

KEPA Care Solutions Limited

# KEPA Care Solutions Limited

## Inspection report

Abike House  
18 Hero Walk  
Rochester  
ME1 2UZ

Tel: 07539933834  
Website: [www.kepacare.com](http://www.kepacare.com)

Date of inspection visit:  
11 April 2023  
14 April 2023  
18 April 2023

Date of publication:  
02 May 2023

## 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

KEPA Care Solutions Limited is a domiciliary care agency providing personal care to people in their homes. The agency provides care and support for people in Rochester area of Medway. People receiving care and support were younger adults with epilepsy and Fragile X syndrome (condition characterized by an X chromosome that is abnormally susceptible to damage, especially by folic acid deficiency). At the time of the inspection, they were providing personal care to 2 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We received positive feedback from people who used the service and relatives. A person said, "I am happy with my care." Another said, "Staff who support me know my needs well and I am happy they do."

The registered manager and staff understood how to keep people safe from abuse and raise safeguarding concerns. Care plans contained detailed risk assessments. Risk to people's health and wellbeing were addressed and mitigated. Environmental risk assessments were also in place, which identified and reduced any environmental risks to people and staff.

People told us they felt at ease with staff. People were cared for by staff who treated them with kindness, dignity and respect.

There were enough staff deployed to meet people's needs. The provider operated a safe and robust recruitment and selection procedure to make sure staff were suitable and safe to work with people. They also received support and supervision to enable them to carry out their roles safely.

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. People were encouraged to make their own choices about everyday matters. People's decisions and choices were respected.

Where necessary, people were encouraged to have a healthy diet which met their health needs. People were supported and helped to maintain their health and to access health services when they needed them.

The service had an effective system in place to assess, monitor and improve the quality and safety of the services provided. Staff told us there was an open culture where they were kept informed about any changes to their role. Staff and people told us the manager was approachable and listened to their ideas and suggestions.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 01 September 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# KEPA Care Solutions Limited

## **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

The inspection was carried out by 1 inspector.

#### Service and service type

KEPA Care Solutions Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' 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 11 April 2023 and ended on 18 April 2023. We carried out telephone calls to people on 14 April 2023 and 18 April 2023. We visited the location's office on 11 April 2023.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also looked at information we held about the agency, such as notifications. Notifications are changes, events or incidents which the provider is required to tell us about by law. We used all this information to plan our inspection.

### During the inspection

We spoke with 2 people who used the service, 3 care workers, and the registered manager who was also the provider. We reviewed a range of records. This included 2 people's care records, risk assessments, daily records, medicine and health records. We also looked at 2 staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as staff meetings minutes and surveys people completed to share their views as well as feedback from healthcare professionals.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place, including safeguarding and whistleblowing policies and procedures to safeguard people from the risk of abuse. Members of staff had access to policies and procedure in the office. Staff signed to say they had read the policies.
- People told us they felt safe with the care staff. A person said, "Yes, I feel safe and happy with them."
- A healthcare professional told us, 'Our client/service user is well safeguarded within their home and in the community.'
- Staff had received induction and training on adult safeguarding. They understood their responsibilities to raise concerns, report them internally and externally, where appropriate. A member of staff said, "Safeguarding is when we protect people from harm and abuse. Ability to identify the signs of abuse and to report to my line manager. I can go to CQC and local authority safeguarding team." Staff felt confident that the registered manager would deal with concerns but they would contact the police if needed.

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

- Risks to people's health, safety and well-being were appropriately assessed, acted on and reviewed. People's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety. For example, this included risks associated with epilepsy.
- There was an on-call system to ensure advice and support was available to people and staff out of hours. A member of staff said, "They answer our calls for support on time."
- Environmental risks and hazards such as uneven surfaces, appliances or trailing wires within the person's home had been identified in initial assessments and risk assessment were put in place.
- There had not been any incidents such as near misses and falls in people's homes. The registered manager informed and showed us the blank document they would be using to capture records of incidents, and lessons learnt from them.
- Policies and systems were in place to ensure that incidents were recorded and actioned including late or missed calls, these were also audited monthly to explore any themes and trends.

Staffing and recruitment

- Staff were recruited safely. Checks were completed to make sure new staff were suitable to work with people. These included 2 references and Disclosure and Barring Service (DBS) criminal record checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people. People's needs, and hours of support, were individually

assessed. Staffing rotas showed there were enough staff deployed to meet people's needs. A person told us they had consistent staff providing their care and support. They said, "Yes, I have same carer every time and she is always on time."

#### Using medicines safely

- People's medicines were managed safely in line with the providers policy and best practice.
- People who required support to manage their medicines received them safely. A person said, "Yes, they give me my medicine and there had been no problem."
- Staff had received medicines training. The registered manager had systems in place to conduct yearly medicine administration competency checks on staff and discussed medicines administration at staff meetings.
- Each person had specific guidance for staff to follow, detailing the support that was required to take their medicines.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. These were audited monthly by the registered manager.

#### Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment (PPE) such as gloves and aprons were provided and used by staff to protect themselves and the person from the risk of infection. People we spoke with confirmed this.
- Staff were trained in infection control and understood their role and responsibility for maintaining high standards of cleanliness and hygiene.

