

K2 Care Limited

# K2 Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

K2 Care Limited is registered to provide personal care to people who live in their own homes in the Peterborough area. At the time of our inspection 27 people were receiving personal care from the service and there were 49 care staff employed.

Our last comprehensive inspection took place on 24 June 2013 where we found the provider was meeting four of the three of the six regulations we looked at. These were concerns about medication, recruitment and quality assurance. A follow up inspection, took place on 13 January 2014 when we found K2 Care Limited was now meeting the regulations. This announced inspection took place on 21 and 22 January 2016.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 scheme is run.

People had their needs assessed and reviewed so that staff knew how to support them to maintain their independence. Peoples care plans contained person focussed information. However the information was not always up to date or correct, which meant people could be at risk of poor or inadequate practice from staff.

Staff were not trained in the principles of the Mental Capacity Act 2005 (MCA) although some could describe how people were supported to make decisions. People were controlled and restrained without the required authorisation under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

People were not always supported to be as safe as possible because risk assessments had not been completed for all risks. This meant staff did not always have the information they needed to reduce risks. The risk of harm for people was reduced because staff knew how to recognise and report abuse.

The provider's recruitment process was followed and this meant that people using the service received care from suitable staff. There was a sufficient number of staff to meet the needs of people receiving a service.

People's privacy and dignity was respected by staff and staff treated them with kindness. People and their relatives were aware that there was a complaints procedure in place and felt confident to use it if they needed to.

Systems were in place to monitor and review the safety and quality of people's care and support. People and their relatives said they had been contacted for their comments about the service.

Staff meetings and individual staff supervision were completed regularly. Staff were supported by the office

staff and the registered manager during the day and an out of hours system was in place for support in the evening.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 not safe.

Risks to people's safety and welfare were not robustly assessed and managed.

People who used the service could not be assured that their care plans provided correct information to staff about the administration or prompting of their medication.

There were enough staff to provide the necessary care and support for people.

**Requires Improvement** ●

### Is the service effective?

The service was not effective.

People's capacity under the Mental Capacity Act 2005 had not been assessed to ensure decisions that were taken were in their best interest. People may be unlawfully detained as referrals to the required authorities had not been completed appropriately.

Staff had been provided with appropriate training to enable them to meet people's individual needs.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Day to day practices, to ensure people's privacy, dignity and independence, were respected.

People were supported in their care by staff who listened and acted on the choices people made.

**Good** ●

### Is the service responsive?

The service was not responsive.

Reviews of care were not detailed to show the outcomes for people.

**Requires Improvement** ●

People's preferences were recorded and acted upon and their needs were responded to in a person-centred way.

People were aware of how to raise any complaints or concerns and felt they would be dealt with in an open and transparent way.

**Is the service well-led?**

The service was not well led.

Information on the needs of people in their own homes was not up to date or complete.

People could be assured that service was open and transparent.

Staff understood their roles and responsibilities.

**Requires Improvement** 

# K2 Care Limited

## 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 on 21 and 22 January 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was undertaken by two inspectors.

Before our inspection we looked at all the information we held about the service. This included the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. Eighteen questionnaires were sent out to people who use the service and 18 to relatives of people who use the service by the commission. Six completed questionnaires were returned from people who use the service.

We looked at other information that we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

During the inspection we spoke with two people who received a service and two relatives. We spoke with the service's registered manager, two team leaders and five care staff.

We looked at eight people's care records and their daily care notes. We looked at medicine administration records and audits in relation to the management of the service such as checks regarding accidents and incidents and quality assurance. We also looked at staff recruitment, training and supervision records.

# Is the service safe?

## Our findings

We saw that risk assessments about the person's home environment had been completed. However, there were no individualised risk assessments. For example, in relation to the risk of choking as detailed by the speech and language therapist, the risks of moving and repositioning people using hoists or the risks of using special methods of feeding through a tube into the stomach. The registered manager confirmed this was the case but they were unable to explain why they had not been completed. Care staff we spoke with confirmed there were no risk assessments in place but they explained how they followed safe practices when providing care to people who may be at risk and we saw that this was the case. One member of staff said, "No there are no [written] risk assessments for the hoist or the PEG [method of feeding and providing medicines through the stomach], but I have been trained and know what to do." This meant people and staff could be at risk of inappropriate or unsafe care.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had a policy on the management of medication. Although he stated that staff only prompted people with their medicines and did not administer them, we found that staff did administer medicines. During a visit to a person's home we found that one member of staff was administering medication through a PEG. The registered manager stated they were unaware that this was being done and confirmed that this would be deemed as administering medicines.

