

Kalcrest Care (Northern) Limited

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

Summary of findings

Overall summary

We inspected the service between 6 July and 27 July 2018 and the inspection was announced. Kalcrest Care (Northern) Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to mainly older adults. At the time of the inspection, care and support was being delivered to 94 people

At the last inspection in May 2017 we rated the service requires improvement and found three breaches of regulation relating to safe care and treatment, person-centred care and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; is the service safe well led to at least good. At this inspection we found further improvements had been made and the service was no longer in breach of any regulations.

A registered manager was in place. 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.

Overall people provided positive feedback about the service and said it had continued to improve. People said they felt safe and secure in the company of staff. Systems were in place to protect people from abuse. Risks to people's health and safety were assessed and clear and detailed risk assessments put in place for staff to follow.

We found there were enough staff deployed to ensure people received a reliable service although people and staff said there were some issues with continuity of staff on one of the rounds. Staff were recruited safely to help ensure they were of suitable character to work with vulnerable people. Staff received a range of training and support to enable them to do their role effectively. Overall, staff said they felt well supported by the management team.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, best interest decisions were made. People were involved in care planning to the maximum extent possible.

People's care needs were assessed and clear and detailed plans of care put in place for staff to follow. These covered meeting people's nutritional needs. The service worked with external health professionals to ensure people's healthcare needs were met. People said care needs were met by the service.

Whilst most people were happy with the times that staff visited, we found some improvements were needed to ensure other people received care at a consistent time each day. We made a recommendation in relation to this.

People said staff were kind and caring and treated them well. Most people received consistent care workers which helped the development of positive relationships. People's independence was promoted by the service.

Where people raised complaints these were logged, investigated and responded to within a timely manner. People's feedback on the quality of the service was regularly sought and any negative comments or issues acted on.

People and relatives spoke positively about the overall quality of the service. Staff said they enjoyed working for the service and felt well supported.

Systems were in place to assess, monitor and improve the service. Audits and checks were used to make positive improvements to the service.

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.

People said they felt safe using the service. Risks to people's health and safety were assessed and plans of care put in place to keep people safe. When things went wrong there was a culture of learning from incidents.

Medicines were safely managed and people received their medicines as prescribed. Clear records were kept of the medicine support provided.

Overall there were enough staff deployed to ensure people received a reliable service. Staff were recruited safely to ensure they were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

Staff received a range of training, support and supervision to help ensure they consistently worked in a competent manner. Overall people praised the quality of care workers.

People's nutritional needs were assessed and staff supported people to eat and drink sufficient quantities.

The service worked with a range of healthcare professionals to help ensure people received the care that they needed.

Is the service caring?

Good ●

The service was caring.

People said staff were kind and caring and treated them with dignity and respect. Most people said they received consistent care workers.

People's independence was promoted by the service.

People's views were listened to and acted on.

Is the service responsive?

The service was not consistently responsive.

Some improvements were needed to ensure people received care at a consistent time each day.

People's care needs were assessed and clear and detailed plans of care put in place for staff to follow. Care plans were subject to regular review.

People's complaints were logged, investigated and responded to.

Requires Improvement ●

Is the service well-led?

The service was well led.

People spoke positively about the overall quality of the service and said the management team were approachable. We saw people's comments and feedback had been acted on.

The service was effective at driving improvement. A number of audits and checks were undertaken and used to further improve the quality of the service.

Good ●

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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.

The inspection was announced. We gave the service a few days' notice of the inspection site visit. This was because we needed to make arrangements with the provider to speak to people who used the service prior to visiting the office location. The inspection took place between 6 and 27 July 2018. On 10 July 2018 we visited the provider's office to review care records and policies and procedures. Between 6 July and 27 July 2018 we made phone calls to people who used the service and staff.

