Karrek Community CIC

Karrek Community

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

Karrek Community Care is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to vulnerable adults. The packages of care that Karrek Community Care provides range from 30 minutes a day to 24 hour care dependant on the person's care needs. The care provided covers the area of Cornwall.

Not everyone using Karrek Community Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of the inspection Karrek was providing personal care to eight people.

This service provides care and support to one person living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

We carried out this announced inspection on 12 and 15 March 2018. At the last inspection, in November 2016, the service was rated Good. At this inspection we found the service remained Good.

People were extremely satisfied with the quality of the service they received and the caring approach from staff. People told us; "They (care staff) look after me very well. They are my lifeline," and "I can't fault them (staff) they are at the top of their scale." Relatives echoed people's views on the care that their family members received. Comments included: "They [staff] have been so good, they know [person's name] so well" and "[Person's name] is being cared for by staff that really care and are so supportive."

The registered provider and team leaders were confident about the action to take if they had any safeguarding concerns and had liaised with the safeguarding teams as appropriate. Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Where accidents, incidents or near misses had occurred these had been

reported to the service's managers and documented in the service's accident book.

One person had experienced a missed call. However as soon as this was identified an investigation into why it was missed and what action was needed to ensure future visits were not missed were put in place. The management team told us missed visits were, "not an option." The service had robust and effective procedures in place to ensure that all planned care visits were provided.

The service's visit schedules were well organised and there were a sufficient number of staff available to provide people's care visits in accordance with their preferences.

People and relatives told us their staff never rushed their visits and stayed for the correct duration. Karrek operated an on call system outside of office hours. Care staff told us managers would respond promptly to any queries they might have.

There were processes in place to protect people and the security of their home when they received personal care, for example, all staff carried identification. People received information about who they should expect to be delivering their care so they were aware of who was due to call upon them.

People told us staff had sought their consent for their care. 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. Staff had received relevant training and understood the principles of the Act.

People were supported by stable and consistent staff teams who knew people well and had received training specific to their needs. Training records showed staff had been provided with all the necessary training which had been refreshed regularly.

Staffs were recruited in a safe way and available in sufficient numbers to meet people's needs. Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them in any way. People's legal rights were understood and upheld.
Everyone told us staff ensured their dignity and privacy was promoted.

Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

People's care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people's care needs. The care plans included objectives for the planned care that had been agreed between the service and the individual. All of the care plans we reviewed were up to date and accurately reflected each person's individual needs and wishes. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

The registered provider and management team provided clear leadership to the staff team and were valued by people, staff and relatives. There was a whole team culture, the focus of which was how they could do things better for people.

Karrek Community Care values were based on Christian principles. A staff member said "I love the work, I love it that I work for a Christian organisation and can connect with people on that level. But we also

support people who are non-Christian and that's fine. We don't talk about it unless they want us to." Staff told us they only shared their beliefs with people who wanted this.

People and relatives all described the management of the service as open and approachable. People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Karrek Community

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.

This was a comprehensive inspection. It took place on 12 and 15 March 2018 and was announced. The reason it was announced was so people who would find our visit a challenge, could be informed that we would be visiting or contacting them. This was to help them prepare for our contact. The inspection was carried out by one adult social care inspector.

Inspection site visit activity started on 12 March 2018 and ended on 20 March 2018. We visited the office location on 12 March 2018 and 15 March 2018 to see the management team and office staff; and to review care records and policies and procedures. We also met with two people who used the service, one in their own home. We also spoke with one person who was using the service on the telephone?.

We used a range of methods to help us make our judgements. This included talking to three people using the service, two relatives, interviewing staff, pathway tracking (reading people's care plans, and other records kept about them), and reviewing other records about how the service was managed.

Before the inspection we reviewed information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make. We also spoke with professionals and relatives of people who used the service to find out what they thought about the service.

Good

Our findings

Everyone told us they felt safe receiving care and support from Karrek care staff. People's comments included; "They (care staff) look after me very well. They are my lifeline." People's relatives echoed this and said, "Staff have worked with [person's name] to lessen his anxiety. They know him so well."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of their initial induction and this was regularly updated. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

The service had a whistle-blowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or there had been safeguarding concerns, the registered manager had investigated fully to try to resolve the issue.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Where accidents, incidents or near misses had occurred these had been reported to the service's managers and documented in the service's accident book.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, such as use of equipment.

