J & K Care Specialists Limited

J & K Care Specialists

Inspection report

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05 November 2018
29 November 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 25 October 2018, 31 October 2018, 5 November 2018 and 26 November 2018. On 25 October we made calls to people who received care from J and K Care specialists. On 25 October 2018 and 5 November 2018 we visited the office of J and K Care Specialists. On 26 November 2018 we spoke with staff who worked for J and K care specialists. The inspection was announced. We gave 48 hours' notice of our intention to visit J and K Care specialists to make sure people we needed to speak with were available.

J and K Care Specialists is a domiciliary care agency. It is registered to provide personal care and support for people in their own homes in the county of Hampshire. At the time of our inspection J and K Care Specialists were supporting 110 people with personal care.

The did not have a registered manager. A registered manager is a person who has registered with the 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 service is run. The service had a manager who had begin the registration application process with us. They were waiting for their application to be approved.

The provider's systems for safely managing medicines were not always effective. Audits of medicines administrations records (MARs) were not always effective in identifying errors or omissions. Staff recorded missed doses of medicines but reasons for these were not always documented. Handwritten MARs were not always clear or legible. Records of discussions with people's GPs were not available when they had not taken a medicine for periods of up to 23 days.

The provider's systems for monitoring quality and safety within the service were not always effective. Audits of MARs were inaccurate and incomplete as they failed to identify omissions and errors.

The provider had suitable arrangements in place to protect people from avoidable harm and abuse. Staff we spoke with were clear about their responsibilities and had received the required safeguarding training. Sufficient numbers of staff were deployed to support people's needs and maintain their safety. Safe recruitment processes ensured the provider only employed staff who were suitable to work in a care setting. Risks to people were assessed and recorded in their care plans. Records showed that these were managed safely.

The provider had an infection control policy in place and people were protected from the risk of acquiring an infection. The registered manager recorded accidents and incidents and supported staff to reflect on these to prevent recurrences.

People's needs and choices were thoroughly assessed in line with evidence based practice to support them to live as independently as possible.

People received care from suitably skilled staff who had received regular training and supervision to help develop their knowledge.

The provider complied with the requirements of the Mental Capacity Act 2005. Staff were confidently able to describe how they would apply its principles when caring for people.

People were supported to maintain a balanced diet. People were supported to access care from relevant health and social care professionals. Staff had developed respectful, caring relationships with the people they supported. Staff encouraged people to express themselves and promoted their independence, privacy and dignity.

Care plans were individualised and were written in partnership with people and their families where appropriate. These were regularly updated. Complaints and concerns were responded to promptly and investigated thoroughly.

The provider had systems in place for monitoring the quality and safety in the service. These were not always effective in identifying omissions and errors. Actions were captured in the Service Improvement Plan (SIP) which included dates for completion.

Staff worked effectively in partnership with health and social care professionals to meet people's needs

We identified one breach of the regulations. You can see what action we told the provider to take at the end of the full version of this 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?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely as audits of medicines administration records failed to identify errors and omissions.

The provider had implemented systems and processes to protect people from the risk of abuse and from avoidable harm.

The provider deployed sufficient numbers of suitably qualified staff to meet people's needs. Recruitment checks were carried out to make sure staff were suitable to work in a care setting.

People were protected from acquiring an infection. The provider learned from accidents and incidents.

Is the service effective?

Good

The service was effective.

People's needs were met by staff who had the appropriate skills and knowledge. Staff were trained in the Mental Capacity Act 2005 and were confident to apply its principles when caring for people.

Staff supported people to access care from healthcare professionals as needed.

People were supported to maintain adequate nutrition and hydration.

Is the service caring?

Good

The service was caring.

Staff provided care which was compassionate. They respected and promoted people's individuality and independence.

People were encouraged and supported to express their views about the care and support they needed.

Is the service responsive?

Good

The service was responsive.

People received care which met and adapted to their needs and preferences.

People knew how to complain. People's concerns and complaints were responded to and dealt with quickly.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems and processes for monitoring safety and quality in the service were not always effective.

The registered manager displayed a person-centred ethos and strong leadership. Their positive values were shared by the staff team.

The registered manager sought feedback and contributions from people, relatives and staff when making decisions about the service.

Staff worked effectively in partnership with professionals to provide care which met people's needs.

J & K Care Specialists

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 25 October 2018, 31 October 2018, 5 November 2018 and 26 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service to people who may be out during the day. We needed to be sure that they would be available to speak with us.

