

J & K Care Specialists Limited

J & K Care Specialists

Inspection report

Unit 2, Prisma Park
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Tel: 01256300099

Date of inspection visit:
16 January 2020
23 January 2020

Date of publication:
04 February 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

J and K Care Specialists is a domiciliary care agency providing personal care to 44 people living in their own homes. People had a range of needs, these ranged from older people to people living with a learning disability. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Since our last inspection, the provider had made improvements to their systems around auditing people's care and medicines records. The registered manager had a good understanding of their role and people told us they were competent and approachable.

People received good quality care, that was focussed on their specific needs and preferences. Care was consistently delivered by staff who understood people's needs and who had undergone appropriate training in their role.

People were treated with dignity, respect and were involved in the planning and reviewing of their care.

People's needs in relation to healthcare, nutrition and medicines were identified in their care plans. The provider worked with other stakeholders when required to help deliver effective care.

People were protected from the risks of suffering abuse and harm. Risks associated with the delivery of care were assessed and reduced.

There were appropriate systems in place to gain people's consent to care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

J & K Care Specialists

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 48 hours' notice of the inspection because we needed to ensure the provider had time to contact people to inform them we may be calling them via telephone to gain their feedback about the care they received.

Inspection activity started on 16 January and ended on 23 January 2020. We visited the office location on 16 January 2020. We made telephone calls and received feedback via email from people and relatives between 17 and 23 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including actions plans detailing how improvements were being made. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all this information to plan our inspection.

During the inspection

We received feedback about the service from 10 people or relatives via telephone and email. We spoke with the provider, the registered manager and two staff.

We reviewed a range of records. This included eight people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We requested and received additional information from the provider which helped to support the judgements detailed in this report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- There were appropriate systems in place to support people with the safe management of their medicines. The support people needed around their medicine's management was identified in their care plans. This included information detailing when other people, such as relatives were responsible for the ordering, administration and disposal of medicines.
- Staff recorded the administration of people's medicines using medicines administration records (MAR). The provider had made improvements to the system of auditing these records, helping to ensure any recording errors were identified and addressed.
- Staff had received training in safe medicines administration and their competency in this area was regularly assessed through observations of their working practice by senior staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care from staff. Comments included, "They have been dependable on the whole", "Yes I feel safe with staff", and, "We have never had any problems since they [the provider] started [the care]."
- There were systems in place to protect people from the risk of abuse and harm. All staff had completed safeguarding training. This training helped them recognise the signs of abuse and the actions required in these circumstances to help keep people safe.

Assessing risk, safety monitoring and management

- The provider had contingency plans in place to help ensure the service ran safely in the event of extreme circumstances, such as severe weather. People's care needs had been prioritised to ensure the most vulnerable people would receive care first. The registered manager arranged for all weather vehicles to transport staff to care visits if roads were difficult to access. This helped ensure people most at risk received the care they required during these times.
- The provider operated a telephone based 'on call service', which was active outside of office hours. Senior staff rotated on call duties and were available to respond to emergencies and requests from people, relatives and staff. This helped to ensure there was always support and advice from senior staff available.
- There were risk assessment in place so people could access specific activities considering their health or medical conditions. For example, one person had a risk assessment in place to help keep them safe when swimming. Due to their medical condition, additional measures needed to be put in place to ensure this activity was safe for people and staff. The measures in place enabled the person to access this activity.
- There were risk assessments in place around people's home environments. These identified any factors which could pose a risk to staff. For example, one person smoked in their house. They had agreed with the provider to cease this activity prior to staff visiting. This was to reduce the risks associated with passive

smoking.

Staffing and recruitment

- People told us they had consistent staff teams who generally kept to agreed times. Comments included, "The staffing is consistent and carers always on time", "They usually come at the right time", and, "They have got a good level of staff in place."
- The registered manager monitored staffing levels to help determine when it was safe to take on additional care packages. This included analysing staff's working hours and the location of potential new customers. This helped the registered manager assess where new care packages could be taken on safely.
- The provider had safe recruitment processes in place. This included checks on prospective candidates' experience, character and suitability for their role. This set of recruitment checks helped to ensure that appropriate staff were employed to work with people.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons when supporting people with their personal care. This helped to reduce the risk of infections spreading.