Care files contained individual risk assessments which identified any risks to the person and gave instructions for staff to help manage the risks. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, it was specified how many staff needed to support people in their home and when going out to participate in the local community. This was in line with their assessed needs.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to others in their presence. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, providing staff with information on what effectively distracted the person and what calmed them if anxious. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

There were systems in place to enable staff to collect items of shopping for the people they supported. Staff, people and their relatives felt the systems were robust The person, along with staff, developed a care plan that specified how they wished to be supported in managing their money and how it would be monitored. This also showed consent had been gained by all parties.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The staff rota showed that care and support was provided by a consistent team of care staff who knew the person they supported well. Team leaders organised the staff rota for the week. We found people were supported by a sufficient number of staff to keep them safe and meet their needs. Initial assessments were carried out by local authority commissioners and a member from the management team who then decided whether they could meet the person's needs. The registered manager told us they did not accept care packages for people if they did not have the capacity to meet them.

The team leaders and registered manager operated an on call system outside of office hours. Care staff told us managers responded promptly to any queries. People and relatives told us they had not needed to call for assistance during the evening/night but knew how to contact staff if needed.

The service had a contingency plan in place to manage any emergencies. Risks to people in the event there was an interruption to their service delivery due to an emergency had been assessed and rated, in order to identify who would be at the highest risk. This demonstrated the provider had prioritised people's care provision during such an event.

One person had experienced a missed call. However as soon as this was identified an investigation into why it was missed and what action was needed to ensure future visits were not missed were put in place.

People told us their visits were on time but there were 'rare occasions' when care staff could be late for their planned visits. However people, and relatives, did not have a concern regarding this as they understood that any lateness would be due to care staff needing to provide extra support to a person in an emergency or travel issues, especially in holiday seasons. People told us Karrek headquarters would phone them if a care worker was going to be late which gave them reassurance that their visit would still continue. The management team told us missed visits were, "not an option." The service had robust and effective procedures in place to ensure that all planned care visits were provided.

People received a timesheet for the week that identified which care worker would be supporting them, and at what time. People told us they were never supported by someone they did not know. All staff were provided with photographic identification badges to enable people to confirm the identity of carers. However, people said new carers were introduced by a member of staff who they already knew.

The arrangements for the prompting of and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the support people would need to take them. Where the service

provided support to people with particular health conditions, the dedicated staff team were trained in administering particular medicines. The training was provided by an external specialist health professional with expertise in this area of care, for example the treatment of epilepsy.

The service had appropriate infection control procedures in place and personal protective equipment was available to staff from the services office. The registered manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this.

Good

Our findings

People consistently told us that care staff met their care needs in a competent manner. Comments received included; "I can't fault them (staff) they are at the top of their scale." Relatives also echoed this view.

Before, or as soon as possible after, people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were written with the person, to agree how they would like their care and support to be provided.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed calls. People clearly told us that care staff stayed their allocated time, and on occasions would stay a little longer: One said "If they are a little late they (staff) apologise and stay on later. They are so professional."

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a training programme in place to help ensure staff received relevant training and refresher training was kept up to date.

New staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had 'shadowed' existing staff until they felt ready to work on their own. The registered manager told us new staff members would not visit people on their own until they had assessed the staff member as being competent in their role, and the staff member felt confident to work on their own.

Some new members of staff were in the process of completing the Care Certificate alongside their induction. We spoke with a staff member who had recently started work at Karrek and their records confirmed they were in the process of completing the Care Certificate. We saw records which confirmed other new employees had completed the Care Certificate successfully. All staff were encouraged and supported to complete the level two care diploma once they had successfully completed their induction.

Training records showed staff had received training in a variety of topics including, manual handling,

safeguarding, medicines, epilepsy and their health conditions. Staff told us; "The training is very good, they really support you to develop your career." Staff explained they were able to request additional training in specific areas that they found particularly interesting. For example one staff member was nominated by their colleagues to undertake a specialist course in the subject of challenging behaviours. They were planning to cascade the training to the rest of the staff team.

Staff received regular supervision and annual performance appraisals. Supervision meetings provided a regular formal opportunity for staff to reflect on their practices, discuss personal development and share information about any observed changes in people's needs. In addition 'spot checks' by managers were used regularly to confirm each member of staff was providing appropriate standards of care and support. Team meetings were held regularly. The minutes of these meetings showed they had provided staff with an opportunity to share information about people's care needs and discuss any changes within the organisation.