The inspection team consisted of an 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. The expert had experience of caring for an older person with dementia. Before the inspection the Expert by Experience made calls to people using the service to gather their feedback on the care they receive.

Before the inspection the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We reviewed records which included seven people's care plans, daily notes and associated records, four staff recruitment and supervision records and records of training. We also looked at records relating to the management of the service such as medicines administration records audits, staff rotas and policies including infection control, medicines management and safeguarding.

We spoke with the nominated individual, registered manager, human resources and training manager, two staff members, nine people who used the service and five people's relatives. After the inspection the registered manager sent us further evidence to review including the provider's medicines administration records, audits for 12 months prior to inspection, policies for medicines management and safeguarding, the business continuity plan, the service development plan and records of staff training.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes I feel safe with the staff. Most of the time it's regular [staff] unless someone is off sick or on holiday. They never rush me and sometimes they stay a bit longer than my time." This was confirmed by relatives we spoke with. One relative told us, "I do feel [is safe as they all know what to do for [relative]. Mostly they turn up on time and I've never had a missed visit. They do let me know if they are going to be a little late."

The provider had systems and processes in place for the recording and management of medicines. However, audits of people's medicines administration records (MARs) were not effective. Audits we reviewed for the 12 months prior to the inspection had not identified errors and omissions such as one person not receiving medicines over a period of 14 days. The registered manager's audit stated the person had not been absent during these periods. The audit was not effective in identifying reasons for absences and missed doses of medicines. This put people at risk of receiving additional doses of medicines due to incorrect and incomplete recording.

Another person's MAR showed they had refused to take a medicine for over seven days. There was no explanation in the MAR about actions staff had taken to address this. The registered manager stated that staff had discussed this with the person's doctor and they had advised staff that it was not a risk to the person if they did not take this medicine. Again, there was no record of this discussion in the MAR or in the person's care plan. This omission had not been identified in the registered manager's audit, therefore the audit was not effective in identifying errors or omissions. This put the person at risk of not receiving prescribed medicines as instructions to staff were not clear.

We reviewed a MAR which had been hand written by a member of staff. We were not able to identify one of the person's prescribed medicines as the staff member's writing was not clear. This put the person at risk of harm through receiving an incorrect medicine.

We made a recommendation that the provider review their medicines audits to ensure reasons for errors and omissions were fully explained. We also made a recommendation that handwritten MARs be clear to ensure people were not placed at risk of receiving incorrect medicines or doses.

Staff we spoke with identified actions to take if they suspected someone had been, or was at risk of being abused. Staff members stated they discussed safeguarding regularly through face to face in house refresher sessions. Staff received safeguarding training which was updated annually.

Risks to people were managed by the provider. People's care plans included detailed risk assessments and support plans which reflected their individual needs and preferences. These included risk assessments with detailed guidance for staff on delivering safe care for people. One person's care plan contained information about managing behaviours which challenge. The risk assessment stated staff should identify triggers for the behaviours to help the person manage their anxiety and keep them safe.

Another person's care plan contained risk assessments to help staff manage emergency situations, such as the person experiencing a seizure. Specific instructions about rescue medicines and suitable health professionals to call were included in the risk assessment. Records showed care plans had been regularly reviewed This meant that people received care which met their needs and kept them safe.

The provider deployed suitable numbers of staff to meet people's needs, keep them safe and support them to engage in activities which interested them. If people required additional support to attend community based activities, the registered manager requested suitably experienced and qualified staff to support them.

The provider had safe processes in place for recruiting staff. Recruitment files we reviewed contained appropriate checks such as references and a criminal record check from the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions and prevent unsuitable staff from working with people made vulnerable by their circumstances.

People were protected from acquiring infections. This was confirmed by people we spoke with. One person said, "They always put gloves on when handling my food." Staff received an induction which included infection control training and had access to protective equipment. Staff we spoke with told us they used the correct hand washing techniques after giving personal care to people to help prevent the spread of infection.

The provider used learning from incidents to improve care provided. The registered manager maintained a record of accidents and incidents. Incident reports were recorded in people's care plans. These included reasons why the incident occurred and actions taken by staff to prevent further incidents.

Good

Is the service effective?

Our findings

People we spoke with confirmed staff received training specific to people's needs. One person said "I always get what I've asked for done, they know what they're doing, they chat to me about the training they have to do, I'm interested. They don't just get given a uniform and told to get on with it, it's detailed training."

Staff received a comprehensive induction before starting work. Records we reviewed showed staff had completed their mandatory training or had been enrolled on necessary training. Staff also received appraisals and regular supervisions. The provider ensured staff completed training specific to the needs of the people they supported, including diabetes management and epilepsy awareness.

