

K P Live In Services Limited

KP Live in Services Limited

Inspection report

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

KP Live in Services is a domiciliary care service that provides 24-hour live support to people in their own homes. At the time of our inspection, there were 14 people receiving personal care from the service.

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

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

People and their relatives spoke positively about their live-in care staff telling us they were caring and delivered care that was tailored to the person. Staff were caring and delivered care that was compassionate and based on the wishes of the person.

People were safe. Policies and procedures were in place to guide staff on how to keep people safe and what they had to do if they had concerns. Staff understood the risks to people's safety and wellbeing and what they should do to keep people safe.

There were enough staff to help people live the life they wanted enabling them to remain in their own home. A core team of staff supported people and provided 24-hour care. Contingency plans were in place to cover absence. Systems were in place to ensure the right staff were recruited.

Staff received relevant training to help them meet people's needs. Staff were well supported by the registered manager. Staff had regularly supervisions and spot checks were used to encourage learning and to make improvements to the service.

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. Staff encouraged people to do the things they could do for themselves and encouraged their independence.

People's concerns were listened to, investigated and resolved where possible. People's views were sought to improve the quality of the care and was embedded into the governance arrangements.

There were systems in place to monitor and make improvements to the service provision. Care plans were person centred and kept under review.

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

Rating at last inspection and

This service was registered with us on 29 August 2021 and this is the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

KP Live in Services Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector and an Expert by Experience who completed telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 December 2022 and ended on 7 January 2023. We visited the office/service on 5 January 2023.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 of this information to plan our inspection.

During the inspection

We spoke with the registered manager and the recruitment/administrator officer during the site visit. We spoke with one person who used the service, six relatives and six care staff via the telephone.

We reviewed a range of records including three people's care records, a sample of daily diaries and medicine records. We looked at three staff files in relation to recruitment, supervision and training. We viewed a variety of records relating to the management of the service such as incidents and accidents and quality assurance audits.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. Comments included, "We absolutely feel safe with the service; they blend in with the family" and "I feel safe with the agency. Personal care, companionship and safeguarding".
- Systems were in place to safeguard people. This included policies and procedures explaining to staff their role and who they needed to report any concerns to.
- Staff confirmed their role in safeguarding and the importance of reporting any concerns to the office. They were confident the registered manager and the management team would take appropriate action to keep people safe.
- The service had a safeguarding policy and staff received training in safeguarding adults.

Assessing risk, safety monitoring and management

- People were kept safe. Systems were in place to ensure information was gathered before people started with the service. The registered manager met with people, their relatives and liaised with the funding authority to ensure they could meet the person's individual needs. This was an opportunity to discuss any risks and any support needed.
- Environmental risk assessments were completed to ensure people's homes were safe. These were kept under review. Staff completed training in health and safety, including first aid and moving and handling.

Staffing and recruitment

- People were supported by staff who had checks completed prior to starting their employment. Checks included obtaining references, their rights to work in the UK and a disclosure and barring service check (DBS). A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. People had a core group of staff that supported them with a backup staff member for any short notice absences and to cover annual leave.
- The registered manager provided care staff profiles. This enabled people to have some choice and control on who supported them. This helped with the matching of people to care staff.
- Feedback from people and their relatives was positive about the care and support that was in place and the care staff that supported them. They confirmed they knew in advance who was supporting them.
- Where people's needs had changed this had been reviewed with professionals, the person and the family, ensuring suitable numbers of staff were supporting people to keep them safe. On occasions two staff had been commissioned to provide 24-hour support to people especially where mechanical hoists were being used or the person's needs had changed significantly.

Using medicines safely

- Systems were in place to ensure this was done safely should people require support with their medicines. This included policies and procedures, clear information in people's care plans on the support the help they needed with their medicines.
- Staff had received training in medicine administration. The registered manager told us they were planning to introduce an annual medicine competency check for staff.
- People's medication records could be accessed remotely by the office staff to enable them to be monitored in real time as these were electronic. An alert was sent to the office where there was an omission enabling the registered manager to follow this up with immediate effect.
- People and their relatives were happy with the support they needed in respect of their medicines. Comments included, "The medicines come from the pharmacy, they administer. No problems", "They record everything on the app (electronically), and I have access", and "They support mum with medicines, they give them on time, no concerns".