Staff felt they were supported in their role and if they had any queries they would be able to approach a member of the management team without hesitation. Staff said their supervisions and appraisals were meaningful and provided them with an opportunity to reflect on how they worked and in what areas they would like to expand their skills.

Managers regularly conducted spot checks of individual staff performance by visiting staff, unannounced, whilst working in people's homes. Where any issue were identified these were discussed and addressed during the subsequent supervision meeting. In addition, we saw team meetings were held regularly and that all staff were encouraged to visit the office to share information with managers.

The service's staff visit schedules included appropriate amounts of travel time between consecutive care visits. Staff told us they had enough travel time between visits.

People were supported to maintain a healthy lifestyle where this was part of their support plan. Staff supported some people with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People were asked about their food preferences and staff prepared foods of their choosing. Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

Records showed Karrek worked effectively with other health and social care services to ensure people's care needs were met. The management team had detailed knowledge of people's health needs and regularly contacted professionals to check and confirm that guidance provided was correct. For example to check that the right equipment was in place at a person's home

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included GPs, occupational therapists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care.

We found that care plans had been developed with the person or their family which demonstrated that they

were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. This showed that people made their own decisions about how they wanted to live their life and spend their time.

Good

Our findings

People were positive about the staff that supported them and said they were treated with consideration and respect. Everyone we spoke with complimented Karrek staff on the caring and compassionate manner in which they provided support. People's comments included; "Years ago I wouldn't let anyone in my home… but they have gone with me and now everything has fallen into place. They are kind and put me first," and "I can honestly say they saved my life." Relatives were also complimentary about the support that they and their family member receive from staff. One commented "They [staff] have been so good, they know [person's name] so well." Everyone said they would recommend Karrek to others who needed support.

People received care, as much as possible, from the same care worker or team of care workers. People told us this helped them as staff got to know them well and understood their likes and preferences in how they wished to be supported. Staff told us that due to their regular work patterns this meant they knew the people they looked after well and could built lasting relationships.

People and relatives told us staff treated them respectfully and asked how they wanted their care and support to be provided. People told us staff did not rush them and staff always stayed longer than the arranged visit if they needed extra time. Comments from people about staff included, "They really do care."

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example respecting people's disability, gender, identity, race and religion.

Karrek Community care values were based on Christian principles. A staff member said "I love the work, I love it that I work for a Christian organisation and can connect with people on that level. But we also support people who are non-Christian and that's fine. We don't talk about it unless they want us to." Staff supported one person to attend their local church. Staff told us that they only discussed their beliefs with people who wanted to.

Relatives reported that they were confident their family member received consistent care and support which did not discriminate them in any way. One commented, "[Person's name] is being cared for by staff that really care and are so supportive." This demonstrated staff delivered care and support in a non-judgemental way and protected people's rights.

Staff were motivated and clearly passionate about making a difference to people's lives. Staff demonstrated a commitment to their work and worked together as a team. Comments from staff included, "I love the job" and "I'm pleased we can support people to remain living in their own homes."

A relative told us that staff were also sensitive to their needs. For example a member of staff supported a person to write a mother's day card, hand over hand, to their mother. The person placed kisses on the card and the staff member told the relative that this was their choosing. This meant a great deal to the family and was appreciated by them.

People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

People told us their care staff always responded to small changes in their care needs and one person commented, "I have quirky ways, if staff doesn't understand me they ask. They listen. They are person centred, they don't tell me what to do they go with what I need." Staff explained that if a person was not feeling well they always reported this information to the service managers.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Good

Our findings

Before, or as soon as possible after, people started using the service a member of the management team visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided. People had a copy of their care plan in their home and accessible for staff use. People or their representative, had signed their care plans and were in agreement with the support identified.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. For example, for people who had several visits in a day, a care plan was written for that time period. Or if support was provided for a longer period of time then guidance was provided for staff in what task or activities were to be completed or considered.

