

JK (Caring Carers) Limited

JK Caring Carers Ltd

Inspection report

3 Weston Chambers, Weston Road
Southend-on-sea
SS1 1AT

Tel: 01702213955

Website: www.jkcaringcarers.com

Date of inspection visit:
23 February 2022
24 February 2022
04 March 2022

Date of publication:
19 April 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

JK Caring Carers Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection, 65 people were using 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

The provider's governance arrangements did not provide assurance the service was well led, and regulatory requirements were being met. Quality assurance systems were not robust and had not identified the shortfalls we found during our inspection. Required recruitment checks on staff were not safe to ensure staff were suitable. Improvements were required to some aspects of medicines management. Staff received required training but had not completed an assessment to demonstrate their knowledge and competence at the end of each training session or received specialist training in other areas. Robust induction arrangements for staff were not in place and not all staff had received regular supervision or spot check visits.

Care plans were in place to reflect how people's care and support needs were to be met. Information about how to make a complaint was available and people and their relatives told us they were confident to raise issues or concerns. However, evidence of investigations and action taken were not robust and required improvement.

Calls were monitored to ensure people using the service received support in line with their care needs. However, there was negative feedback about staff's punctuality and timekeeping. People were protected by the provider's prevention and control of infection practices and arrangements. People said they felt safe and had no concerns about their safety or wellbeing.

People were positive about the care and support provided. People's dignity and privacy was respected, and their independence promoted. People and their relatives were given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire. 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

This was the service's first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and Local Authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

JK Caring Carers Ltd

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 completed by one inspector. An Expert by Experience completed telephone calls to people using the service and people's 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, flats and specialist housing. The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Inspection activity started on 23 February 2022 and ended on 4 March 2022. We visited the location's office on 23 February 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service. We sought feedback from the Local Authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and examined a range of records. We reviewed seven people's care

records and five staff recruitment records, including evidence of training, supervision and 'spot visits.' We looked at a sample of the service's quality assurance systems, staff training records, staff duty rosters and complaint management records.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We requested additional information relating to staff recruitment records. We looked at people's daily journals and three people's medication Administration Records [MAR]. The Expert by Experience spoke with five people who use the service and six people's relatives about their experience of the care and support provided. We spoke with four members of staff.



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 Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment checks had not been completed on new staff to check their suitability or competence to work with vulnerable people prior to commencing employment at JK Caring Carers Limited.
- A full employment history was not sought for four out of five members of staff. Written references were not received for four staff members prior to commencing in post. Where a person had been previously employed, the rationale of why that employment ended was not routinely recorded for four members of staff. A recent photograph had not been obtained for five out of five staff files viewed.
- A written record was not completed or retained for five members of staff, to demonstrate the discussion taken place as part of the interview process and the rationale for staff's appointment. This showed robust measures had not been undertaken by the registered manager to make an initial assessment as to the applicant's relevant skills, competence, experience for the role and to narrow down if they were suitable.
- Evidence of a criminal record check with the Disclosure and Barring Service [DBS] was not available for four out of five members of staff prior to commencement of their employment. There was no evidence to demonstrate the DBS update service had been accessed or an 'Adult First Check' completed. We wrote to the registered manager and requested evidence of this information. The registered manager submitted this information and told us they would revise their arrangements for reviewing all staff files.
- The registered manager confirmed not all staff were able to drive and there were named designated drivers to transport staff to people's homes. However, evidence of the vehicle's safety and road worthiness and car business insurance had not been sought to provide assurance that the above arrangements were safe. During the inspection the registered manager was observed contacting staff to gain the above information.

The registered provider demonstrated a lack of understanding and familiarisation with Schedule 3 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

- Arrangements were in place to monitor 'missed' and 'late' calls. The provider used an automated checking system [CM2000] that enabled the registered manager to monitor people's call times.
- People confirmed they had not experienced any occasions whereby they had not received support from the domiciliary care service [missed calls]. Although there was no impact for people using the service, there was negative feedback about staff's punctuality and people were not routinely notified if staff were running late. Comments included, "Sometimes they [staff] are late, it's according to how busy they are", "Sometimes

they are late but mostly they come on time" and, "[Relative] has received some late calls but an apology was given."

