

CK2Care Limited

CK2Care

Inspection report

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Website: www.ck2care.co.uk

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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

About the service

CK2Care is a home care agency providing personal care to people living in their own homes. The service provides support to people living with dementia, people with physical disabilities, mental health conditions and sensory impairments. At the time of our inspection there were 40 people using the service.

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

Checks were carried out as part of staff recruitment, but some improvements were required. We have made a recommendation about recruitment practice. People and their relatives told us they felt safe. Staff were trained in safeguarding and knew how to report any concerns. Systems and processes were in place to safely manage and learn from any incidents. People received their medicines as prescribed. Infection prevention and control measures were effective.

People received an assessment of their needs and preferences and were supported by staff who knew them well. Staff received an induction, training, shadowing and supervisions. Support was provided to ensure people had enough to eat and drink. Proactive steps were taken to ensure people could access healthcare support. Staff understood how to give people choices and seek consent.

Staff were extremely caring and empathetic, with genuine relationships of trust built over time. There was a person-centred culture with compassion and kindness at the forefront. People were treated with dignity and respect, and their human rights upheld. Staff could signpost people to support networks for advocacy and information. Systems for managing visits ensured staff had time to provide a consistently caring service. People could depend on staff arriving as agreed, and this supported their independence.

Care was planned with people and their relatives to meet their preferences and needs. The service regularly monitored and anticipated people's changing needs and responded in turn. Staff proactively supported people to maintain their interests, reducing the risk of social isolation. People told us they did not have cause to complain but were confident the provider would respond appropriately if they did. The service supported people reaching the end of their lives with sensitivity and dignity.

There was an open, inclusive and positive culture. Staff felt valued and supported in their roles, able to ask questions and develop their skills and confidence. The registered manager understood the duty of candour and their regulatory responsibilities. A range of checks and audits were carried out. The registered manager told us they were committed to continued refinement, improvement and embedding of systems and processes for governance and oversight. The provider worked with other health and social care professionals effectively.

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.

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

Rating at last inspection

This service was registered with us on 10 March 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

CK2Care

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

This inspection was carried out by two inspectors and one 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

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

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

Inspection activity started on 26 May 2022 and ended on 10 June 2022. We visited the location's office on 1 June 2022.

What we did before the inspection

We reviewed information we had received about the service. We used information gathered as part of

monitoring activity that took place on 18 March 2022 to help plan the inspection and inform our judgements. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service, and five people's relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, team leader, administrator and care workers. We reviewed a range of records. This included three people's care records, two staff files, medicines records and a range of policies, procedures and audits.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Whilst recruitment checks were undertaken on staff to ensure they were suitable for the role, some improvements were needed to evidence those made on staff employment history.
- The provider had carried out other checks, such as reviewing identification and completing Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider reviews its recruitment processes to ensure they are compliant with legislation and best practice.

- The registered manager took action straight away during the inspection to complete an audit of all staff recruitment files and act upon any identified gaps.
- The provider carried out values-based recruitment to explore staff member's motivation and character. The registered manager told us, "It is so important to me to get the right people."
- Staff also received regular supervision and appraisals to check their suitability and safety.
- There were sufficient numbers of staff deployed to safely complete care visits to people and meet their assessed needs. There were no instances of missed or significantly late visits.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt very safe with the care workers who supported them. One person said, "I am very, very satisfied with them all. They make me feel safe as they are all so nice and they come on time." Another person's relative said, "[My person] is 100% safe."
- A safeguarding policy was in place at the service, and staff received training in this area.
- Staff felt confident the registered manager would take action if they raised any concerns about people's safety and wellbeing and knew how to escalate issues to the local authority or the CQC.
- There had only been one safeguard raised at the service. This had been robustly investigated, reported to the CQC as required, and lessons learned shared with staff to drive continuous improvement.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were carried out for people in a range of areas, such as mobility, continence and the home environment.
- People described how staff practice was safe and followed care plans and risk assessments. One person's relative said, "[My person] has two carers at a time and they arrive together. If by any chance one comes first,

they won't move [my person] until they are both here."

- Systems and processes were in place to safely manage any accidents and incidents at the service, and to identify and action risk management strategies.
- Investigations carried out into incidents were thorough. Learning was shared with staff and referrals made to appropriate professionals to reduce the risk of reoccurrence and improve people's outcomes.

Using medicines safely

- People were supported to take their medicines as prescribed, and this was recorded on an electronic Medication Administration Record (MAR). One person's relative told us, "It is all recorded on the app and also in [my person's] book."
- MAR charts were audited every week to promptly identify any gaps or omissions, and this was followed up to ensure people received their medicines safely as prescribed.
- Staff received training and spot checks on medicines. A detailed medicine competency assessment was being introduced at the time of inspection, for enhanced staff observations and feedback.

