

Karis Care Sevices Ltd

Liss Business Centre

Inspection report

Unit 13
Liss Business Centre, Station Road
Liss
Hampshire
GU33 7AW

Date of inspection visit:
16 October 2018

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13 November 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

What life is like for people using this service:

- We found some records needed to be improved and the provider's quality assurance system needed further improvement as they did not identify issues around the records we found. When we discussed this with the registered manager they assured us they would make these changes.
- People were supported by staff who understood the need to ensure person centred care and to respect and listen to people. The provider ensured consistency in staff support meaning people and staff were able to build positive relationships. People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible. People received care and support based on their individual assessment, needs and preferences. Staff liaised with other health care professionals to ensure people's safety and meet their health needs. Where staff noted a concern they quickly involved healthcare professionals, to achieve positive outcomes for people and reduce any risks..
- The provider ensured that where needed staff received specialist training based on individual needs. Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their work.

Rating at last inspection: This was the service's first inspection since it became registered.

About the service: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults. At the time of the inspection they were providing live in care to three people and two visits a day to one person.

Why we inspected: This was a planned inspection based on the time since this service had been registered and started operating.

Follow up:

We will monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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 findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our findings below.

Liss Business Centre

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

One inspector and an Expert by Experience conducted the inspection. 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 in the community. It provides a service to younger and older adults.

The service had a registered manager who registered with the Care Quality Commission. This means 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:

This inspection was announced. We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback. We visited the office location on 16 October 2018 to see the registered manager and to review care records, policies and procedures.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. We did not ask the registered provider to complete a Provider Information Return (PIR). We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection, we spoke with one person using the service and three relatives to ask about their experience of care. We spoke with two members of staff, the registered manager and the director. We also spoke with an external health care professional. Everyone we spoke to described the service positively and had no concerns.

We looked at the care and medicines records for two people, staff employment related records and records relating to the quality and management of the service. Details are in the Key Questions below.

The report includes evidence and information gathered by the Expert by Experience and from one external health care professional.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. No one we spoke with raised any concerns around any aspect of safety.

Staffing levels:

- There were sufficient numbers of staff to meet people's needs. The provider ensured consistency in staff for people.
- The recruitment process was safe but the provider had not consistently completed required checks to ensure staff were fit to carry out their role.
- Some staff had criminal record checks through an online system, meaning the provider could access this information at any time. Although they told us they checked this before staff were able to start work, they hadn't recorded the dates they had checked these. This meant the records could not always demonstrate the check was done before the staff member commenced work. The registered manager told us they would ensure the dates the DBS on line was checked would be recorded on the providers employment checklist.

Supporting people to stay safe from harm and abuse:

- The service had effective safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies although they had not had any need to.
- The registered manager supported people and their relatives to understand safeguarding and provided contact details for them to use if they felt this was needed.

Assessing risk, safety monitoring and management:

- Risks to people's safety and well-being were assessed and plans implemented to manage the likelihood of injury as a result of the risk. This included for example, risk associated with specific health conditions; mobility and skin integrity.
- Staff worked with the same people and were familiar with their needs and support.
- The provider had a system to record accidents and incidents. However there had been no accident or incidents since the service started operating.

Using medicines safely:

- People and their relatives told us people received their medicines on time and as prescribed.
- Staff were trained and administered medicines safely and the registered manager told us they observed staff practice to ensure they were competent.
- Medicines records were accurately maintained and no errors had been made.

Preventing and controlling infection:

- Staff had received training in infection control and had access to protective personal equipment such as gloves and aprons.

- Everyone told us staff practiced good infection control measures.

Learning lessons when things go wrong:

- Since the service started there had been no incidents where something had gone wrong. However, the registered manager was able to describe an incident they were working with others to prevent and reduce risks. They and staff told us about how discussions would take place to make improvements and ensure the service learnt from any incidents that occurred.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence.

Staff skills, knowledge and experience:

- Staff said they were well supported in their roles. They said they were able to discuss any concerns, progress or changing needs with the registered manager regularly. The registered manager also observed staff practice.
- People were supported by staff that had received training relevant to their roles. The provider was exploring systems to ensure that as the service grew the skills, training and competence could be monitored effectively to ensure this remained up to date.

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 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 were supported by staff that knew the principles of The Mental Capacity Act 2005. They knew what they needed to do to make sure decisions were made in people's best interests. Staff told us how people's relevant family members were involved and the registered manager provided examples of discussion held with other professionals where people did not have capacity to make complex decisions.
- People told us they were in control of their support. One person, when asked if staff sought their permission before providing care said, "Yes. They tell me what's going to happen rather than let me be surprised by it. They are excellent". A relative told us, "Absolutely. If [person] needs assistance, they ask it it's OK before helping".
- Staff described to us the approaches they took when supporting people. These discussions demonstrated that people were involved and encouraged to make their own decisions and that staff respected these.