The inspection team consisted of two inspectors 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-by-experience had experience of homecare services.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts, 'share your experience' forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with 16 people who used the service and six relatives. We spoke with 11 care workers, a care co-ordinator, the registered manager and the nominated individual. We reviewed eight people's care records and other records relating to the management of the service such as training records,

rotas and audits.

Is the service safe?

Our findings

People were protected from abuse whilst using the service. People said they felt safe in the company of staff. One person said "I am content with the care workers, they do make me feel comfortable." Another person said "Yes, they are all good with me. I always feel safe." A relative said "The ladies are lovely, there are no safety issues, they are good to my relative."

Staff told us they had not witnessed any safeguarding concerns but would report any issues to management and were confident they would be taken seriously. Safeguarding and whistleblowing policies were in place and staff had received training in how to identify and report abuse. Safeguarding and whistleblowing was a permanent agenda item at team meetings to ensure staff were reminded about the importance of reporting concerns. Following safeguarding incidents, we saw appropriate referrals had been made to the local authority safeguarding unit and thorough investigations undertaken with 'lessons learnt' put in place to help improve the safety of the service.

Risks to people's health and safety were assessed and risk assessment documents produced to help ensure staff followed safe plans of care. At the last inspection we found people's risk assessments were not always up to date. During this inspection we found the provider had continued to make improvements. These covered identified risks such as pressure damage, moving and handling, bed rails and people's living environment. These were subject to regular review to ensure they remained relevant. The risk assessments contained an appropriate amount of detail, were person-centred and were up to date.

People told us staff worked safely and provided care that met their individual needs. Staff said they were aware of the services' emergency procedures. They said they had access to the on-call number which was always answered by a management team should they need assistance.

We saw evidence preventative measures were put in place to learn from incidents and adverse events. For example, where discrepancies were found with financial transaction sheets and medicine administration records, new systems had been put in place to improve the quality of recording. This showed a positive culture with the management team keen to ensure the service continually improved.

Overall medicines were now managed safely and appropriately. Following the previous inspection in May 2017, improvements had been made to the way medicine support was documented. People told us they received appropriate support with their medicines. One person said, "I have medication on time, the care workers are good with this." Another person said, "They give me my tablets, this is always on time." Staff had received training in the safe management of medicines and had their competency to give medicines regularly assessed. Each person who received medicine support had a clear medicine profile in place which detailed the medicines they required and the level of support they required. Clear Medicine Administration Records (MAR) were maintained which clearly documented the support people had been provided with.

The medicine system was regularly audited. We saw examples of improvements being made following audit findings. For example, it had been identified that the administration of Warfarin was not properly

documented, so a new customised MAR had been introduced to ensure appropriate records were kept. This showed the service was effective in reviewing their practice and learning lessons when things were not working well. When medication errors had occurred, we saw they had been fully investigated and where appropriate reported to external agencies such as the local authority.

The registered manager told us they were in the process of introducing 'body maps'. This would help to ensure people's prescribed creams and lotions were applied correctly by giving clearer information to staff. They were also in the process of completing risk assessments for cream and lotions which could be a fire hazard in certain circumstances.

Overall, we found there were enough staff deployed to ensure people experienced reliable care and support. Most people told us the service was usually reliable. The service utilised bank staff to help cover any absences and sickness. Most staff we spoke with said they thought there were enough staff and that rotas were realistic and achievable. However we found one of the rounds had issues with continuity of staff due to staff vacancy, staff annual leave and sickness. However we found this was not representative of the service as a whole and plan was in place to address. We looked at rotas which showed appropriate gaps between calls. The service thought carefully about accepting additional care packages from the local authority and only did so if it was sure it had the staff to provide the hours. We saw the number of staff hours available was regularly analysed against care hours to help ensure staff capacity remained in place.

Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people. This included checks on their background, identify and work history. Staff previous training and qualifications was checked to determine the level of further training they needed on induction. New staff confirmed these checks had been carried out before they started work.