The provider promoted a culture of learning and improvement in the service. We spoke with the human resources manager who had also taken on the role of training coordinator. They told us the provider had enabled them to undertake leadership training to effectively support staff. They spoke very positively about the support they had received from the provider and said, "I'm learning all the time." The human resources manager was responsible for coordinating staff training and for holding appraisals. They maintained a log of all completed appraisals to ensure that staff received timely support.

Staff we spoke with told us they were well supported through their training and that they received specific training if the needs of a person they were supporting changed. One staff member said, "I had my up to date training. We have two-year refreshers. If something new comes up we get called in."

People were supported to eat and drink enough to maintain a healthy diet. Staff prepared meals for people whilst respecting their right to choose what they wanted to eat. Staff ensured people could access food and drink as they needed it. This was confirmed by people we spoke with. One person told us, "They always make sure they leave me a hot drink before they go. They arrive with a smile and leave with a smile."

Staff supported people to have healthy lives through accessing healthcare support when they needed it. Care plans contained records of contact with health professionals such as GPs and nurses. Peoples' relatives told us that staff recognised changes in their loved ones' health and reported them to health professionals promptly. This was confirmed by people we spoke with. One person told us about how staff supported them to attend the doctors and dentists. Another person said, "They've never had to call the doctor for me but they do pick up on things and if they think I should be seeing the doctor they do encourage me to contact [them]."

Peoples' care plans included care passports which were used to share relevant information with healthcare professionals if they were admitted to hospital. These contained specific and relevant information for health professionals, who were required to complete these before people returned home, to ensure a safe discharge and prevent them being readmitted to hospital.

The Mental Capacity Act (MCA) 2005 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. We checked whether the service was working within the principles of the MCA 2005.

Records we reviewed showed that staff understood the principles of the MCA and applied them when supporting people. Care plans showed that where people were not able to make certain decisions for themselves, staff ensured decisions taken were made in the person's best interests and in the least restrictive way possible. People we spoke with told us staff asked them about their preferences before delivering care. One person told us, "They help with my breakfast. They always put gloves on when handling my food and always ask me what I want, just in case I fancy a change. I feel very in control of things, I'm the boss and they always go over and above the minimum. Perhaps I'm just lucky."

Good

Is the service caring?

Our findings

People we spoke with told that staff were caring, kind and compassionate in their approach. One person said, "I really can't fault them; they are all really nice, kind and polite. I feel like I can trust them and they'll do anything they can to help me". Another person said, "The carers are really lovely people, amazing. They sense if I'm a bit down and are always willing to give me a bit of extra time. They understand the anxiety I suffer from and are very patient, gentle."

People told staff took time to speak to them about things that matter to them. One person said, "I think I am lucky to have this service. It's wonderful and it's always nice to see somebody and have a little chat. I look forward to them coming. We have lovely chats just about everyday things but it means a lot to me."

Relatives we spoke with told us staff provided care which was highly individualised. One person said, "All the staff I've seen are kind and respectful. Everything is centred around the person they are looking after. When they are in the house their focus is 100 per cent on the person they are caring for." Another person told us, "They really are very caring. They are always talking to [relative] and explaining what's going on in a very quiet calm way and with a smile. Everything they do is thoughtful, they do preserve [their] dignity. I think they are a godsend."

Care plans showed staff had a detailed understanding of people's needs. People received support from consistent staff who maintained a detailed understanding of their needs. Reviews of people's care plans were held regularly and records showed people had been involved in these. This enabled staff to support people to plan goals for themselves and access opportunities.

Staff understood the importance of promoting people's independence, privacy and dignity. This was confirmed by people we spoke with. One person said, "They always ask me what I want doing, even though they've been helping me for a long time, they check in case I want something different and then when they've done things they check again that I'm happy with things. It's very respectful." Another person told us, "The staff always ask me what I need and what I would like doing. They always think about me first and make sure I'm covered up when washing me."

Good

Is the service responsive?

Our findings

People told us they were supported by staff who knew their care needs and preferences well. People were supported by a consistent team of staff. This helped staff build trust with people and develop relationships with them. One person told us, "There is a group of them who have become familiar faces and that suits me. It makes me feel safe with them."

People's relatives were involved in planning care where appropriate. A relative said, "We were involved in the planning and review of the care package. Initially when they did the care plan they were here ages. It was very thorough and [they] included us both in all decisions." Another relative told us "The communication is good between us and the staff. They have a plan in the folder and we are able to read everything they write about how [relative] has been and what they have done."