# 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's needs were assessed before they began to use the service.
- The registered manager undertook an initial assessment with people before they started providing care and support. People said they were involved in the assessment process. A person said, "Staff who support me know my needs well and I am happy they do."
- Care plans detailed people's individual needs and how staff could support them. This included following recognised guidance such as The National Institute for Health and Care Excellence (NICE) in relation to epilepsy.
- Records showed that the initial assessments had considered person's health and social history and their care needs. This ensured that the service was able to meet people's needs fully.

Staff support: induction, training, skills and experience

- Staff were supported to develop and maintain the skills they needed to support people well. This included eLearning and face to face training in practical areas such as first aid and moving and handling.
- New staff received an induction when they started working at the service. This included completing 'The Care Certificate' for new staff without experience. The 'Care Certificate' is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.
- Care staff were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector. A member of staff said, "I wanted to do mental health and the manager arranged this for me to complete."
- Staff felt supported by the registered manager. Staff attended supervision meetings every 3 months. Supervision enabled staff to discuss their work and identify further training needs. The registered manager told us that staff regularly approached them for advice outside the supervision meetings. A member of staff confirmed this and said, "Yes, supervision is every 3 months. However, we can approach the manager at anytime." The registered manager also completed observations of practice regularly. As a newly registered service, staff had not yet had an annual appraisal.

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

- People were supported to eat and drink to maintain a healthy lifestyle and follow a balanced diet.
- Care plans contained detailed information about people's likes, dislikes and dietary needs. For example, if

people were at risk of gaining too much weight. The care plan included guidance for staff to follow to meet their needs.

- A healthcare professional told us, 'The client's independence is promoted within his home and he is encouraged to prepare their meals under the supervision and guidance of staff. [Person] has formed good relationships with the staff and is able request support from staff when he is in need of help and support even when he presents with difficulties.'

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

- People were supported to remain as well as possible. Staff monitored people's health and referred them to relevant health professionals when their health needs changed. Staff followed advice and guidance from healthcare professionals, ensured actions were implemented to ensure people received effective care.
- People's care plans showed that healthcare formed part of their initial assessments, which were taken into consideration when staff supported people. A healthcare professional told us, '[Person] is supported with their personal care through prompts and the services ensure that all health needs are being met. This includes ensuring being registered with a GP, local optician and specialist dental service.'
- Staff told us that they would report any concerns they had about the person's health to the relatives for advise or they who would in turn take required action. In emergency situation, staff said, "I will ensure the client is safe first, call 111 for advice, report it to the office and record the incident."

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.

- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service.
- All staff had been trained in the MCA. The registered manager and staff understood people had the right to make their own decisions about their care.
- Everyone currently supported by KEPA Care Solutions Limited had the capacity to consent to their care. Where required, relatives and healthcare professionals were contacted for support.

# 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

- People were treated with care and respect by staff. A person said, "Yes, they do respect me." Another person said, "They are caring. They love me."
- A member of staff told us how they treated people with respect. They said, "I talk to the person I am supporting, ask them [person] and being respectful doing this. We are there to promote their independence. For example, one person does not want to do a task, I give them different choices and let them choose what they want to do and how they want to do it."
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. This enabled care staff to deliver care that met people's needs.

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

- People had been asked about their lifestyle choices and these were respected. For example, some people preferred to spend their time going out. Staff informed people of events and activities they may wish to attend and visited them regularly to make sure they were not isolated. A person said, "They are kind and they do allow me to make my choice of things daily. I am involved."
- A member of staff said, "I involve people by knowing their interests and empowering them by speaking with them all the time, doing activities with them such as bowling, shopping. We do go to the cinema with them or just walk to the park."
- A healthcare professional told us, 'There is good communication between the service, the client, their family and also the local authority this in my view has contribute to the success of the support that KEPA Care have provided my client thus far.'
- Care records showed that people and, where appropriate, their relatives were consulted when care plans were written.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were being promoted.
- Healthcare professionals contacted told us staff promoted people's independence. A healthcare professional said, 'The service is true to its slogan 'strengthening independence through care'. Since my client has been supported by KEPA, there has been a marked changed in interaction, presentation and social engagement. The client has increased independence in the areas of personal care, accessing the community as well developing life skills such as shopping and participating in tasks at home to meet their care needs. The client appears to have an increased motivation and a sense of purpose and is progressively choosing to engage with others where they would have isolated himself previously -before his move into KEPA care.'

- A member of staff said, "I ensure I promote their dignity by enabling them to do their personal care themselves."
- Care plans included what people could do for themselves and when they needed support. For example, the care plan gave staff direction and guidance on how to support people by enabling them to carry out personal care tasks independently. We saw in daily notes that staff adhered to guidance in the care plan.