People and relatives said that care workers adhered to good hygiene principles and wore personal protective equipment (PPE). For example, one person said, "Care workers always dress smartly, they always wear gloves." A relative said, "All the appropriate uniform are worn." Staff said they always had access to a supply of PPE so they could adhere to the correct techniques. Staff had received training in infection prevention and staff hygiene practices were checked during spot checks by the management team.

Is the service effective?

Our findings

We saw people's needs were assessed before the service started. When people had particular or uncommon medical conditions we saw information about this was included in their records. This helped to ensure staff were following good practice guidance in relation to caring for these people.

Overall people said care workers had received appropriate training and support. One person said, "My care workers certainly know what they are doing, they are good." Another person said, "Yes, they do know what they are doing, all tasks are done correctly." A third person said, "Indeed they are skilled and trained, they are very sensitive to my needs." A relative said, "My relative has a pool of care workers, they are mostly trained and skilled, sometimes new care workers need to be told, once this has happened then there are no issues. However, one person told us "Sometimes they will not know how to use the wheelchair, they do take aboard what I say but I should not have to tell them, I do feel they need a little more training." A relative also said that due to lack of continuity of staff on their round, some staff did not always know what to do. We saw a plan was in place to address continuity on this round.

Staff received a range of training and support. New staff received an induction to the service and shadowed experience staff so they got to know the people they would be supporting. A new staff member confirmed this and said they had been given all the training and support they needed to do the job. However we did find that one new staff member with previous experience had started work without shadowing, instead working as the 2nd staff member on a double up call. This meant they could not observe how to complete the care call prior to delivering care. We raised this issue with the registered manager to ensure action was taken. Staff who were new to care were supported to undertake the Care Certificate. This is a nationally recognised training programme designed to give staff new to care the knowledge and skills they need to deliver safe and effective care.

The records showed existing staff received training on a range of subjects covering safe working practices and the needs of people who used the service. These included basic life support, health and safety, fire safety, infection control, safeguarding, moving and handling, food hygiene, diet and nutrition, stroke awareness, continence promotion, diabetes, dementia, epilepsy, challenging behaviour, dignity and respect, equality and diversity and person-centred approaches to care. Staff were also supported to achieve level 2 and 3 qualifications in health and social care. Staff were supported through one to one supervisions and appraisals. This gave them the opportunity to discuss their work role and their professional development.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. We found no applications had needed to be made.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) which gave us assurance the service was acting within the legal framework. We saw where people lacked capacity to make decisions relating to their care, best interest processes had been followed involving health professionals and relatives. Where people had capacity to make decisions themselves, we saw evidence of signed consent in people's care and support files.

People said they were supported appropriately to eat and drink. One person said, "They help me with food, they are good as they know what I like." A relative said, "They provide meals for my relative which she really enjoys, they always ask if she would like a cup of tea." People's nutritional needs were assessed prior to using the service which included information on their likes and preferences. This helped inform staff as to the correct assistance to provide.

Information on people's healthcare needs was present within people's care plans for staff to refer to. The service worked with external health professionals including district nurses and dieticians to co-ordinate people's care. For example, staff were currently being trained by health professionals to be able to safely and effectively administer medicines via a feeding tube.

Is the service caring?

Our findings

People we spoke with said care staff were kind and caring and treated them well. Comments included: "I am happy, I do not know what I would have done without them, always caring, speak to me as well," "They are brilliant, very respectful, I am certainly happy with the care received, they help me in the shower but also let me remain independent, very caring," "My main care worker is good, the other one is ok, they are respectful, and caring, so no issue here," "So sensitive to my needs, caring, supportive, always helping me to be independent, respectful at all times."

