

Mrs Vedah Kayumba

VKARE Domiciliary Services

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

About the service

VKARE Domiciliary Services is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection, three people were receiving support with personal care.

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

Although people received the care they needed and according to their wishes, people's care plans required updating making sure that all information related to the personal care tasks was recorded as necessary.

People felt safe being supported by the service. Appropriate recruitment checks were completed before staff started working with people. Policies and procedures in relation to infection control and prevention were in place and followed. Staff supported people to manage their medicines where they required such support.

Systems were in place to ensure that staff were appropriately trained and supervised on the job when they started working with people. Mental Capacity Act 2005 (MCA) principles were followed to support people in the decision-making process. Where people required support to meet their nutritional and health needs, staff had provided the required care.

People and their family members felt the service was meeting their expectations and hopes. Staff worked towards good practice aiming to provide people with person-centred care. People were encouraged to share their wishes so that staff could support them to increase their independence whenever possible.

Staff supported people's communication which helped them to get involved in conversations. People's care plans were individualised. Systems were in place to deal with concerns quickly and in good time so that matters of concern arising did not escalate.

There was good leadership at the service which aimed at a value driven culture to enhance people's wellbeing. People felt valued and encouraged to share their concerns should they have any. Quality assurance processes were in place to assess and monitor the care provision as necessary.

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 first inspection of the service since it registered with the CQC on 13 August 2021.

Why we inspected

This was a planned inspection based on when the service was registered with us and started providing regulated activity.

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?

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.

VKARE Domiciliary Services

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 one inspector.

Service and service type

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider would be available to support the inspection when we visited.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. 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 also reviewed intelligence information we held on our system including notifications about important incidents.

During the inspection

We spoke with one person who used the service and one family member about their experience of the care provided. We also spoke with the provider who was also managing the service.

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

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 for 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 were kept safe from avoidable harm.
- People and their family members felt that the support provided was safe. One family member told us, "They are fantastic. [The manager] understands [my relative's] needs perfectly. She is very supportive, 100% safe." The manager said, "I make sure people are safe and I have a true desire to support them well, it's not just for the money."
- Safeguarding and whistle-blowing policies were in place to ensure that any information of concern was shared appropriately so that people could be supported safely.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and mitigated as necessary.
- Risk assessments were in place in relation to people's environment, mobility, nutrition, medicines and health conditions.
- However, people's care records did not always highlight how people should be supported with individual tasks such as showering and food preparations. Fire safety checks were carried out to ensure safe environment for people, but information was not recorded regarding the support a person required to leave the building in the event of a fire in their home. We discussed this with the manager who told us they will review people's care records immediately making sure all the information was recorded as necessary. We will check their progress at our next planned inspection.

Staffing and recruitment

- Safe staff recruitment procedures were followed making sure people were supported by competent staff members.
- At the time of inspection people were supported only by the manager. The service was in the process of recruiting two staff members who were undertaking Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Records showed that these staff members had to attend an interview and provide references as part of the recruitment process.
- An electronic system for monitoring staffs' attendance was in place and ready to be used by the provider when staff started working with people.

Using medicines safely

- People's medicines were managed safely.
- People were assisted to collect and/or take their medicines where they required such support. The medicines administration record (MAR) sheets were completed electronically and the system automatically

notified the manager should the medicines not given to people as and when required.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was meeting shielding and social distancing rules.

Learning lessons when things go wrong

- Systems were in place to learn from safety alerts and incidents.
- When an incident took place, staff would be required to complete an incident form which will be investigated and addressed by the manager so that the risk of future occurrences would be reduced and lessons learnt shared with the staff team as necessary.

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

- The service completed a comprehensive assessment of each person's care needs on admission.
- Information collected during the initial assessment process was used to produce a care plan. Where a person's care needs changed, the care plan was updated making sure it was relevant and accurate.
- The manager told us they took time to assess people's care needs properly. They said, "I want to spend time to assess clients' needs where they need more help, like if they have diagnosis of dementia."

Staff support; induction, training, skills and experience

- Systems were in place to support staff on the job.
- The service had clear procedures for inducting, training, supervising, appraising and checking staff's competence which promoted good quality care and support.

Supporting people to eat and drink enough with choice in a balanced diet

- People had support to meet their nutritional care needs when required.
- People were supported to eat and drink in a way that met their wishes and dietary requirements. A family member said, "[My relative] has a lot of allergies, so a lot of food is prepared by [the family member]. If needed the food would be prepared by the carers. I wouldn't be concerned at all, [the manager] knows about the allergies."