Preventing and controlling infection

- Staff followed good infection control practice, including the use of personal protective equipment (PPE), and the management of COVID-19.
- One person's relative said, "[The care workers] always wash their hands first and wear all the PPE. They have been really good about COVID-19 and went through all the procedures with us."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received an assessment of their needs and background when they joined the service. This included information on their medical history, preferences and choices, equality and diversity characteristics and religious beliefs.
- People were supported by regular care workers who knew their needs well, promoting good outcomes. One care worker said, "I have regular clients which is really great, so you build a rapport with them. They get to know you and you get to know them."
- Any staff absence was covered by other members of CK2Care. One member of staff said, "We cover each other. We are a team."
- Electronic visit and care records were available for people and their relatives to access in 'real time'. One person's relative said, "The [visit] times are recorded on an app and also put in [our person's] book for us to see."

Staff support: induction, training, skills and experience

- New staff completed shadowing and the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Proactive steps were taken by the provider to show staff they were valued and to support their professional development. This included supervisions, appraisals and informal support.
- One care worker said, "If I need any extra support [the management team] would come with me now. Whatever I need, I won't be rushed. It is important for me and for the clients [for me] to be confident."
- People told us staff were well trained. One person's relative told us, "I know this agency has a nursing background and that is really reassuring to us." Another person's relative said, "I feel very confident that the staff are trained well, and they certainly know what they are doing for [my person]."
- Staff were encouraged to pursue professional interests and specialisms. The registered manager said, "[Staff members] all bring something unique, which is something I wanted to achieve."
- Additional training had been sourced to inform staff about people's specific health needs, such as diabetes.

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

- People were supported to eat and drink and made choices about their diet.
- One person's daily support notes recorded, "[Person] requested buttered toast and a Viennese whirl with a

cup of tea, which I made."

- We received feedback staff spent time with people when they were eating to support them to finish their food in an unhurried way.
- One person's relative told us, "[The care workers] even stay late with [my person] to make sure they eat all their breakfast in the mornings." Another relative said, "They make sure [my person] eats and drinks properly and sit and chat to them which is what [my person] likes."

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

- People told us they were supported to access healthcare services as required. This included supporting people with oral care and arranging dental appointments.
- One person's relative told us, "If there are any problems at all [CK2Care] would contact [my person's] GP and also me." Another person said, "I know if I needed help with getting a GP to see me, I could ring the office or tell the carers and they would help."
- The service also worked with other health and social care professionals, including district nurses and occupational therapists.

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 MCA 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.

- Staff received training on the Mental Capacity Act and Deprivation of Liberty Safeguards and understood how to seek consent from people and give choices.
- One staff member said, "Whatever I do I ask people first. If a person lacks capacity and it is a big decision, then we would consult with their power of attorney. However, for people with dementia making day to day decisions, I would still ask them about choices of food or clothes. If they did not understand me verbally then I would show choices of food and what they had available, or I would show choices of clothing."

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- Staff consistently treated people with kindness, empathy and respect, and this was reflected in records and in the feedback we received.
- People and their relatives described an extremely caring and compassionate service. For example, one person's relative told us, "The carers will wake [my person] up gently if [my person] is asleep in the morning." Another person said, "I feel very pleased with them all. They [the care workers] are wonderful to me."
- Staff were attentive to what was important to people, such as reminding a person there was a football match on television they wanted to watch that day.
- The registered manager told us staff distributed small gifts and cards for celebrations such as Christmas, Easter, and people's birthdays. On the day of inspection, we saw jubilee flags in the office ready for staff to take to people so they could join in with the Queen's Platinum Jubilee.
- Caring was embedded in the service's values and ethos. One member of staff said, "It's a lovely company, they [CK2Care] are very caring towards their staff and very, very, caring and dedicated to their clients and we all try to follow their vision."
- One staff file showed they understood their role as being, "To care for [people], give them their dignity, build their independence, recognise their needs and enable them to stay in the comfort of their own home for as long as possible."

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

- People were asked for their feedback, which was recorded and acted upon.
- Staff proactively sought out and shared information with people about organisations and networks for support, advice, information and advocacy, such as dementia clubs and cafés.
- One person's relative said, "They are all excellent carers. They will encourage [my person] to do little things for themselves, even if it is just [my person] saying where they will sit."
- Staff actively built rapport and relationships of trust with people, to better understand their wishes and preferences and how to meet them. One care worker said, "If I can make [the people I care for] feel happy, I have done my job." Another care worker said, "I treat people how I would treat my own mum and dad."

Respecting and promoting people's privacy, dignity and independence

- Staff could explain how they upheld people's privacy and dignity when supporting with personal care. One care worker said, "I make sure no one else is in the room, cover the person up with towels and ask them if it is okay to wash them."