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

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this. The assessment process did not always ensure people's protected equality characteristics were identified. The registered manager told us they would amend the document used to ensure this was covered. Despite this the registered manager and staff were confident any needs associated with people's protected characteristics would be met. An external professional told us staff spent time, where needed, shadowing experienced colleagues to fully understand people's needs and support before agreeing to commence care packages.
- Where needed and identified at assessment the provider sourced specialist training to ensure staff could meet a person's needs.
- Care was planned and delivered in line with people's individual assessments, which were reviewed

regularly or when needs changed.

Eating and drinking:

- People's dietary needs and preferences were included in their care plans.
- People were supported by staff to maintain good nutrition and hydration.
- One person told us, "They're very good cooks. They make sure I drink lots, they always remind me."

Staff providing consistent, effective, timely care:

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. The registered manager had recently requested the input of a specialist health care professional as they had identified a potential risk for one person and wanted to ensure all appropriate measures were implemented to reduce this.

Is the service caring?

Our findings

The service involved and treated people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported with kindness and compassion:

- People were always treated with kindness and were positive about the staff's caring attitude. We saw feedback from people and relatives which supported this.
- A relative told us, "They are very caring. They sit with [person] and they're all howling with laughter, they get on very well with [person]".

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

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. For example, one person's mobility was severely restricted, they enjoyed going out and it was important for them. Records reflected staff supported their choices and the person told us "I've got an allotment and they encourage me to go there. They make sure I do the exercises I'm supposed to do".
- A relative described how staff supported their family member to maintain relationships. They told us "They do encourage family members to come round. They take [person] out and encourage them to see people. At first they went through me, but now they've met family members and got to know them, they contact them directly and encourage them to come round and they advise when the best times are to visit".

Respecting and promoting people's privacy and dignity:

- Staff and the registered manager were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space.
- The provider recognised people's diversity, they had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning. The registered manager told us how they had work with a church network to support a person to have a live link to a service so they could participate in this from their home. The registered manager said the support staff either sat with the person throughout this or if the person requested, gave them space to participate in the service.
- Staff supported people to make decisions about their care. They understood people's communication needs, for example one staff member told us how they ensured good communication with the person that had limited verbal communication? Staff told us they showed a person items to help them make a decision.
- Staff and the registered manager felt confident no one would be discriminated against and encouraged people and their relatives to speak up if they were concerned.
- People's confidentiality was respected and people's care records were kept securely.

Is the service responsive?

Our findings

People received personalised care and support according to their needs.

Personalised care:

- People were empowered to have as much control and independence as possible, including in developing care, support and treatment plans. One person told us how they had been involved in developing a "Step by step plan of what I like them (staff) to do".
- Care plans were personalised however some lacked detailed information about people's preferences. For example, where people were supported with their medicines this was not always reflected. However, as staff had built good relationships and knew people's likes, dislikes and preferences this did not impact people's care.

Improving care quality in response to complaints or concerns:

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this.
- People and their families knew how to make complaints; and felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. No one had needed to raise a complaint since the service started.

End of life care and support:

- The registered manager informed us no one was receiving end of life care at the time of our inspection. The team would at times support people with end of life care and the service would work closely with other professionals to ensure people had dignified and pain free death.

Is the service well-led?

Our findings

Leadership and management assured person-centred, quality care and a fair and open culture however the relevant records were not always kept.

Continuous learning and improving care:

- The provider did not always keep the relevant records in place. Records to reflect that all appropriate recruitment checks were undertaken before staff started work were not in place and although staff said they felt supported and received supervisions, no records of these were kept. Observations to ensure staff competency in administration of medicines were not recorded; records regarding people's ability to consent needed to be clearer and some care plans required more detail.
- The provider had quality assurance systems in place, however they were not fully effective as they had failed to identify the need for maintaining relevant records, as identified by us during the inspection.
- The director and registered manager were keen to ensure a culture of continuous learning and improvement. They had started to explore other systems to help them in the overall monitoring of their service quality and safety as they recognised this may be needed as the service beings to grow.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The service was well-run and there was a clear staffing structure.
- The registered manager and the director were both very much involved in the day to day running of the service including working hands on, alongside staff where required. They positively encouraged feedback and were keen to grow their service whilst ensuring people received "personalised care and nothing below". People spoke highly of the service. One person said "It's very good. They communicate well with you" and a relative told us, "It's good. There's not been a single issue. They listen to you and they change things if you suggest anything. It's all very open. The communication is good, absolutely".
- Staff also strived to ensure care was delivered in the way people needed and wanted it.
- Staff understood their roles and responsibilities and were confident in the registered manager.
- There was a good communication maintained between the registered manager, director and staff.
- Staff felt respected, valued and supported and that they were fairly treated

Engaging and involving people using the service, the public and staff:

- The service involved people and their families in a meaningful way. People and staff were encouraged to air their views and concerns. The registered manager told us although they had not had any concerns they would ensure if they did these would be listened to and acted on to help improve and shape the service and culture. The registered manager visited people regular to seek their feedback. One relative said they saw the registered manager a lot and one person told us, "She was here last week. She asked if I was happy and was there was anything I'd like changed. I didn't want anything changed".
- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development. An external health professional told us, "They are proactive, reliable and professional".