- Completed satisfaction surveys for people using the service between October 2021 and January 2022 repeatedly recorded improvements were required to staffs timekeeping.
- People confirmed staff stayed for the allocated time. One person told us, "Staff do the little things I need done."

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- Although there was no impact for people using the service, not all risks for people were identified and recorded. Where these were in place they primarily related to people's environmental, moving and handling, medication and falls risks. Risks relating to specific health conditions had not been considered or recorded. The registered manager advised action would be taken to address this.
- Not all recorded medicine support was consistent with information documented within people's care plans. The care plan for one person recorded staff assisted the person with their medicine's management. However, their daily journal recorded there were occasions when their medicines were either prompted by staff or the person took it themselves. This differing level of support from different members of staff places people at potential risk.
- Information recorded for one person detailed their medication was administered covertly in food. The need for covert administration was not identified. There was no evidence to indicate a pharmacist had been consulted to make sure the person's medication remained effective when mixed with food, therefore reducing the therapeutic properties and effectiveness of the medication.
- Staff had received medication training but had not had their competency assessed through direct observation to ensure they were administering medicines safely.
- Medication audits were not being undertaken to make sure Medication Administration Records [MAR] were accurate and lessons learned when things go wrong, or errors identified.

We found no evidence that people had been harmed, however not all risks for people were identified and recorded and improvements were required to medicines management. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- MAR forms demonstrated people received their medication as they should.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and had no concerns about their safety or wellbeing when staff visited them.
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the care coordinator and external agencies, such as the Local Authority or Care Quality Commission.
- The registered manager was aware of their responsibilities for reporting safeguarding concerns to the Local Authority and to the Care Quality Commission.

Preventing and controlling infection

- Staff had received appropriate infection, prevention and control training.
- Staff had access to Personal Protective Equipment [PPE, including face masks, aprons, gloves and hand sanitiser, and confirmed there were adequate supplies available.
- Relatives told us staff always wore PPE when undertaking visits to them at their homes. One relative told us, "Staff all wear their PPE."

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 Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training information showed staff had completed required training in 2020 and 2021, primarily using video-based training courses. There were no certificates to evidence completed training and learning. Staff had not completed an assessment to demonstrate their knowledge and competence at the end of each training session. The latter was confirmed as accurate by staff, but staff were knowledgeable of people's care and support needs.
- The registered manager confirmed they facilitated specific training to staff for moving and handling and medication. However, both 'train the trainer' courses were completed in 2018 and refresher training had not been updated to ensure their knowledge and practice remained up to date and in line with current guidance and legislation. Following the inspection, the registered manager confirmed refresher training was booked for March 2022.
- Daily journals for two people indicated they required catheter care and support with oxygen therapy. Training information showed staff had not received training in these areas. However, we found no evidence this had impacted on people's care.
- Evidence of robust induction arrangements for staff were not in place. Where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework; and had limited experience in a care setting, staff had not commenced or completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Not all staff had received regular supervision or 'spot check' visits. The latter is where a representative of the organisation can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations. We could not be assured of the validity of the 'spot checks' as most of these were carried out by the service's care coordinator who had no previous experience in care.

Effective arrangements were not in place to ensure staff received appropriate training, robust induction and supervision. This demonstrated a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed prior to the commencement of their care package with JK Caring Carers Ltd and included where appropriate an assessment by the Local Authority. One relative told us, "We had two

conference calls."

- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment.

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

- Information from people's daily journals demonstrated staff supported them as needed with the provision of meals, snacks, and drinks to ensure their nutritional and hydration needs were met.

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

- People had access to healthcare professionals as required.
- If staff were concerned about a person's health and wellbeing, they relayed these concerns to the domiciliary care office and registered manager for escalation and action.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff sought their consent prior to providing support and enabled them to make their own decisions and choices.
- People's capacity and ability to make decisions was not assessed and recorded.
- Although people's care plans and terms and conditions were not signed and dated, the registered manager confirmed signed copies were located within people's home.
- Most staff had received training on the principles of the MCA, but this was last completed in 2019.