- One person's relative told us, "The staff treat [person] so well and always ask them before they get on and do anything." Another person said, "They [the care workers] are very respectful towards me."
- People were supported to be independent as they could rely on regular care visits at the agreed times. One person's relative said, "There has never been an occasion when a carer has not arrived."
- Systems were in place to ensure staff had the time to provide unhurried, person-centred care such as ensuring rotas were accurate and providing sufficient travelling time between visits.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives told us they were involved in care planning and regular reviews.
- One person's relative said, "I was involved with [my person's] care plan and it is all followed correctly. If there is anything that needs tweaking, [CK2Care] contact me immediately." Another person's relative said, "[CK2Care] regularly monitor everything and keep me updated. I can't fault them to be honest."
- The provider worked with people to reassess them and provide responsive care to meet people's changing needs. One person's relative told us, "[My person's] mobility is getting worse. They [CK2Care] have been exemplary in stepping up [person's] visits."

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.

- Information on people's specific communication needs was gathered by the provider at the pre-assessment stage, to ensure this could be met.
- One person's relative said, "The only communication issue [my person] has is that they are a little hard of hearing so [the care workers] know to speak up loud and clearly." Another person's relative explained how care workers knew how to communicate effectively with their loved one who is living with dementia.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to enjoy their interests. One person's relative told us, "[My person] tells me all about when [care worker] visits and what they do, they go out to the garden centre and they have a coffee."
- The care and support provided was described as person-centred and not task led. One person's relative told us, "One of the reasons I used this agency is because they are so good with the social side of things and help with isolation. They interact so well with [my person]."
- Staff took proactive steps to find out people's interests to build meaningful conversations and relationships. One person's relative told us, "They know what [my person's] likes and dislikes are and will make a point of chatting to them about general things which [my person] likes."
- This approach was reflected in people's daily care notes. For example, one person's notes showed the care worker had noticed they were enjoying singing songs from a musical, "So we sang them together."

- The registered manager told us they also ran a jigsaw puzzle exchange from the office, so people could swap and borrow different puzzles to do at home, with staff often joining in.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain if they needed to do so and felt this would be acted upon. However, everyone we spoke with was satisfied with the service and had no cause to complain.
- One person's relative told us, "I have no complaints at all but if there was anything, I know it would be dealt with swiftly and professionally."
- The registered manager had clear oversight of complaints and responded openly and transparently, using outcomes to support learning and improvement. The service had also received numerous compliments.

End of life care and support

- The registered manager explained how the service had acted to support people and their relatives with sensitivity, dignity and acting as advocate for their needs.
- Care staff told us how they supported people and their families holistically. One care worker told us, "To hold someone's hand when they are passing is so important."
- At the time of inspection, specialist training by a local hospice had been booked, to support staff in providing care to people at the end of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider carried out a range of quality assurance checks and audits, including on staff electronic call records, medication and incidents and accidents, with action taken as a result.
- However, some systems and processes still required further development and embedding to be fully effective, such as oversight of staff recruitment.
- The registered manager was committed to continuing to refine and embed new processes for governance and oversight. This included working with their electronic call monitoring system provider to improve access to reports.
- Notifications were made to the CQC as required by law.

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

- There was a positive culture evident within the staff team, supported by management. The registered manager told us, "I'm most proud of my workforce because they deliver everything I expect."
- People and their relatives told us they were happy with the service and would recommend it to others. One person said, "I would highly recommend this agency to anyone else. I am very pleased with them." Another person's relative said, "I would say this is a well-managed and well-run agency by people who know what they are doing."
- The registered manager understood their responsibilities under the duty of candour to be open and transparent when things go wrong, and to share lessons learned to improve the service.
- Staff were encouraged to raise any queries or concerns with the management team. The registered manager told us, "My door is always open."
- This was reflected in staff feedback. One care worker said, "They [CK2Care] opened their arms to me, I feel at home. You are based in the community, but you are not alone."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us they received good communication and updates, including regular newsletters.
- One person's relative said, "I have one point of contact [staff member] and if I have any changes at all I contact them, they are very good at contacting me. I once left a message on the out of hours answer phone and they got back to me very quickly." Another person said, "The management are all helpful and always

answer the phone if you ring."

- Staff were engaged in making improvements to the service. The registered manager told us, "[CK2Care staff] are honest with me and they make suggestions about what they feel would work better. We come together as a team to decide what to change."
- The registered manager told us they had plans to expand, recruit more staff and move to a larger office.
- One staff member said, "There isn't anything I would change, I would have said a bigger office so staff could meet up regularly, but they are now changing this which will be good."
- Staff were also keen to learn and develop, driving continuous improvement. One staff member said, "Every day is a learning day."

Working in partnership with others

- The service worked in partnership with other health and social care professionals.
- One professional told us, "I must say it is a breath of fresh air to work with CK2Care. The staff often contact the surgery when they have a concern with a patient (with their consent). [Manager] has also requested MDT (multidisciplinary team involvement) for at least two patients where they are complex, and this has been beneficial for services to come together to provide better outcomes for the patients."