The service strived to ensure people received care from familiar care workers. Each care run was assigned to a small group of staff to help promote consistency. Most people said that most of the time they received the same group of care workers unless staff were sick or on holiday. This helped the development of good relationships between people and staff. One person said, "Very good indeed with my relative, my relative looks forward to them coming, they are kind and caring, she has someone who comes and there is consistency which makes a difference." Another person said, "I have regular care workers during the week, different care workers during the weekend, I have no grumbles." However, one relative said they were not happy with consistency and that managers from the office were always covering. Another person told us that whilst they had the same care workers over the course of a month they thought longer term there was too much turnover of staff. People who requested, received a rota in advance detailing which staff were attending, whilst others did not. We spoke with the manager about the benefits of rolling this out to everyone so all people could be assured about who their care workers would be for the following week.

Care records showed personalised information on people's likes, dislikes and personal preferences was recorded. This included people's personal history to aid staff better understand the people they were supporting. People's care plans included information about their goals and objectives. This helped to ensure the delivery of care remained focussed on people's individual wishes.

People said they were consistently treated with dignity and respect. One person said, "Brilliant, they do give me respect and dignity at all times." A relative said, "They are good, they do look after my relative well, with utmost respect and dignity." A third person said, "Very kind and caring towards me, they respect me, I respect them."

Care planning showed the service recognised the importance of allowing people to do as much for themselves as possible. For example, in one person's care plan it stated they could choose their own clothing and sometimes brush their own hair. People confirmed this approach saying staff encouraged them to be as independent as possible. A person said, "They are very good, they always try and make me as independent as possible, they do not rush me, always treat me with respect." A relative said "They try to make her independent where she can."

People said they felt listened to and their opinions were valued by the service. There were various mechanisms in place to seek people's views. People had regular care reviews where they were able to give their opinions on care. Spot checks by management also gave people opportunities to air their views. One

relative said, "I have a great relationship with the office, they text me, they are always there for us."

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We found no evidence people were discriminated against. The service asked about people's diverse needs when they began to use the service and planned care and support around any specific needs. Staff had received training in equality and diversity so they were aware of discrimination and how to treat people fairly.

Is the service responsive?

Our findings

We found some improvements were needed to the timeliness of calls for some people. People provided mixed feedback about the timeliness of care workers. Most people said that timeliness had improved in recent times and they were satisfied with the time staff arrived.

One person said, "I am happy the timing, they are here on time" and another person said, "Oh definitely, they have improved significantly." A relative said, "It has improved but sometimes as my relative has two care workers at a time, sometimes one care worker is waiting for the other." People did say when staff were late they usually called them and let them know.

Some other people said that staff did not always arrive on time. When we reviewed daily records of care we saw some variation in call times to some people. For example, one person's morning call had varied between 7am and 10am for a period of time in May 2018 and another person's afternoon and evening calls were too close together. We concluded some improvements were therefore needed in the management of call times to ensure people consistently received personalised care at the times they needed it. The service was in the process of implementing electronic call monitoring and this would allow this aspect of the service to be monitored more robustly. Although people were usually on the rota for the same time each day, there was no agreed call times within people's care and support plans. One person we spoke with said they were not getting calls at the times they wanted them and had been unclear what the agreed call time was. An agreed call time is important to help manage expectations and ensure care is personalised and reflects people's individual needs.

We recommend the provider reviews call times and rotas to ensure people receive calls at a consistent time each day.

Overall people said they received appropriate care that met their individual needs. One person said "Brilliant, they are trained and skilled." A relative said "They are fine, they do not rush, they do take care when doing things for my relative." However another relative said that care was not person centred as staff did not always know what they were doing as there was no continuity. Staff on this round also reported continuity issues on this round due some issues with lack of staff. We saw new staff were in the recruitment process to ensure this was resolved.