Learning lessons when things go wrong

- There were effective systems in place to record and analyse incidents. Staff completed reflective analysis of incidents when they took place. This included possible reasons why incidents occurred and measures which could potentially decrease the risk of them happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed before a package of care was arranged. Assessments of people's needs were comprehensive, identified expected outcomes and care needs were regularly reviewed. This helped to ensure that the provider could meet the expected outcomes of people's care.

Staff working with other agencies to provide consistent, effective, timely care

- The provider acted quickly to assess people had the right care related equipment and it was in good working order. This included checking the state of repair for mobility equipment and making appropriate referrals to social workers and healthcare professionals to ensure appropriate equipment was in place.
- The registered manager liaised with professionals when people's needs changed and they required increases or decreases in their care. This helped to ensure appropriate levels of care were in place.

Supporting people to live healthier lives, access healthcare services and support

- People had information about their healthcare needs in their care plans. This outlined the provider's role in supporting the person with their healthcare needs. People were mainly independent in accessing healthcare services when needed. However, the provider made arrangements to schedule care visits and provide support around health appointments, where required. One relative commented, "[My relative's health needs are taken into account well by staff.]"

Staff support: induction, training, skills and experience

- New staff received a training programme, which was in line with the Care Certificate. The Care Certificate is a nationally recognised qualification relevant to staff working in social care settings.
- The provider had responded to people's specific health needs to ensure staff had the right training to promote effective care. This included staff training in epilepsy awareness and the use of emergency medicines prescribed in the event of a seizure. This helped to ensure people received the care they required to manage these conditions, enabling them to stay in their own homes.
- Staff received ongoing supervision and support in their role. They had three monthly supervision meetings where their working performance was reviewed. Staff also attended regular training updates to help ensure they were following current best practice.

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

- People's nutritional needs and preferences were identified in their care plans. This included any risks associated with eating and drinking, such as food allergies or when people were diabetic.
- People had varying degrees of independence in this area with some people requiring minimal support,

whilst others needing assistance to prepare meals. Where people were at risk of malnutrition or dehydration, staff were quick to raise concerns with relevant professionals to address this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and nobody using the service met the threshold for these safeguards to apply.

- Senior staff met with people to agree a plan of care. Where people were unable to give consent, the provider consulted with the person who had the legal authority to act on people's behalf.
- Where people were unable to make specific decisions about key aspects of their care, The provider documented how and who was involved in making decisions in the persons 'best interests' as they were not able to do so themselves. In one example, one person had a best interests decision in place around the administering medicines covertly. These actions were in line with the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind, caring and attentive to their needs. Comments included, "[My relative] has a good rapport with her carers and trusts them," and, "The carers are excellent and really understand [my relative]."
- The registered manager and staff were aware of equality and diversity issues. Policies and procedures were in place to guide staff to take account of protected characteristics under the Equality Act 2010.

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

- People were given a choice about their staff. This included whether they were male or female depending on what people were most comfortable with. People were able to request changes in their staff if they felt they were not compatible.
- The registered manager held regular reviews with people, to help ensure they were happy with their care arrangements. The registered manager also made phone calls to people to check they were happy with the service provided. This helped to ensure people were involved in the planning and reviewing of their care. One relative commented, "I believe J&K work fairly well in partnership with us as a family."

Respecting and promoting people's privacy, dignity and independence

- People told us they were informed when there were changes to their care. This included changes to staff members or visit times. Comments included, "I always know who is coming and when. If it changes, they let me know", "Should any of them arrive late for any reason they always let me know", and, "We are always informed about incidents and changes." This demonstrated that people were treated with respect.
- People were supported to be as independent as possible. Their care plans identified aspects of their personal care that they wished to carry out without help. Some people needed help around maintaining their tenancy through support with paying bills or correspondence. This helped to promote their independence.
- People's personal information was stored securely, which protected their confidentiality. The registered manager ensured that all care documentation was stored in locked cabinets in the provider's office. This helped to ensure that people's personal data was stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

- People received personalised care that was specific to their needs. People had a diverse range of needs which meant they required varying degrees of care and support. The provider was flexible in their approach, understanding that every person needed to be supported differently. These diverse needs were documented in people's care plans.
- People's preferences around their personal care routines were identified in their care plans. The guidance available detailed how people would like to be supported and the specific tasks staff were required to carry out. Some people were very sensitive to keeping preferred routines, guidance in their care plans reflected the level of detail and complexity this involved.
- People's care plans were updated periodically or when people's needs changed. This helped to ensure they reflected people's most current needs.