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 were positive about the care and support provided, other than staff's punctuality as recorded within the 'Safe' section of this report. Comments included, "Yes, they [staff] are very good compared to the people we had before. They are marvellous", "Yes, they are very good, they are gentle" and, "All the staff that have been coming are very good."
- All completed satisfaction questionnaires recorded staff were patient, kind and caring. One questionnaire recorded, 'Carers are friendly and make me feel comfortable.'
- Most people received care from a consistent staff team. This promoted consistency and continuity with the level of care people received. One relative told us, "[Relative] has the same four members of staff. They [staff] really try hard and know everything about [relative]. They are really chatty with them and have really come up trumps."

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

- The registered manager told us people and their relatives were given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire. Most comments were positive, with the only negative comments relating to staff's punctuality and timekeeping.
- People and their relatives had been involved in the assessment process and input and involvement in the development of their care plan.

Respecting and promoting people's privacy, dignity and independence

- People told us they were always treated with dignity and respect by staff and where possible staff helped them to maintain their independence.
- Staff told us how they supported people and respected their privacy and dignity. Staff explained the steps they took to support and maintain people's privacy and dignity. One staff member told us that before providing personal care, "I make sure the curtains and door are closed."
- Importance was placed by staff to encourage people to be as independent as possible.

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; End of life care and support

- Each person using the service had a care plan detailing the level of support required, the number of staff required to provide support and the length of time for each visit. Staff confirmed people's care needs were recorded and this information was readily available within the person's home. One member of staff told us, "There is always a care plan to read through."
- The registered manager told us they were not currently providing care for people who were at the end of their life. However, the registered manager told us advice would be sourced from local palliative care teams and training provided for staff.

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.

- There was no evidence to demonstrate information by the domiciliary care agency was provided in line with the Accessible Information Standard (AIS), because of a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns

- Effective arrangements were in place to monitor complaints and concerns made about the quality of the service provided. However, details of the investigation and action taken were not robust and required improvement.
- People told us they had not needed to raise a complaint but felt assured if they did, they would be listened to and their concerns taken seriously. Comments included, "Well, to be honest I've had nothing to complain about" and, "I haven't any complaints, I think they [JK Caring Carers Limited] would deal with any concerns."

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 Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality assurance and governance arrangements in place were not effective in identifying shortfalls in the service. Specific information relating to the improvements required is cited within this report and demonstrated the arrangements for identifying and managing the above were not robust and required improvement.
- No system was in place to make sure staff's recruitment files were audited to ensure these were in line with regulatory requirements. No information was available to demonstrate people's care plans, their daily journals and Medication Administration Records [MAR] had been audited to ensure these remained appropriate and variances in service delivery were picked up at the earliest opportunity.
- The provider's monthly monitoring audit was viewed for the period August 2021 to January 2022 inclusive. Most areas of the document were not completed and remained blank. This did not provide assurance that the registered manager had clear oversight of the service or understood regulatory requirements.

We found no evidence that people had been harmed, however we could not be assured the provider's governance arrangements were robust and effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the above people considered the service to be well run. One person using the service told us, "[Registered manager] is a nice fellow, yes [JK Caring Carers Ltd] is well managed. I am satisfied with them, that's all I can say."
- Staff told us they were clear on their roles and responsibilities and were complimentary of the registered manager. Staff stated they enjoyed working at the service and felt valued and supported by the registered manager.

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 understood the duty of candour and their duty to be open and honest about any concerns raised relating to the domiciliary care service.

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

- People and their relatives were given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire.
- Staff meetings were held to give staff the opportunity to express their views and opinions on the day-to-day running of the service.

Working in partnership with others

- The provider was able to demonstrate they were working in partnership with others, such as the Local Authority and other healthcare professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks for people were identified and recorded and improvements were required to medicines management. |
| Regulated activity | Regulation |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance arrangements were not effective or robust. |
| Regulated activity | Regulation |
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively to ensure compliance with regulatory requirements. |
| Regulated activity | Regulation |
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing Effective arrangements were not in place to ensure staff received appropriate training, robust induction and supervision and spot visits. |