The service was flexible and responded to people's needs. Staff told us they were flexible with the care plan schedule and worked around the person. For example, a staff member told us "We changed the shift patterns so that if [person's name] wants to get up and wants to get out at 6am we can do that, we are not clock watching for the next shift. The days are planned better." They also were aware of the person's interests and ensured the person pursued them. For example, staff told us "We now play football on the beach. We were doing it in torchlight last night as it was what [person's name] wanted to do." This demonstrated staff tailored the care they provided towards supporting the person to meet their specific needs and achieve their identified goals.

Care planning was reviewed regularly and whenever people's needs changed. People told us they knew about their care plans and managers would regularly talk to them about their care.

Daily care records, kept in the folders in people's homes, were completed by staff during and at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs. Completed daily care records were returned to the service office each month and reviewed by managers as part of the service's quality assurance processes.

Staff were knowledgeable about people who sometimes acted in a way staff could find difficult to manage. Care records, where appropriate, contained risk assessments regarding people's behaviour that may put

themselves or others at risk. This meant staff had access to personalised guidance to best meet individual's needs and help keep people safe. Information and incidents regarding people's behaviour were recorded and reviewed. Actions to help ensure people and staff were safe were then put in place. Referrals were made to relevant health or social care professionals and extra training was put in place for staff if appropriate. A relative told us staff were skilled at managing their family's member distress and were able to support them in a consistent manner until their anxiety lessened.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

The registered provider was aware that some people were unable to easily access written information due to their healthcare needs. They were currently looking at how to provide information in a more meaningful way to the people and staff they support. The management team were liaising with health professionals about how to improve the way they communicated with people.

The service had a complaints procedure. People and relatives said if they had any concerns or complaints, they felt they could discuss these with staff and managers and they would be responded to appropriately. They did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

The service had a record of any complaints made, and a record of how these had been responded to. We reviewed the complaints received and saw that full investigations had been completed and appropriate liaison with health and social care professionals had occurred. The registered provider said when a complaint was made, the management team assessed the complaint and its findings and used the experience as an opportunity to learn from what had occurred for example through improving recordings of visits, managers checking that care procedures were carried out and regularly reviewed.

Good

Our findings

The service was well-led. There was a registered manager in post. 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.

There was a positive culture within the staff team and staff spoke of the impact their work made to the lives of the people they supported. Staff spoke passionately about their work. Staff were proud of people's accomplishments and how people's lives had improved. For example people were now able to participate within the local community.

Staff were complimentary about the management team and how they were supported to carry out their work. Comments from staff included, "I love my job" and "Managers care and support us in all that we do" and "The managers are very approachable."

All the people and relatives we spoke with all described the management of the service as open and approachable. Comments from people and relatives included, "Excellent service" and "There is nothing to improve."

The registered provider told us the service treated people as individuals whilst ensuring that they had a flexible level of support which met their needs. The service had agreed core values which were shared with the staff team of empowerment, inclusion, dignity and spirituality. These core values were included in staff induction, and posters with their core values were on display in the office. It was also regularly discussed at team meetings.

The management team met monthly to ensure operational goals were being achieved. Hub meetings were being developed to ensure that, as they covered a wide geographical area, local issues could be addressed more promptly. Briefings from the provider were sent to staff to keep them updated regarding the organisation developments. A newsletter was also sent to people and their carers so that they were also kept up to date with how the service was run. They sought feedback from people, families and healthcare professionals which meant their views were used to continuously develop the service.

The registered provider, registered manager and team leaders had a strong and positive working relationship and recognised each other's strengths. The management structure in the service provided clear

lines of responsibility and accountability. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management team, regular staff meetings and supervisions. The staffing structure ensured that, at all times, support and advice was available to them.

The management team acknowledged that the staff team worked with vulnerable people and work could be challenging. They were mindful that care staff might feel isolated and wanted to support them as much as possible. They had support groups that staff could contact if needed inside and outside of the work place.

The registered provider said their relationships with other agencies were positive. The service worked with health and social care professionals in line with people's specific needs, for example, towards improved mobility and diet. This ensured people's needs were met in line with best practice.

The service send out quality 'assurance surveys' to a range of different stakeholders every 3 months. These surveys are used to monitor the standards of care provided and identify any areas in which the service could improve. We saw the finding of these surveys and noted that people were highly satisfied with the care provided by trained and competent staff.

The services records were well organised and when asked staff were able to locate all documentation required during the inspection. Policies and procedures had been regularly reviewed and updated to ensure they accurately reflected current practices. People's care records were kept securely and confidentially, in line with the legal requirements.