At the last inspection in May 2017 we found people did not have an up-to-date assessment of their needs. At this inspection we found improvements had been made. Detailed care plans were in place which provided staff with good instructions on how to deliver appropriate care. These covered what to do at each visit. The care records showed the service considered people's emotional needs as well as their physical care needs. For example, in one person's records they had identified the person was at risk of isolation. The care plan prompted staff to chat with the person. People's care needs were subject to regular review. After starting to use the service, people received a six-week review and then annual thereafter, unless needs changed in the meantime. People confirmed this was the case. One person said, "We have gone through the plan with my relative and the office." Another person said, "We have an official review yearly, but if I need to change

anything we can review it again." A third person said, "We review this yearly, the company do listen to our concerns."

Overall people and relatives said they knew how to complain and any issues were deal with appropriately. One person said, "Yes I do, any issues I have I do call the office, they are polite they deal with issues." Another person said, "We do know the procedure but never used it, I am sure they will listen if we do use the procedure." The provider had a complaints procedure. The service kept a record of all complaints. There had been four complaints since the last inspection. The records showed people's concerns and/or complaints were taken seriously. We saw the complaints had been resolved to the satisfaction of the people who had raised concerns. In addition, two people we spoke with said they were unhappy with the service, we saw meetings had been arranged to address these concerns, which showed the service was taking steps to help resolve people's issues. The complaints log included a record of lessons learned which showed the service was using people's feedback to make improvements.

None of the people who used the service were receiving end of life care at the time of our inspection. The registered manager told us when people had end of life needs appropriate adjustments to the service would be made to meet them. This would involve a flexible approach to call times and liaising with the necessary professionals. The service had recently carried out an audit to identify who had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place. Staff had been informed who had DNACPR forms in place and where they were kept, to ensure people's wishes were respected.

Is the service well-led?

Our findings

A registered manager was in place. They were supported by a team of care co-ordinators and field coordinators who were responsible for monitoring the quality of the service including documentation and the work of staff.

Overall people spoke positively about the service and number of people said it had continued to improve and become more reliable. One person said, "I could recommend the agency, they are nice." Another person said, "I am satisfied with management, happy with the service, they got on with it, touch wood no issues so far." A third person said, "In the past I have had four care agencies, this is the best agency I have had." A fourth person said, "I am satisfied with the services, care workers are sociable, I am very happy indeed with the support I am getting from this agency." Two people we spoke with were unhappy and said communication needed improvement. We saw meetings were arranged with these people to discuss their concerns.

People said they were able to get through to the office and discuss any issues. One person said, "The office do keep in touch with me, they update me with any issues, I have a good relationship." A second person said, "The management are good, they keep me in the loop, always keeping me updated for my relative's needs." A third person said, "They listen, they are very professional." Staff also told us they felt well supported and were able to get in touch with management should they need to.

Systems were in place to assess, monitor and improve the service. These had been further developed and improved since the last inspection. Spot checks on staff practice took place every three months or more regularly if issues were identified. These assessed the quality of staff against a number of criteria. Care logs and medicine administration records were brought back to the office regularly and subject to audit and review. We saw evidence these were effective in identifying issues and putting measures in place to further improve the quality of these entries. The service had recently implemented electronic call monitoring. This was currently active in the Kirklees area of service delivery. The registered manager explained they were having some teething problems with the system but hoped it would be fully operational in the coming months. We saw some data was currently being recorded which allowed management staff to check care worker activity in real time.

Staff meetings took place each month. These were an opportunity for the findings of any audits to be discussed with staff to help improve working practice. For example, minutes showed management had discussed improving the quality of medicine administration records (MAR). Management meetings were also held where complaints, safeguarding and any other operational issues were discussed to help drive improvement.

People's views were regularly sought and used to make improvements to the service. An annual quality questionnaire was sent to people and relatives. At the last inspection we found there was a lack of evidence negative survey comments were acted on. At this inspection we found improvements had been made. The most recently survey was completed in January 2018. Most people were very happy with the service. Where

negative comments had been recorded, these had been responded to personally by the management team stating what action had been taken to address the matters people raised.

The service worked with other agencies including commissioners, care providers and staff from local NHS trusts to ensure people received joined up and co-ordinated support.