Preventing and controlling infection

- Staff told us they had a good supply of personal protective equipment, which was provided by the service. Staff received infection control training and information was shared with them on how to minimise risks in respect of COVID.

Learning lessons when things go wrong

- The registered manager had systems to investigate incidents and accidents and then learn from them. Any changes required to care planning documents were implemented and communicated with staff. This included communicating with the person and their family.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people received a service, their needs were assessed. This was to ensure their needs could be met and enabled the service to plan the resources the person needed to keep them safe and ensure they were matched with the right staff.
- People received care and support that was planned and delivered in line with their identified needs and wishes.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- People received care and support from staff who had the right mix of skills, knowledge and experience to deliver it effectively. The registered manager told us staff were unable to work unless they had completed all their mandatory training and induction.
- People and their relatives spoke positively about the care staff that were supporting them. Comments included, "I think they are professional and know what they are doing. Their CV includes experience and qualifications" and "The carer has the skills and experiences for the job." Another person told us, "She knows what she is doing. There was insight on her experience in the profile, all her training was listed."
- Staff confirmed they had received training that equipped them for their role. Staff told us that training was completed online. The registered manager told us they were planning to put on additional face to face training in respect of moving and handling, first aid and medicines training. This was being rolled out to all staff.
- Staff received regular supervisions, spot checks, competency checks and an annual appraisal of their work. A member of staff said, "I am supported I can really count on the management team".

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

- People's preferences, support needs and dietary requirements related to eating and drinking were recorded in their care plan. Staff confirmed they supported people with the preparing of meals and encouraged people to eat and drink.
- A relative told us, "They do the shopping I get detailed receipts. She has trouble swallowing and she is picky about her food, but she has now got stronger and fitter". Another relative told us they care staff had liaised with speech and language team in respect of dietary requirements.
- A relative told us, "The carer is limited in what she can cook. It's not an issue, the meals are nutritious, but dad is sometimes fussy". The registered manager told us how they supported staff with ideas for cooking and one member of staff had attended cooking classes to expand on their skills in this area.

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

- Care staff worked with the person and their families to ensure healthcare needs were met.
- Care plans included information about people's health conditions and the support they needed to maintain good health. Relatives confirmed that care staff will make contact with health and social care professionals as needed, including emergency services.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People consented to the care and support they received from their care staff. A person said, "Indeed they get consent, very little goes on that we are not made aware of. They do what we ask them."
- Relatives told us staff always asked for their family members consent before providing them with any personal care. A relative told us, "They talk to mum, they talk through the process with her, there is a constant commentary."
- Care plans clearly described what decisions people could make for themselves. The assessment process included any specific issues around capacity and if there was an appointee for health and finances for people. No one using the service was subject to a court of protection in respect of their liberty.
- Staff had completed training in mental capacity and were aware of the importance of involving people and their families in making decisions about their care and support.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they were well treated, and their dignity was maintained. Comments included, "Generally very professional, caring and always friendly", "The staff have a very good attitude and "The carer is very good, caring and considerate. She does her job properly; she is engaging and compassionate."
- People were at the heart of the service. Staff were motivated to deliver high quality care in accordance to the provider's values.
- Care staff spoke about people they supported in a respectful and positive way showing empathy and described care that was person-centred way. This evidenced the staff knew the person well and how they liked to be supported. All the staff we spoke with said they enjoyed their roles.

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

- People's views were sought during the assessment stage, through telephone feedback calls and care reviews. Care was planned with the person and their families.
- People and their relatives confirmed they were very much involved in making decisions. One person told us, "They respect our choices", and a relative told us, "They make day to decisions on what to eat, drink and what television they want to watch".

Respecting and promoting people's privacy, dignity and independence

- Care staff told us how they encouraged people to maintain their independence. One staff member said, "I help with the things that are difficult such as creams on legs but also encourage people to do the things they can do". Another member of staff said, "We cook together or spend time in the garden feeding the birds or we just sit and chat".
 - People confirmed the staff promoted their independence, enabling them to remain in their homes. One person told us, "I try hard to be independent. They encourage me to do things for myself. I'm slow but nobody says, 'come on I will do that', they let me attempt it myself."
- Another person told us, "They make sure the curtains are drawn and what goes on stays between us."
- People and their relatives told us staff were caring and respectful of the fact they were working and living in people's homes.
 - Confidential information was stored securely, and staff understood the importance of this. Access to the electronic record system was password protected. Care staff could only see the records of the person they were supporting and only for the duration they were providing live in support.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned with them. Care plans contained detailed person-centred information for staff. This included people's preferences and choices for how they wanted to be supported.
- The service used an electronic planning system. Handheld recording devices were used by staff to record their interactions with people. The devices enabled real time reporting, which could be viewed by the management team. It also ensured staff had easy access to information about the people they were supporting.
- People's relatives had secure access to the system so they could see how their relative was.
- Relatives confirmed there were regular care reviews. A relative told us, "We have reviews when changes occur. It's an ongoing a rolling process." The registered manager told us planned care reviews every three months or when people's needs changed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and captured in their plan of care. The registered manager could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.