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

- Where commissioned to do so, staff were able to support people to attend activities in line with their interests. In some cases, this was to social or leisure clubs. In other cases, activities were organised to give respite support for families who were looking after their relatives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified in their care plans. Some people had specific communication needs which the provider made adaptations to meet. In one example, one person used Makaton as part of their communication. Makaton is a language system that uses symbols, signs and speech to enable people to communicate. The person's care plan identified how they used this language and how staff could effectively communicate in response.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which detailed how people could make a complaint and how it would be investigated in response. People told us they felt comfortable raising issues and their concerns were investigated appropriately. Comments included, "No problems I can think of and I would be happy to say so if there was", and, "I feel any issues have been successfully resolved."
- The registered manager oversaw the management of complaints. They listened to people's feedback and tried to make changes to address people's specific concerns. This included making adjustments to care visit

times and to staff.

End of life care and support

- Nobody at the service was receiving end of life care at the time of inspection.
- The provider had policies and procedures in place to assess people's needs in the event of a person needing these services.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had not ensured 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 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had effective systems in place to monitor the quality of care. They had made improvements to the system of auditing people's medicines records. People's medicines administration records were collected monthly and audited for errors and anomalies. Appropriate action had been taken to provide training and support to staff when errors occurred.
- The registered manager had started since our last inspection. They had a good understanding of their role and how to implement best practice guidance from bodies such as The National Institute for Health and Care Excellence, when making changes to how people's medicines administration records were audited.
- There was a clear management structure in place. The deputy manager supported the registered manager in the everyday running of the service. There were teams of coordinators in place who oversaw the management of people's care packages and the supervision of staff. The provider's office was calm and organised, with all staff having a clear understanding and purpose in their role.
- The registered manager understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

- People and relatives told us the registered manager was friendly and approachable. Comments included, "The office manager is a good communicator and I have never had any issues with contacting her or her responding", and, "We have a good relationship with the office [staff]."
- People and relatives told us they received good quality and consistent care, which led to positive outcomes. Comments included, "What J&K does well is consistency", and, "We have been very happy with the care. Overall it is a good standard."
- All senior staff embodied a caring and dedicated attitude. Senior staff had a good understanding of

people's needs and regularly worked care shifts to cover sickness or absence to ensure people had consistent care. Senior staff were friendly and respectful in their interaction with people and staff, making them feel welcome when they visited the provider's office. The registered manager told us, "We have an open-door policy, where staff and clients [people] can call in or phone us at any time, with anything they wish to discuss. By having this in place I believe the clients feel valued and respected."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of their duty of candour requirements. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

Working in partnership with others

- The registered manager had established good relationships with other professionals and communicated regularly with commissioners,
- People's care records demonstrated that staff sought advice from relevant professionals when appropriate, to ensure people had the appropriate levels of support.

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

- The provider had systems to gain people's feedback about their care. This included surveys, visits and telephone calls. This helped to give people the opportunity to give their input or feedback about the quality of care. The feedback from the last survey sent in February 2019 was positive about the quality of care and service overall.
- The registered manager used feedback from people and relatives to identify a 'carer of the month.' This helped to ensure staff were recognised for good practice and people had the chance to regularly feedback about their staff.

Continuous learning and improving care

- The provider had a service improvement plan in place. This plan detailed actions which had been identified from the providers internal audits and external feedback, such as CQC inspections. The registered manager had oversight of the updating and monitoring of how the actions were completed. This demonstrated that the registered manager had an effective system in place to improve the quality of care.
- The provider had recently taken the decision to offer staff fixed hours contracts. The registered manager identified that this could help to promote the retention of staff. This benefitted people as it enabled the provider to deliver more consistency in care visit times and continuity through familiar staff.