KS Care Ltd

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Inspection report

63 Wilkinson Road
Kempston
Bedford
MK42 7FR

Tel: 01234854728

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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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection of KS Care Limited took place between 18, and 24 December 2018 and was announced. This was the service's first inspection since it registered with the Care Quality Commission in November 2017.

KS Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people, people living with dementia, younger adults, people living with a physical disability, people living with mental health disorders and people living with learning disabilities or autistic spectrum disorder. People using the service were all being supported with the regulated activity which the service was registered to provide.

There were 34 people using the service when we completed the inspection. There was a registered manager employed at the service. 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.

The service was safe. People were protected from harm and abuse and the registered manager and staff team had a good understanding of safeguarding procedures. People had risk assessments in place to protect them from harm. Some of these were limited in information and needed more detail to further mitigate risks when supporting people. There were enough staff to meet people's needs. People received their care visits on time and for the correct duration. Staff members had necessary checks completed before starting employment including a disclosure and barring services (DBS) check. People were supported to take medicines safely. Guidance on administering some people's as and when required (PRN) medicines was not always clear. Staff members had a good understanding of infection control and how to support people safely with regards to this. Where incidents happened, these were investigated and actions were taken to ensure that lessons were learned.

The service was effective. Staff received regular training and supervision to ensure that they were competent in their job roles. The registered manager regularly checked and assessed staff's competency in all areas of their role. Assessments of people's needs and support were completed thoroughly before they started using the service. People were supported to maintain their health and well-being. Action was taken if there were concerns about a person's health. The service worked with, and referred people to, other health and social care professionals to support people's wellbeing. People were supported with their dietary needs where needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practic.

The service was not always caring. People's care was not always as caring and respectful as it could have been as some people did not understand what staff were saying. This was due to some staff's command of the English language. These staff would talk between themselves in their own language. Some people were rushed by staff or felt that they were treated quite 'roughly' by staff members. People were involved in

making decisions about the care they received. People had the opportunity to remain as independent as possible and make choices about their care and support.

The service was responsive. People received care and support that was specific and individual to them. People's care and support was reviewed regularly and changed to meet their needs. People were able to make complaints and compliments about the service they received. Complaints were responded to promptly and to the satisfaction of the complainant. People were supported with dignity and respect at the end of their life.

The service was well-led. The registered manager and provider had high expectations and values for the service which were shared with the staff team. People and staff were positive about the management of the service. Regular feedback was collected from people and staff and was used to produce action plans to improve the service. Effective links with professionals had been set up by the service to help deliver support to people focusing on their specific needs. Quality audits were carried out by the management team and were effective in monitoring and improving the quality of the support given to people. There was good oversight of care visits and the duration of these and action was taken if there was a risk of someone not receiving support. The service was keen to continually improve and was working hard to continually make peoples experience of using the service better.

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.

Systems, including risk assessments, were in place to protect people and reduce the risks of harm or abuse. Effective action was taken and the appropriate people informed if incidents did happen.

Systems were in place to ensure that people received care visits on time and for the correct duration. There were enough staff to ensure that people's care needs had been met.

People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge, skills and training to understand people's needs and support them effectively.

People were supported to access health and social care professionals when they needed them.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 and how to put this in to practice.

Is the service caring?

Requires Improvement

The service was not always caring.

People's care was not always as caring and respectful as it could have been as some people did not understand what staff were saying. This was due to some staff's command of the English language.

Staff were not always respectful and did not always communicate with people effectively.

People were supported to make choices with regards to their support and were supported to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received care that was personal and individual to their support needs.

The service had an effective complaints and compliments procedure in place. People were able to raise concerns and complaints were responded to promptly and appropriately.

People were treated with respect and dignity at the end of their lives.

Is the service well-led?

Good

The service was well-led.

Audits were completed by the management team who produced effective action plans to both monitor and improve the quality of the service.

Feedback was regularly collected from people and the staff team to continue to improve the service.

The registered manager and nominated individual worked with other professionals to stay up to date with legislation and best practice.

The registered manager was keen to continue to develop and improve the service going forward.