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

- People's care plans included information about their hobbies and interests. Care staff described a very person-centred approach to supporting people based on their wishes. For example, one person liked to spend time in their garden feeding the birds, which they did together or going shopping and meeting friends.
- Relatives confirmed that the care staff helped with meaningful activities based on the wishes of the person. A relative told us, "During the day he has the carers for company. He is not often bored." Another relative said, ""They take her on little walks out, play music and look at photographs."

Improving care quality in response to complaints or concerns

- People received a client handbook when they started using the service, which clearly explained how they could complain to the provider. Relatives confirmed they knew how to raise concerns and where concerns

had been raised this had included an outcome, such as staff completing additional training or a change in care staff.

- There had been four complaints, which had been investigated with action taken to address the concerns. This included providing feedback to the complainant on the outcome and the actions taken to address the concerns. A relative told us, "I complained and had a response in writing. They always respond, it mentioned further training and the action taken to mitigate incidents."

End of life care and support

- People were supported with end of life care when needed. Care plans included people's end of life wishes. Staff worked closely with other health professionals when providing end of life care to people.

- The staff had received a compliment on how they had supported a person with their end of life care from relatives. The relative had stated, "I know you went above and beyond the call of duty. We are eternally grateful, and you have our sincere thanks".

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was passionate about providing care that was bespoke and tailored to the person enabling them to continue to live in their own home. This was echoed by care staff we spoke with.
- Staff felt valued and supported by the management team. Comments included: "I feel very well supported and would recommend the job", "The best job I have ever had", "It's a special job, fully supported and can count on them (registered manager)."
- People and their relatives spoke extremely positively about the care and support that was being provided by KP live in Services. Comments included, "The overall management is very good." The manager is a very sensible lady, very responsive to problems and concerns", "I think it is generally well run or I wouldn't be with them", and "It's going brilliantly."

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 was aware where concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- Care staff knew they had to report concerns to the registered manager/office and were confident that these would be acted upon.

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

- The registered manager had oversight of the services being provided. They maintained regular contact with people, their relatives and staff. They completed three monthly visits to enable them to meet with people, their relatives and the care staff. They completed weekly calls and spoke with both the care staff and the person or their representative.
- Spot checks were completed to ensure the person was receiving the care and support they needed and any risks to the person and others were minimised.
- Formal handovers were completed by the care staff to ensure important information was shared in respect of the care and support of the person. In addition, checks were completed on medicines, finances and the cleanliness of the home environment. Documentation was forwarded to the office to enable them to further monitor the quality of the care being provided.

- The registered manager completed a range of quality checks to enable them to monitor the quality of the service. They also submitted a weekly report to the provider with information to enable them to share any good practice, risks or concerns in respect of staffing, safeguarding and complaints.

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

- The registered manager had formal and informal systems to gather people's feedback about the service. People and relatives had been recently asked to complete a quality survey to share their views. These were in the process of being collated.
- The registered manager was aware of the isolation that some care staff may experience. They had recently organised a virtual coffee morning for staff. They said this was a forum for care staff to meet up and for important information to be shared. They were also planning to introduce an employer of the month.

Continuous learning and improving care

- The registered manager was committed to the continuous improvement of the service. They had identified areas within the service, which could be improved with growth of the business. This included additional office support as more packages of care were commissioned. Presently, the registered manager was supported by an administrator.
- It was evident from talking with the registered manager and staff there was continual learning as they were getting to know people, which included making adjustments to the package of care. People were very much involved in the process with their views being sought.

Working in partnership with others

- The registered manager and the staff worked collaboratively with health and social care professionals and other stakeholders in the person's care. This included liaising with continuing health in respect of funding for some people.