people who use the service to participate in staff training. The aim of this was to help give staff an insight into receiving care services to help them reflect on their own working practice. The registered manager also sent out surveys and questionnaires to people, staff and professionals. The last questionnaires were sent in June 2018 and responses included positive feedback about the overall service and staff.