KS Care Ltd

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 inspection took place between 18 and 24 December 2018 and was announced. We gave the service 48 hours' notice of this inspection as the service is small and we needed to ensure that the registered manager was available for the inspection. This inspection was completed by one inspector and an 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.

Before this inspection we reviewed the information, we held about the service such as notifications we had received from the registered provider. Notifications are when registered providers send us information about changes events or incidents that occur at the service. Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection.

On 18 December 2018 we visited the service and spoke with the registered manager and the nominated individual. We also reviewed records at the service. We looked at four people's care plans, three staff files and staff rotas. We looked at various policies and procedures at the service including safeguarding, medication and health and safety. We looked at staff training and planning records, quality monitoring audits, minutes from team meetings and meetings with other professionals.

Between the 19 and 24 December 2018 we spoke to eleven people who used the service and two relatives of people. We also spoke with five staff members to gather feedback about the service.

Good

Is the service safe?

Our findings

We received mixed feedback from people around how safe they felt using the service. One person told us, "I have never felt unsafe. I feel safe because I do think(staff) know what to do." Another person told us they had felt unsafe as they did not receive regular staff, however the service had rectified the issue. Although one person said, "I do feel safe, but occasionally I don't feel so safe when I feel unable to talk to (staff), to be understood and to understand them.'' The registered manager told us that they would be speaking to people and staff about how to rectify this.

Staff had a good understanding of safeguarding and what to do if they suspected abuse. One staff member told us, ''I would call the manager or the office. Someone is always on call. If I can't get through then I would share information with other staff.'' Another staff member told us, ''I would report it to the safeguarding authority if I did not feel action was taken. I have a duty of care.'' The provider's safeguarding policy was detailed and included safeguarding contact information for staff to use. Safeguarding concerns were recorded and actions were taken where necessary.

People had risk assessments in place for tasks such as manual handling. One staff member told us, ''They have risk assessments and they are updated if they need to be. One person used to be able to do their own medication but now we have to help them so the risk assessment was changed.'' Another staff member said, ''If there are any concerns we will tell the manager.''

However, risk assessments were not always sufficiently detailed and in some cases, did not give specific instructions. For example, one risk assessment included information about the number of staff a person needed for moving and handling. However, it did not give specific instructions to support the person such as how to transfer them from their bed to a chair or the equipment staff needed to do this. In addition, where changes to people's manual handling technique were recorded in their daily care notes, the risk assessment had not been updated. This meant that staff may be given out of date or unclear or conflicting instructions to care for people safely.

People gave us mixed feedback about receiving care visits on time and for the correct amount of time. One person told us, ''[Staff] are on time and very rarely late.'' However, another person said, ''They do leave early but they do everything I ask them to do. I do feel a bit rushed though. In the mornings they are rushing to get to the next visit and in the evenings, they are rushing to get home as I am their last visit." A relative of a person told us that staff were, ''supposed to be there for 30 minutes in the mornings but rarely were.''

The rota management system alerted the registered manager or administrator if staff were going to be late for a care visit or if the durations of these were not correct. This system had only recently been introduced and the registered manager told us that they were also using another monitoring system in tandem until the new system proved reliable. This system was only accessible by authorised staff to protect people's confidentiality. We saw from this system that visits took place as arranged in most instances. Delays were recorded and these calls took place within 10 minutes of the planned call times. We also saw that staff

stayed at visits for the correct amount of time.

The registered manager told us, ''We do have some late calls but we always pick this up and ring ahead to let the person know.'' One staff member said, ''If we are running late then we ring the office and let them know that something has happened'' and, ''We communicate using the confidential system if a call needs covering. There is always someone to do it and if there is not then the registered manager will cover it.'' Staff told us they had enough time to complete visits. One staff member said, ''We have plenty of time because we have 10 minutes travel time between care visits and it is planned so they are all close together.''

Safe recruitment practices and policies were in place and these had been adhered to. Previous employment references had been obtained and all staff had a check in place for any criminal records. Checks were completed at the interview stage to ensure that staff were fit and proper persons to complete all aspects of their job roles. However, we saw that employment histories for staff members had not been checked prior to them starting their job roles. The Registered Manager rectified when we bought this to their attention.