# 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

- Care plans were personalised to suit individual's needs. People's care plans contained required information which informed staff what the person's abilities were and support they required from staff. For example, a person's care plan instructed staff on their needs such as assistance with personal care, meal preparation, support with weight management, medication and community."
- People and their relatives had planned their care with the staff to meet their needs and preferences. People told us staff followed their wishes and only provided their care in the way they wanted.
- Staff told us they knew people's care needs via the care plan. One member of staff said, "We have care plans we refer to daily in case of updates. Our service users tells us how they wish to be supported."
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, and any concerns to note. These records ensured good communication between staff, benefitting the care of the person.
- Care plans were reviewed with people regularly but may be more frequent based on people's needs. This meant staff would have up to date information in the delivery of care.
- Staff delivered care and support in a person-centred manner. A healthcare professional told us, 'The service delivers personal centred approach plans, they have good relationships with client, family as well as the local authority.'

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 maintain relationships. The service involved people and their families when providing care and built strong relationships with them. A healthcare professional told us, 'There is genuine care shown by the staff at KEPA Care towards my client which has enabled them to build positive and trusting relationship with Keyworkers and engage with their support plans. There has been no significant incidents of concern since my client has been supported by KEPA Care owing that to the knowledge and skilled support of the staff.'
- People using the service require support to attend activities. Discussion with staff showed that they took an interest in people's hobbies and spent time discussing what was important to them.
- Care plans included people's likes and dislikes, so staff understood what was socially and culturally important to them.

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.

- The registered manager told us that they would make documents available to people they supported if required in different formats such as large print.
- People's communication needs had been assessed and staff knew how to communicate with people. The assessment asked people how they would like to be communicated with, such as verbally, in writing, in person or to be translated into another language. People supported by staff had no sensory needs.

Improving care quality in response to complaints or concerns

- People knew who to contact if they were concerned about anything. A person said, "I can complain to (Care staff).
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government and social care ombudsman and the Care Quality Commission (CQC).
- The service had not received any complaints since the service started.
- A healthcare professional told us, 'No I do not have any concerns about the service from KEPA Care.'

End of life care and support

- The service was not supporting anyone at the end of their life at the time we inspected.
- The registered manager told us that end of life information was part of referral information and assessment they carried out. We saw records of this in the assessments carried out. This meant the service knew what people's wishes were in the event of them becoming ill suddenly.

# 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.

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

- KEPA Care Solutions was a small agency managed by the registered manager. The registered manager was also the provider and was always available to staff and people. The agency's aim was stated as 'strengthening independence through care'. We found this to be the culture as people spoken with confirmed this. A healthcare professional told us, 'Working in collaboration with the staffing team has enabled subtle changes to be made in client's interest and consequently, they have settled in very well.'
- Staff told us there was a positive focus on supporting people well and meeting people's needs. Members of staff said, "□KEPA promotes person centred approach values, which is what I believe in. The manager is passionate about the care provision." And "There is always an opportunity to talk freely to my manager. It is a feeling of safe space and can talk freely."
- The registered manager understood the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. They had informed people, their families and where appropriate external agencies of when things had gone wrong.

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

- The registered manager had a system in place for monitoring the quality of the service. A range of quality audits, such as care plans, medicine, spot checks and staff files were in place and completed. When shortfalls were identified, an action plan was put in place. This was reviewed and signed off when completed by the registered manager.
- The provider and registered managers understood the importance of person-centred care plans and accurate records. Staff were reminded of the importance of record keeping at regular staff meetings.
- A healthcare professionals told us, 'The service is extremely well managed, the registered manager is available and responsive to question queries and concerns. She constantly seeks to improve the service through gaining feedback and taking on board any advice or support that is offered to her.'
- The registered manager understood the responsibilities of their registration. Registered managers are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager told us they understood this requirement. There had not been any notifiable events since the agency started and registered with CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their family and staff were asked for their views of the service. These were used to develop the service. A member of staff said, "She is approachable, and she collaborate with staff in providing good care and support to the people we support. When the care plan is updated, we are involved with the clients too."
- People told us they were happy with engagement from the agency. A person said, "Yes, I know the manager. It is [name of manager]. She visits to talk to me about the service and I am happy with the service."
- Feedback was sought from people and their relatives during care provision. A healthcare professional told us, 'The service delivers personal centred approach plans, they have good relationships with client, family as well as the local authority.'

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they kept up to date with best practice and developments. For example, they were registering with Skills for Care to gain additional support.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- Care workers were invited to meetings with the registered manager to discuss good practice and learning from improvements when these were identified. A healthcare professional confirmed this and said, 'The service has always responded to any queries, questions and requests made in a timely way and I note no concerns in this regard. The registered manager is easily accessible and approachable should any queries arise. The team at KEPA care have always made themselves available for meetings and provided any information requested from them in a timely manner.'
- Quality assurance processes were in place to capture the views and experience of people using the service. The service placed emphasis on the perspective of people to help understand any quality issues and challenges.
- Healthcare professionals told us, 'I would like to comment that the provider is very supportive of our local authority and go and beyond to support our young people even in crisis situation.' And 'I have noted that the registered manager takes on board the expertise and knowledge of the family and myself' as my client's allocated worker and uses that to shape his care and support. It is evident that the registered manager is very knowledgeable, as a registered social worker herself. I have noted that she applies her skills, knowledge and practice experience to lead a caring and passionate team who are focused on achieving great outcomes for those they support.'