The provider supported people to access opportunities in the community such as attendance at day centres and education centres. The registered manager told us about a person they had supported to access a volunteering opportunity. Staff had worked closely in partnership with the person to identify a suitable opportunity and make the necessary travel arrangements. People were also supported to attend appointments. One person told us, "The staff really help me, they support me and help me go out and to get to my appointments as I don't feel so worried when they are with me."

People said they knew how to complain if they had any concerns about the service. One person said, "I've never needed to complain but I would have no problems doing so as I'm sure it would be taken seriously". Records we reviewed showed complaints were responded to promptly and thoroughly investigated according to the provider's policy. One person's care plan contained a record of a complaint made about the ability of a staff member to support a person with behaviours that challenge. The provider had responded to the complaint by identifying a staff member who was more suitable to support the person. The previous staff member had been reassigned to support another person.

People's relatives also knew how to complain. One person said, "I've never had to complain, there's a bit in the book about how to do it but I would just ring the office if there was a problem. The care plan was very thorough and they do review it regularly. They're always ringing to check if everything is going on okay and if we do have any problems so I think if I said yes they'd be sorting it quickly."

At the time of our inspection the service was not supporting anyone receiving end of life care.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with told us that they felt the service was well led and the registered manager was approachable. People said they felt confident the registered manager would act on concerns if they were raised. People also said they were regularly visited by senior staff members to check on them and review their care. One person told us, "It's a good service and I recommend them to anyone who needs support. The staff and the management are all very approachable". Another person said, "The manager is very easy to talk to, all the staff are".

The service had a registered manager. 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 registered manager completed monthly audits of people's medicines administration records (MARs), which are documents used by staff to record which prescribed medicines have been given to people at specified times of day. We reviewed the monthly audits completed for the 12 months before the inspection and found several errors and omissions had not been identified in the registered manager's audits. These included mistakes on handwritten MARs, illegible handwriting, and missed doses of medicines which were not accounted for. Explanations for medicines not being given over periods of up to 23 days had not been recorded in people's MARs or care plans. We raised this with the registered manager who agreed to make the necessary arrangements to review the audit processes to make them more effective so that they accurately identified and recorded omissions and errors. This put people at risk of receiving incorrect doses of medicines or of not receiving them at all.

After the inspection the provider sent us evidence that plans had been put in place to review these audit processes. However, we could not be assured that the required improvements were effective, embedded and sustainable.

The provider had not ensured appropriate and effective quality assurance processes were in place to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

All services registered with the CQC must notify the CQC about certain changes, events and incidents affecting their service for the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The service had notified CQC about all incidents and events required.

Staff were clear about their roles and responsibilities. Senior staff completed regular competency observations and completed regular training sessions with staff if refreshers were needed. Staff told us they felt comfortable approaching the registered manager and administrative team with concerns.

The registered manager had an oversight of the service and some of the required improvements. The management team used quality assurance systems to identify and implement service improvements. These were logged on the Service Improvement Plan (SIP). Identified actions were assigned to individual members of staff and included timescales and completion dates. This enabled the management team to identify manageable timescales for actions as well as maintain an up-to-date record of progress against the identified objectives.

Systems were in place for monitoring quality and safety within the service. Quality monitoring tools were used regularly to review and complete service improvements. Monthly audits were used to monitor areas such as missed or late calls, recruitment, training and development and care plan reviews. Audits were then used to inform the SIP which contained action plans with dates for completion. However, these were not always effective as errors and omissions in people's MARs had not been identified.

The registered manager used effective systems to help them review and develop support provided to people. Regular feedback forms were used to assess the quality of the service provided. Records we reviewed showed. responses to feedback surveys were highly positive. People praised the staff for the high-quality support they provided and the management team for the quality of systems for monitoring care provided. People who had made complaints commented that these had been responded to and resolved quickly.

Records we reviewed confirmed that the provider worked in partnership with healthcare professionals such as GPs, district nurses and social workers, to ensure that people's health and wellbeing needs were met. People we spoke with confirmed this. Appointments with healthcare and social care professionals were recorded in peoples' care plans. When people required support from specialist practitioners such as speech and language therapists (SALT) staff had made the appropriate referrals. Details of guidance and instructions for staff from the SALT team were clearly recorded in several people's care plans. This demonstrated that people's needs were met as staff worked effectively with professionals to ensure peoples' healthcare needs were continually reviewed and supported.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured appropriate and effective quality assurance processes were in place to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.