Some medicines recorded within peoples care plans were spelt incorrectly. The same medicine was spelt differently several times within one person's care plan. This could potentially cause confusion amongst care staff administering medicine and result in a potential medicine administration error. Staff told us that they had received training in the administration of medicines and that their competency was assessed by senior staff. This was confirmed by the registered manager.

We checked the medication administration records (MARs) of four people and they showed that people had been prompted with their prescribed medicines. One person told us, "They [medicines] are in the box in the kitchen. Staff give me it [medicine] when I need it." The person confirmed and records we saw showed that staff noted in the daily notes and the MAR chart that medication had been given.

People and their relatives told us that they felt safe. One person said, "I do feel safe. The carers [care staff] check and make sure about the fire". Previously the person had tried to light their gas fire but it had not lit properly and filled the house with gas. The registered manager said all staff had received training in safeguarding people from harm, including refresher training where necessary and further training was to be undertaken through the local authority training. Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed when incidents of harm occurred. Staff told us they would contact the office if they were worried or had any concerns about the safety of people. One member of staff said, "I would speak to the [registered] manager and fill in the form." There were records about two safeguarding issues that had been raised by the registered manager and referred to the local authority. Information showed the registered manager had investigated the

safeguarding's and how the service had learned from these. However, during this inspection we found two issues that had not been appropriately reported to the safeguarding team. We raised these as safeguarding issues with the local authority. This showed that people were not always kept as safe as possible.

Care staff explained their recruitment to the service. Information on recruitment files showed pre-employment checks had been undertaken although some had no recent employer or independent reference. The registered manager stated that challenges existed where prospective staff had not worked previously, and explained that those staff worked with more experienced staff on calls that required two staff to meet the needs of the person. Where necessary there was evidence that employment gaps had been explored and recorded. Other documents provided by staff included recent photographic identity, their right to work in the UK and their fitness to work with people using the service. The records showed a valid certificate from the Disclosure and Barring Service (DBS), which carries out a criminal record and barring checks on individuals. The registered manager said that some staff commenced work before their DBS check had been received. They undertook training and worked to observe care with a more senior staff member until the DBS had been checked and validated.

There was a sufficient number of staff available to meet the needs of people who were receiving a service. People and their relatives told us that the staff, provided by the service, were regular staff and this ensured continuity of care and allowed a positive relationship to develop. A relative said, "I have one regular carer [member of care staff name]. She's very good. [Name of child] gets on really well with [staff member's name], and has a good relationship. When she [member of care staff] isn't working it's not as good. It's not bad, just not as good". It was evident that each person had a small number of care staff who provided their care on a regular basis. There were other care staff who provided care if the main member of staff went on holiday or was unexpectedly off absent.

There were 49 staff employed by K2 Care Limited at the time of the inspection, including bank staff, and 27 people who used the service. The registered manager said that they ensured staff availability before they agreed to provide care to any new people. Staff told us they were usually given sufficient time to care for people and meet their needs. One staff member said, "I do need extra time in the morning because I have to use a hoist now. I have told the office but nothing seems to get done." We spoke with the family and the registered manager who said that a meeting had been arranged with other professionals to ensure the amount of time would be adjusted if needed.



## Is the service effective?

### Our findings

Although the provider had a policy and procedure on restraint it was in relation to adults only. There was no information available about the restraint of children. The registered manager stated that no staff restrained any person they provided care to and no staff had received training in restraint. However, we found that one child was restrained. There was information in the care plan of that child that stated, 'Food and drink will have been prepared by mother and CSW [care support worker] to feed [child's name], however CSW will have to restrain one arm due to her spontaneous arm movements'. There was no other information to show how the child was at risk to themselves or others regarding their arm movements which would require any restraint, or any agreed protocol that would ensure their best interest.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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. We checked whether the service was working within the principles of the MCA. The registered manager had a limited understanding of the MCA and had received some training in this subject.

The registered manager confirmed that people using the service had capacity and two of the people we spoke with told us that they were able to make decisions for themselves. We saw details in one person's care plan that contained a consent record. This was about consenting to the service consulting other professionals, wounds being recorded and assessments being read by staff. The form had been completed and signed by the person's mother. However there was no consideration to the person's mental capacity given within this plan. One member of staff said, "People have mental capacity about making decisions. You always ask people what they want to eat, drink or dress in". However another member of staff was not clear on mental capacity, although they said that they had completed a course on the MCA. The registered manager told us that new training for all staff in relation to the MCA had not yet commenced. They showed us a training schedule for January 2016 onwards for all staff to undertake the training.

Staff told us they received a range of training that supported them with their roles, such as safeguarding people from the risk of harm, moving and repositioning, dementia and medication administration. One staff member told us they had undertaken training, which had been primarily undertaken online but moving and handling and basic life support were completed face to face. One team leader said they had been able to undertake a team leader course to support their role. Another member of staff told us, "I have completed health and safety, moving and handling and I have NVQ3 [in care]". A matrix supplied by the registered

manager showed that the training for current staff was up to date.