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

- The service ensured that people were referred to health care professionals as needed to support their wellbeing.
- The provider took actions promptly to notify everyone involved if a person's health needs changed. A family member told us, "If a doctor is required, we would be contacted by the carers in an emergency, it would be a joint decision."
- Each person had a 'Grab sheet' with information about them which was used by staff if they required to accompany the person to go to hospital. Information included was if the person had any allergies or a Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) order was in place so they did not receive any active interventions in the event of a cardiac or respiratory arrest.

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 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.

- The manager had a good understanding about the MCA principles and told us how they supported people in the decision making process where they were assessed as not having capacity to make a decision themselves. They worked in partnership with the families, local authority and healthcare professionals making sure people's best interest were adhered to.

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; equality and diversity

- People felt valued by staff who showed genuine interest in their well-being and quality of life.
- People and their family members told us that staff showed warmth and respect towards the care of people. One person said, "We are getting on well." A family member told us, "[The manager] is absolutely lovely, she brings sunshine into the home when she arrives. She is uplifting [my relative's] spirit and brings in the right amount of energy."

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

- People's right to make choices was respected.
- Staff supported people to express their views and involved them in decisions about their care. One person told us, "What is anticipated, [the manager] is doing. Very willing to know what I need and how I like the things done." The manager told us, "I ask clients if they are ready to take medication before giving it. I offer choice of food..."
- People's choices were reflected in their care records so that staff could provide the care based on their preferences and wishes.

Respecting and promoting people's privacy, dignity and independence

- The provider followed best practice standards which promoted people's dignity and independence.
- People had the opportunity to maintain their independence skills as necessary. A family member told us, "We literally describe every action that is needed and how to do it and [the manager] is great with that. This way we give [my relative] her independence." The manager said, "I encourage clients to do things for themselves, like make a cup of tea."
- People's care was dignified and respectful. A family member told us, "[The manager] is taking time slowly in the morning when my [relative] wakes up and encourages her to go for a walk. [The manager] does not speed up things and very respectful of [my relative's] ability. She keeps her cheerful every time she comes over." The manager said, "Everyone is unique, I embrace everyone's culture and I do not let my own culture influence clients' support. I promote people's privacy, dignity and respect their wishes and choices. I support them in a dignified manner making sure the curtains are closed and not exposing their body."

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; Meeting people's communication needs

- Staff provided person-centred support to meet people's choices and preferences.
- People's care needs were responded to when necessary. One person told us, "I am very pleased, [the manager] does everything for me."
- Care plans were individualised and provided information about people's life histories, individual preferences, interests and important contacts to them. People's religious and cultural needs were recorded to ensure these were met as necessary.

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 was encouraged and supported as necessary.
- The manager told us they were looking into matching a person whose first language was not English with a staff member who spoke their native language so that the person would get involved in conversations easier.
- The manager said that people will be provided with information about the service in accessible formats as and when required. This included documentation being available in a larger print.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints as and when necessary and staff supported them to do so.
- People were provided with the complaints procedure which informed them about the actions to take should they wished to raise a concern.
- Systems were in place making sure that complaints received would be addressed and resolved appropriately. There were no formal complaints received since the service's registration with the CQC.

End of life care and support

- People's wishes were sought the end of life care.
- People's care records included a section in which they could record their end of life care preferences. The manager told us that the end of life care discussions took place only where people were ready to talk about this and chose to do so.

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.

Planning and promoting person-centred, high-quality care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager aimed to instil a culture of care in which staff truly valued and promoted people's individuality and protected their rights.
- People's wellbeing was prioritised to enable them to flourish. A family member told us, "I want [the manager] to succeed and continue doing what she is doing, as the care she provides everyone should receive. It is so nice to have someone who knows what they are doing and give the care that elderly people really need."
- People and those important to them were involved in care planning. One family member said, "We do get contacted, notes left. There is a lot of adequate communication on a daily basis." Regular care reviews took place to discuss actions for the changes needed.

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

- The manager had the skills, knowledge and experience to perform their role and a clear oversight of the service they managed.
- The manager was aware of their responsibility and sent the CQC notifications as required.
- People's care records were kept safely in a locked cabinet.

Continuous learning and improving care; Duty of Candour

- The manager was keen to improve the service where they recognised shortfalls.
- Quality assurance was monitored using an electronic system which prompted the provider to complete tasks when they were due. This was in relation to staff's induction and recruitment.
- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. During the inspection, the manager gave us honest information and suitable support, and applied duty of candour where appropriate. They openly shared information with us in relation to workforce challenges they were facing.

Working in partnership with others

- The provider worked well with health and social care organisations to improve care and support for people using the service.
- The manager told us they were provided with guidance by healthcare professionals, such as nurses and GPs, making sure people received the care they needed. For example, in relation to their medicines and

communication.