People were safely supported with the administration and management of their medicines by trained and competent staff. One person told us, ''I take my tablets myself but the staff do rub some cream on to my legs and it is fine.'' A relative said, ''[Staff] do give [family member] their medicines at the end of the day from a blister pack and there has never been a problem.'' One staff member told us, ''I was only trained when I was ready as it is so important. The managers do surprise spot checks to check we are doing it right.'' Audits were completed of people's medication administration records (MAR) charts. Where issues were found these were picked up and discussed with the staff team through supervision and team meetings.

Where people were prescribed 'as and when required' (PRN) medication, there were no instructions for staff as to when to support people with these. On one MAR chart we reviewed we found that PRN medication had been administered for an extended period, however no reasons for this were recorded. This meant that staff members were unclear as to when to support people with their PRN medicines.

Staff had received training in infection control and that this was discussed regularly in staff meetings to promote good hygiene practice. People told us that staff supported them in a way that promoted good infection control. One person told us, ''[Staff] always have a clean uniform and a badge on.'' and, ''[Staff] always come with their gloves. [Staff] always wash their hands.''

Incidents and accidents were recorded and checked to ensure that they did not happen again. Lessons learned were shared with the staff team in meetings.

Good

Is the service effective?

Our findings

Staff received training in a wide variety of subjects such as safeguarding, medication, the Mental Capacity Act 2005 (MCA) and infection control. We saw that staff had received training specific to people's needs such as dementia. One staff member told us, ''I have had specific training in dementia and speech and language therapy.'' Another staff member said, ''All our training is face to face. We do not do online. I have had a lot of training.''

Staff received a thorough induction when they started working at the service and this covered all aspects of the job role. One staff member told us, ''I had induction for two weeks. I went with the manager for all the calls.'' and, ''The induction was very thorough. I would not be as good at the job now if it wasn't for this.'' All staff had a qualification in health and social care, or were completing the Care Certificate. The Care Certificate is a set of standards which staff are expected to achieve to help them to be effective in their job role. We saw that topics discussed at induction were regularly reviewed and discussed with staff members during supervisions.

The registered manager told us that they had regular supervisions and competency checks with the staff team. We saw that these were completed often and that feedback was always given to staff afterwards to help them improve their practice. One staff member told us ''Supervisions are useful and if I do something wrong then we talk about it at once. This helps me not to make the same mistake again.'' Staff members told us that supervisions were useful and an opportunity to continually learn.

The registered manager and provider completed a number of competency checks with staff members in areas such as medication, manual handling and infection control as well as general practice. We saw that these competency assessments gave valuable feedback to staff members to continue to improve their practice. Most people told us that staff were professional and competent and trained to a good standard.

People's needs were assessed before they started using the service and these assessments were completed in partnership with the local authority and people's family members. This ensured that people received the correct level of care that they needed. These assessments were very detailed and took in to account people's likes, dislikes and preferences. The registered manager told us ''It is important to get things right for people from the start as it is their service.'' One relative said, ''[Family member] was in hospital when the provider did the assessment. They recorded everything well and the social worker checked through it.''

People were supported to eat and drink appropriately. One person told us, ''I choose what I want to eat. I get it out for them (staff) and they get it ready for me.'' People's favourite foods and drinks including any special diets were recorded in their care plans. Staff adhered to this guidance to support people safely.

People had access to health professionals when they needed it including, physiotherapists, speech and language therapists and GP's. Information provided by health professionals was added to people's support plans, risk assessments and daily notes. The Registered Manager told us, ''We are all about holistic care. We

involve the GP and social worker to ensure that people's health needs are met.'' A staff member said, ''If people have something wrong then we help them to call the doctor.''

The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. We saw that the Registered Manager was working within the legal framework of the MCA. We saw that consent was sought from people before starting their care package. People had agreed that they were happy to be supported in ways that they had identified. Best interest decisions were completed with people when they lacked mental capacity.

Staff had a good understanding of the MCA. One staff member said, ''You always ask people what they want. Sometimes they change their mind and this is fine. It is important not to assume that they want the same thing every day.'' Another staff member told us, ''The MCA is about empowering people who may not be able to make decisions easily by themselves anymore.''

Requires Improvement

Is the service caring?

Our findings

The service was not always caring. Some people found most of the carers to be pleasant and caring but several people said that some carers were better than others. Six of the eleven people we spoke with felt rushed by the carers. Many people mentioned that lack of the carer's English language skills and heavy accents made communication difficult both to understand what was being said and to be understood.

Some people told us, ''[Staff] are OK. So far so good.' and, ''They are quite good, they do the job and some chat.'' However, people also told us that communication could be difficult due to staff member's English language skills. One person told us that they had to tell staff how to meet their care needs and exactly what to do. A relative said, ''[Family member] had dementia and I don't feel the [staff] were trained or qualified to deal with their dementia which slowly got worse." Another person said, ''The [staff] are mainly from overseas which is not a problem for me except that I don't understand them and they don't understand me. It can lead to problems.'' This had resulted in the person's care being incorrectly planned and which meant the person missed their lunch time care visit. A relative told us that most staff had a strong accent. This resulted in their partially deaf family member being shouted at. The relative said, "I don't think staff really understand about communicating with elderly people." People also told us that staff often spoke between themselves in their own language which people did not understand. This did not show people respect.

Other people also told us that staff sometimes rushed them or did not treat them with kindness and compassion. One person told us, ''The good carers do the job and pass the time of day with you. There are carers and carers. One or two are good- they do everything to the letter but some come in and rush along and can be a bit rough with me.'' This person told us that they felt that staff were rough because they were in a rush to complete tasks. A relative of a person told us that some staff were not as careful and supported their family member in a way which made the family member feel uncomfortable. Again this was because staff appeared to be in a rush.

This feedback showed us that people did not feel that they were being treated with kindness, compassion and respect. We spoke to the Registered Manager after receiving this feedback and they told us that they would discuss this with people. Feedback received by the service from people did not reflect what people told us. The Registered Manager said that they would look in to this.

People's care plans were detailed and included information about people's likes and dislikes, support needs and a section called 'what makes me feel better is I am anxious or upset.' People's care plans and daily notes written by staff members were written in a respectful manner. Staff members told us, ''If we complete everything we need to then we sit with people and chat to them to give them company.'' and, ''It is more about how a person is feeling and appreciating this rather than just doing tasks for a person.''

People were supported to express their views about their care including how independent they wished to be. For example, the gender of care staff and if the person administered their own medicines. One person told us, ''[Staff] always ask me for my choices.'' The registered manager said, ''We have six monthly reviews where people can make their choices. Families are involved if the person wants them to be involved.'' One

staff member told us how they supported a person to remain independent during personal care by preparing what was needed for the person and then allowing them to complete the tasks themselves. We saw evidence in people's care plans that people and family members were involved in peoples care and support. People were also given a service user handbook which signposted them to advocacy services.

Good

Is the service responsive?

Our findings

People received care that was personalised to their needs and choices and their care plans and visits were organised around these needs. For example, one person needed support at specific times of day due to medicines and this had been arranged. Another person told us that they had female care staff for personal care but also male care staff for other care. The registered manager told us, ''We try and match the personalities of carers to the person at the initial assessment and then try and make sure that the person receives regular care staff.''

However, some people told us that they often received several different staff. One person told us, "They seem to come at different times and I never know who is coming and when.'' Another person told us, ''They seem to change the staff every 3 to 4 days.'' Another person told us, ''Staff are moved around a lot. I would prefer more regular carers so we could get used to each other.'' The registered manager told us she would speak to people about how this could be improved. Records showed us people had the same staff support them consistently.

The registered manager told us that people's care was reviewed regularly or when it was required and changes were made when needed, such as different times for care visits. One person told us ''I have improved recently and now only need one carer. I am working with the manager to change this.'' Staff said that they had, ''plenty of time to read the care plans thoroughly'' and ''often read the care plans with the person and asked their opinions.'' We saw evidence of this in people's care plans.

People had access to their care plans in their homes and staff updated daily care records and plans when things changed. One relative told us that staff had assisted them to amend their family member's care plan as the person's needs had changed. One person said, ''Staff write everything down when they are finished at the end of a visit.''

People had access to a complaints policy and could make complaints. When complaints were made people were asked what outcome they wanted and could tell the service what this was. Examples of complaints included staff not wearing their identity badge, a late call and a staff member being rude. Complaints were resolved to the complainant's satisfaction and actions had been taken to prevent recurrences. These were shared with people to ensure that they were happy with the result. The service had also received many compliments from people and relatives who had used the service. One example was a person thanking for the service for supporting them back in their own home.

Though the service was not supporting people at the end of their life there was evidence that they had done so in the past. The registered manager told us, ''We have a good relationship and effective communication with various health professionals when it comes to supporting people with end of life care.'' A staff member said, ''We are trained to support people in a respectful and dignified way at the end of their life.'' We saw that the service had received several compliments from family members of people who they had supported at the end of their lives. People's care plans detailed their preferences at the end of their lives. The service had an end of life policy in place which detailed and explained to staff members how to treat people at the end

of their lives.

Good

Is the service well-led?

Our findings

The registered manager and the nominated individual (this is a person who has overall responsibility for the quality of service provided) had a clear vision and values which were shared by the staff team. The registered manager said that their values were "Care and compassion" and that their service was "not just all about the business". They also told us, ''The most important thing is that people are receiving the right support from the staff team.'' The staff team shared these values. One staff member? told us, ''It is about giving back to the community and supporting people to live how they want to.'' The provider had a document which described what the service did and this reflected these values.

The registered manager understood their role and their regulatory responsibilities. Quality assurance audits were completed regularly. These covered areas such as daily records, MAR charts, care visit times and durations and care plans and risk assessments. Issues were recorded and promptly acted on. For example, we saw one audit which found that handwriting of daily notes was unclear. This was immediately addressed with staff in the next team meeting. We saw that on several occasions medication audits had identified gaps in staff's knowledge and 'questionnaires' had been given out and completed at the next team meeting to check their knowledge.

The registered manager had produced a business continuity plan in case there were any issues with the running of the service. There was an on-call system in place where people could always contact someone from the service at any time of the day throughout the week. One person told us, ''I have a mobile phone number which is for out of hours. The landline does not seem to have an answerphone on it so I use the mobile.'' The registered manager and nominated individual covered care calls directly in emergency situations to ensure people still received their care and support.

People and staff provided their feedback of the service and the provider used this to continue to improve the service. We saw a recent survey that had been completed by the provider. Feedback from people was very positive and issues had been acted on. People were given feedback on these actions. One person told us, ''The senior people will give me a call on the phone and ask me how things are going and the registered manager goes through my plan. I am happy with all that.'' Another person told us, ''The registered manager phones me occasionally to see how I am.'' The registered manager and nominated individual visited and spoke to people on a regular basis and discussions were recorded and used to improve the service.

People and the staff team were positive about the registered manager and the nominated individual. People told us ''The registered manager is always very nice and polite'' and ''I have a number for the manager and they always respond. They seem very flexible and responsive in that way.'' One relative told us, ''The registered manger is always friendly and approachable.''

Regular staff meetings were held and staff felt involved in these. One staff member told us, ''Team meetings every month are a good way of being involved in the service and being able to contribute.'' Staff members told us that they were supported by the management team and that the registered manager and nominated

individual helped out as much as practicable. One staff member said ''They [the registered manager and nominated individual] help us a lot with whatever issues we have. They always get back to us with a solution.''

The registered manager and nominated individual were keen to continue improving the service. A new electronic care system was being introduced. This was being explained and shared with the staff team. The nominated individual told us, ''I truly believe this is the way forward and the system will get better as time goes on.'' We saw that information such as care plans and training records were being moved on to this new system. The system would then effectively flag up when reviews and actions were due.

At a recent local authority compliance monitoring visit several areas for improvement had been identified. We saw that these had been actioned and completed promptly by the registered manager. This showed that the registered manager was keen to continue to improve the service.

The provider's representative worked with other agencies to discuss ideas for the service. The registered manager attended meetings and workshops about how to keep up to date with new legislation and requirements. The nominated individual told us that they attended care provider meetings in Bedford to talk about compliance and keep up to date. The service was working with another agency to continually review and keep policies and procedures updated.