People and their relatives told us that the staff were able to provide the care they needed in a way that was competent and professional. For example when staff used the hoist when a person needed to be assisted to transfer from one place to another, training had been given in the use of that hoist. Information on files showed staff had attended an induction training programme, which provided all the mandatory training expected by the provider. Staff confirmed that their competency was assessed through observations in areas such as medicine administration and moving and repositioning people. Staff informed us that some specific training from, for example, the occupational therapist, had been provided. Evidence of these types of training sessions were recorded on the computer system in the office.

Staff told us that they had been supported by face to face supervision meetings including spot checks (visits from senior staff to check that staff could demonstrate continuing competence). One staff member said, "I am supported through training, staff meetings, one to one meetings, appraisals and spot checks by other staff. If there are any issues I go to the [registered] manager." Another staff member told us that they received feedback and support in supervisions which were held two to three monthly. They said they could ask for supervision more frequently if they needed to.

People were supported by staff who ensured that they could see a range of healthcare professionals when it was required. These included GP's, district nurses and emergency services. One person receiving the service said, "If there is an issue with [piece of medical equipment] they [staff] call the district nurse." Two members of staff told us about the medical needs of the person they cared for and what they would do in the event of an emergency for that person. It was clear there were procedures in place to protect the person. This meant that people were supported with their healthcare needs.

The people we spoke with told us they did not require support to eat and drink. One relative said, "I prepare and make sure [spouse] has enough to eat and drink. The carers [care staff] don't need to worry about that". One person said, "I know what I want to eat and drink and they [care staff] make sure I get it. They leave me the drinks I ask for. I don't need anything else".

# Is the service caring?

## Our findings

People told us, and information from the commissions' questionnaires showed that the staff were caring and kind. One person said, "The carers [staff] are jolly good. They do as you ask and I can get up and go to bed when I like, which is better than being in a [residential] home." A relative told us, "The nurses [care staff] are very good". We observed how staff talked with the people they were caring for and this was excellent. People were encouraged to do as much for themselves as possible and were treated with kindness and respect by staff.

Staff understood and discussed examples of how people could be discriminated against and how they would ensure people were treated fairly. One member of staff told us that no-one was treated differently because of their sexuality or religion, "Everyone is treated the same [as equal]. It wouldn't matter what their sexuality, religion or anything". The registered manager said that usually male carers provided care to males and female to females, but if someone wanted a carer of the opposite sex then the service would try to provide that.

People said that they had been involved in developing and reviewing their care. They said that they had talked to staff, provided information and made decisions about the care that they wanted. Staff were able to tell us about the people they were caring for and how they supported those people in their own homes. One relative said, "I was involved in the care plan and reviews and all the staff played a big part in getting [name] her school place". People told us that they had a good relationship with the staff who provided their care. One person told us, "They [staff] get me up in the morning, give me my breakfast, shave me and sit me in my chair. They [staff] also read out my letters for me, it's a real help." One relative said, "We're looked after night and day."

Staff told us, and we observed how they ensured people's privacy and dignity through closing the curtains, keeping doors closed and covering people when providing personal care. They told us how they involved people in their everyday decisions about their care and how they provided choices to them. People told us and we saw how staff treated them with respect. One relative said, "They [staff] keep me involved and will do things when I'm not here." One member of staff said, "When I am here [at the person's home] I am looking after the client, not thinking of the time."

People were able to speak up on their own behalf or were supported by a relative who would speak up for them if it was necessary. The registered manager said that, if necessary, an independent advocate would be sought to help anyone if they wanted it. Advocates are people who are independent of the service and who support people to make and communicate their wishes. As part of our inspection we received Information from an advocate, which showed they were involved in the person's care and welfare when dealing with the agency.

## Is the service responsive?

### Our findings

Care plan documentation about people's care and wellbeing was incomplete and there was a lack of guidance for staff to follow about meeting people's needs. For example we found that for one child, staff were providing food and medicines via special methods through the stomach, and this was not recorded as part of the care plan. In another person's file there were only some elements of their dietary needs. Information that they should have a diabetic diet had been omitted. There was no protocol in place on how to assist one child with eating their meal or how to address their behaviour that challenges themselves or others. On three care plans we saw that there was no information on the allocated amount of time for each visit, although the staff we spoke with were aware of these. One person had 24 hour care but there was little information about what staff, who provided the night care, should do to assist the person. The registered manager told us about the care that this person required but this was not in the care plan. Where people's needs changed staff were able to tell us about the changes. However the changes had not been updated and recorded in the care plan, which meant that the information was not accurate to ensure staff could meet people's needs.

People's care needs were reviewed regularly however reviews were very brief and five out of eight we looked at said 'no changes'. We saw on one care plan for a young person that the service had provided support since January 2015. The aim of the plan was to increase independence for the young person through support. However all reviews carried out stated 'no change' with no additional information recorded. It was therefore not clear from the plan what steps were being taken towards increasing independence for that individual.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information from individuals, the local authority or hospital discharge team provided details that the registered manager used to ensure the service could meet the needs of people. People and their relatives told us they discussed their care needs with staff, and there was evidence in the care records to confirm this. One person said, "I have something in the kitchen that says about what care I should get." We went through the plan with the person and they agreed the information was correct. One staff member said, "There is always a care plan in place before we provide care. It's what I check to make sure I know what care to provide." In another person's care plan there was information about how two members of care staff should support them with moving and transferring. People, their relatives and staff confirmed that there were always two staff to complete the transfers.

People told us they felt the service provided by K2 Care Limited was flexible and responded to their changing needs. One person said, "I am able to go out in the wheelchair if the weather is good and the carer [staff member] has time". There was no information in the care plan that showed the person had that activity as part of their package of care, but it was something they enjoyed when possible. The registered manager said that the service was allocated time to the person and this could be used flexibly and in a way that empowered them.

Information from the provider showed that over a seven day period in November 2015, 595 visits to people using the service had been made and there had been no missed calls. The provider had a system where any calls that were late or missed were recorded on the computer system and checked by staff in the office. We looked at the computer system and there was evidence that some calls had been delayed but no calls missed. People told us the staff were reliable and no-one recalled a missed call.

We saw details of the provider's complaints procedure in the statement of purpose and in people's individual files. Information from the questionnaires sent by the commission showed that people knew how to make a complaint and felt the issues would be looked at. One person said, "I have no complaints, but I would know who to speak to if I needed to". A relative said, "I would phone the office if I needed to complain, but I have no problems". The registered manager stated they had received one formal complaint in the last 12 months. There was information on how the complaint was addressed and how improvements in relation to the service were made. This meant that the provider had a complaints system that was effective.

## Is the service well-led?

### Our findings

During the inspection we found that no additional quality audits in relation to areas such as care plans and risk assessments had been completed. The registered manager agreed that these had not been done but provided a print out of different audit forms they intended to use in the future. This meant that there was not an effective process in place to ensure the health, or mitigate the risks, for people.

The registered manager told us they monitored the quality of the service provided so that people could be confident their needs would be met. They told us that there was a system of spot checks to observe the care provided by staff up to six times a year. Staff and people confirmed that was the case.

The registered manager also told us that there was a quality assurance system in place. Every six months, ten percent of the service users were sent a questionnaire to complete. During August 2015 six surveys were sent out. The surveys we saw had set questions and there was nowhere for additional comments or feedback to be recorded. There was no overall summary of feedback received or any plan of action to be taken. There had been no issues raised and this was confirmed when we looked at the questionnaires.

Information from the questionnaires sent by the commission showed that people had been asked by the provider what they thought about the service provided by K2 Care Limited. People also commented that the information they received from the service was clear and easy to understand.

People and their relatives made positive comments about the service and said they would recommend the service to others. One relative said that the registered manager was approachable and all the staff were helpful and honest and understood their family member's needs.

There was a registered manager in post at the time of the inspection and they were supported by office and care staff. Staff were aware of their responsibilities within the service and told us they understood how to raise concerns through the whistleblowing policy in the service. Staff said they enjoyed their work and felt the registered manager and staff in the office usually listened to them. One member of staff said, "Communication is really important. Everyone [staff] knows everyone and all the carers get on". Another said, "I enjoy my work. Usually they [office staff] listen but with this [specific issue of time allocation] they just say they're dealing with it". The registered manager said they had listened to staff about time allocation for one person using the service and a review was being held the next week. Another member of staff said they (all staff) were supported out of hours through an on call system and agreed that the registered manager and office staff were contactable when needed.

We saw evidence that staff meetings were held and had taken place in January 2016. Staff said the meetings were useful and informative. One member of staff said, "We discuss issues as well as any new regulations and what we need to do as a result". Another said, "We discuss any issues, new packages [of care], what's happening in care and any new training that's available". Staff said they felt the meetings meant the service helped them develop individually and also improve the service.

Records we held about the service, and our discussions with the manager, showed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed that the registered manager had

an understanding of their role and responsibilities.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People's care plans did not have up to date or correct information to ensure their care needs were met.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Care and treatment was not provided in a safe way. People's risks of choking, the risks of moving and repositioning people using hoists or the risks of using special methods of feeding through the stomach had not been properly assessed and managed.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  People were controlled and restrained without the required authorisation under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice.