

Kapital Care (UK) 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection to Kapital Care (UK) Limited took place on 3rd October 2018 and was announced. This was the first inspection of Kapital Care (UK) Limited since registering with the Care Quality Commission (CQC) on 18 August 2017.

Kapital Care (UK) Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The agency provides a service to older adults and younger disabled adults.

Not everyone using Kapital Care (UK) Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

A manager is registered with the CQC. 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.

Kapital Care (UK) Limited is a small domiciliary care agency located in the London Borough of Camden. On the day of our inspection the agency provided personal care to three people. This was provided by four care workers and the agency owner, who was also providing personal care to people who used the service.

Care and support was delivered in line with current legislation and best practice. Risk assessments and support plans had been completed for everyone who was receiving care to help ensure people's needs were met and to protect people from the risk of harm. Staff had been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults. Staff understood how to recognise abuse and how to report concerns or allegations. The records we saw indicated that medicines were managed safely and were subject to regular audits.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported to express their views and be actively involved in making decisions about their care and support needs.

Relatives praised the kind and caring approach of staff. Staff were respectful and explained clearly how people's privacy and dignity were maintained. Staff understood the needs of people and care plans were person-centred. Relatives spoke very positively about the care provided.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. The care plans provided good information about people's history and described

the care, wellbeing and how best to support the person. Staff knew the people they were supporting and provided a personalised service.

Relatives and staff spoke positively about the registered manager and they told us the service was managed well and in people's best interests. Relatives made positive comments about the service people received.

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. There were systems in place to assess and monitor any risks to people's safety.

Staffing numbers were satisfactorily maintained to support people.

Staff had been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective. Staff had up to date training in areas such as moving and handling, safeguarding and food hygiene and wellbeing.

Staff received regular supervisions, direct observations and competency assessments.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions.

People were supported to maintain their health.

Is the service caring?

Good ●

The service was caring. Relatives told us they were happy with the care their loved one received and that they were well supported by staff.

We were told that staff met people's needs appropriately and with dignity and respect.

Care workers knew people well and were aware of people's individual needs, backgrounds and personalities. This helped to provide individualised care to the person.

People were encouraged to express their views and make decisions about their care.

Is the service responsive?

Good ●

The service was responsive. People had been involved in developing individual care plans which took into account their likes, dislikes and preferences.

People knew how to make a complaint and systems were in place to ensure all complaints were responded to in timely manner.

Is the service well-led?

Good ●

The service was well-led. Systems were in place to monitor the quality, and safety of the service provided.

Staff told us they were supported by the registered manager who promoted an open and transparent service.

Kapital Care (UK) Limited

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.

We carried out the inspection site visit of Kapital Care (UK) on 3rd October 2018 and contacted people who used the service on the 4th October 2018 using the telephone.

We gave the service 48 hours' notice of the inspection visit because the service was and the manager was often out of the office supporting staff or providing care. We therefore needed to be sure that they would be in.

The inspection was carried out by one adult social care inspector.

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 spoke with the registered manager, three care workers, one relative and advocate of people who used the service.

We looked at three care plans and three staffing records. We also viewed other records required for the management of the agency, these included complaints, incident and quality assurance records.

Is the service safe?

Our findings

One relative told us, "[Carers name] and my relative get on very well, the carer takes their time and don't rush him. All staff visiting us, know what to do and I know my husband is safe."

Staff we spoke with understood how to recognise abuse and how to report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse. Training for staff took place during the induction of new staff and systems were in place to refresh the training annually. A 'safeguarding vulnerable adults' policy was available to support staff with potential types of abuse and the procedure for reporting them.

Risk assessments and support plans had been completed for people who used the service. People who used the service or their relatives were involved in this process. We saw risk assessments had been completed for medication, mobility, the use of hoisting equipment, falls, nutrition and pressure area care.

Care workers we spoke with had a good understanding of how to keep people safe in their own home. This included the use of equipment such as hoists to transfer people safely. Assessments were reviewed regularly by the company owner or registered manager to reflect any changes to people's needs and risks.

Medicines were administered safely by suitably trained staff. Medicines administration records (MARs) were completed and documents viewed were completed correctly by care workers involved in supporting people to take their medicine. We also saw that MARs had been audited by the registered manager to ensure medicines were managed safely and any shortfalls could be addressed without delay. Staff we spoke with confirmed they had received training. A competency assessment of staff was completed by the registered manager to ensure people received their medication safely.

Staff were recruited safely as the provider had a robust recruitment process in place. We found copies of application forms and references. Staff had been subject to a Disclosure and Barring (DBS) check and other checks were made to ensure they were entitled to work in the UK.

There were appropriate numbers of staff employed to meet the needs of people who received a service and to ensure they received the support at a time when they needed it. The registered manager told us that there were systems in place to recruit additional staff, provided more care packages were taken on by the agency.

Everyone said the visits by the care workers were on time and staff always stayed the allocated time. Staff confirmed this to be the case. They told us they had enough time to get to their next call so people received the whole time allocated to them. This ensured staff could support people with all the care and support they needed.

We asked people if they had ever experienced staff not arriving to help them when they were expected. People told us that staff always arrived as expected.

People told us that staff used protective clothing, for example aprons and gloves, when working in their home. The registered manager told us that staff could visit the office to pick up protective clothing, but he would also drop off gloves at people's homes during spot-checks. This helped to promote good hygiene and prevent any cross-contamination and infection.

The registered manager told us that since registering with the CQC, no accidents or incidents had occurred. The registered manager showed us a recording template to be used if an accident or incident occurred. Staff told us that if any accidents or incidents occurred, they would report these to the office, but also raise them with their supervisor. The provider had a whistleblowing policy. This ensured staff had a good understanding of the policy and what whistleblowing meant.

Is the service effective?

Our findings

Staff had received appropriate training and had the skills they required in order to meet people's needs. One relative we spoke with told us, "Staff definitely know what they are doing and I would say they had good training."

We saw that the provider had processes in place that involved people in how they received personalised care and support. People we spoke with told us they felt that care needs were supported and that they were involved in decisions about their care. One relative told us, "The manager comes often around and asks us how things are and if we need any changes to the care which we receive."

A member of staff we spoke with told us, "There is enough training offered, when I started I had some induction training, this covered the essentials, such as First Aid, manual handling and safeguarding. I think the training was beneficial." We saw that staff had had an induction which was based on the common induction standards in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff told us the registered manager completed spot checks and they had supervision meetings with the registered manager to support their development. Staff had received regular supervisions and the registered manager told us that there was an open-door policy and staff could always come to talk to him. Staff spoken with confirmed this. One care worker said, "[Manager's name] is very approachable and easy to talk to." We saw staff development plans showed how staff were supported with their training and supervision.

Staff could explain people's needs and how they supported them. Staff explained how they gained consent from people when supporting their care needs. One care worker told us, "I will always ask [person's name] what she wants and how I can help here. This is common courtesy to do, it's her life."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support.

People we spoke with told us they were happy with the support they received from care staff with meals and drinks. One relative said, "They [staff] don't cook for him, but if I ask them to give him something to eat, they will do it." Care workers we spoke with could tell us about people's nutritional needs and knew what food people liked and disliked. A care worker we spoke with told us, "People like different things and sometimes the food has to be cut up or mashed, which helps them to swallow it easier."

People we spoke with told us that their relatives supported them with their health needs. Care workers we spoke with understood people's health needs and the importance of raising concerns if they noticed any significant changes. One care worker said, "If there is anything wrong, I will talk to [person's name] to call the doctor."

Is the service caring?

Our findings

Relatives told us that they were happy and satisfied with the staff that supported their relatives. One relative commented, "The carers who come and visit us are very good and they are most of the time the same, which is good and helps my relative to get used to them and they get used to him." Another relative said, "The carers did a brilliant job, they helped her to walk more, which is very important."

Relatives told us that staff's time keeping was good and that they were reliable. They told us they would be contacted beforehand if a care worker was going to be late. One relative commented, "They normally always on time and if they are a little late, they [carers] will always call." One relative told us, "They are not only on time, they also stay the time we have agreed." Care workers confirmed that they would either call the person and if this was not possible they would call the office.

Care workers were knowledgeable about people's individual needs, backgrounds and personalities. They told us that they would encourage people to make choices about their care and their day-to day lives. For example, one care worker told us, "I would ask [person's name] what he wants before I help him, he needs to have a say how I should look after him."

People's care records were up to date and personal to the individual. They contained detailed information about people's likes, dislikes and preferred routines. They provided information of how the person wanted to be supported, if they were not able to fully inform staff of their preferences. For example, "Care workers to leave a drink easy to reach for [name]."

Detailed information was recorded to make staff aware of each person's communication methods and how to keep people involved in daily decision making. For example, care plans provided information if staff should speak slowly, because the person was hard of hearing

Relatives we spoke with said their privacy and dignity were respected. Relatives said, care workers were 'considerate' and 'attentive', 'friendly' and 'respectful' in their approach. Staff were aware and respectful of people's cultural and spiritual needs. Relatives told us that they could access advocacy services if they wanted, but all relatives had a power of attorney in place, to ensure they acted lawfully on people's behalf.

Is the service responsive?

Our findings

Relatives told us the support people received was responsive to their needs. One relative said, "The staff is very good, they ensure that he is well cared for and all his needs are met." Another relative said, "I am so happy with this agency, we had not so good experiences in the past."

Relatives confirmed they were involved in reviews where people's support needs were discussed. One relative said, "[Staff name] came around at the start and we discussed how they should provide the care, but the manager still comes around and asks us if there is anything else we need. I would say the communication is very good." Records showed that regular reviews were undertaken and people's support plans were reviewed as needed.

Care workers we spoke with demonstrated a good knowledge of people's needs preferences and anxieties. One care worker said, "I know my clients very well, I go there regularly, which helps to build a good relationship." Care plans had detailed information about people's likes, dislikes, needs and care preferences. They stated how often care workers would visit, how long they should stay and how many care workers were required to provide personal care support. They also documented aspects of care, which was important to the person, such as using specific soap. This showed the person was in the centre of the care provided by Kapital Care (UK) Limited.

Relatives told us that they knew how to raise any concerns they had. One relative told us, "I have no concerns, but if there would be anything I would call the office without any hesitation." Another relative said, "I have no complaints but if I did I would speak to the manager and I know they would sort them. I have raised some minor issues in the past and they have been sorted straight away". We saw that a complaints procedure was available. The registered manager told us that the service had not received any complaints since registering with the CQC.

The service currently does not provide any end of life care.

Is the service well-led?

Our findings

Relatives told us they knew the registered manager and owner of the company and said that they were happy with the service and would recommend it to their friends. Comments included, "Kapital are very good, they listen to what we have to say and need" and "The manager and [owners name] are very good, they always call or come around. They [agency] are small, but very good. I would and have recommended them to friends."

The registered manager told us that Kapital Care (UK) Limited's vision and strategy was to provide the best individual care to people. Care workers told us that the service was well managed. The registered manager and all staff we spoke with had a good knowledge of the people that were using the service, and how to meet their needs. It was clear that care workers had a passion to provide good quality care to people. The care workers we spoke with were happy that they had the right support in place to do their jobs, and felt positive about working for the service. One care worker told us, "I enjoy working for this agency, the care for the people we support and the staff who work for them."

Effective quality assurance systems were in place to help the service continually learn and improve. The registered manager carried out audits of care records, medicines administration records and undertook regular spot checks at people's homes to ensure the care workers and people who use the service were satisfied with the care and service provided by the agency.

During the spot checks the service also monitored if staff wore their identity badges and were on time and carried out the care visit as they would normally. They also used this opportunity to gather feedback from people, their relatives, and staff could give their own feedback.

The agency had further formal systems in place to gather feedback from people who received the service as well as staff. We saw that all feedback obtained was positive. Comments made by relatives and people who used the service included, "I like the fact that I get the same carers all the time and I like them as well", "They understand my needs and know how to care for me" and "I want [carers name] who is my age group to become my regular carer if possible." In response to this request the registered manager documented, "The office will ensure to include [carers name] in [person's name] package whenever [carers name] is available for any shifts."

Care workers had the opportunity to feedback and discuss any concerns in team meetings. We saw that meetings were held that were specific to care workers who supported the same people; so that they could share information relevant to the people they knew and were supporting. Care workers we spoke with felt able to express their views and share information with confidence that they would be listened to and actions taken where necessary.

People's care records were kept securely and confidentially, in line with the legal requirements. We asked for a variety of records and documents during our inspection. Services are required to notify CQC of various

events and incidents to allow us to monitor the service. The registered manager told us that he was aware of events he was required to notify the CQC in a timely manner, but explained that such incidences had not occurred since registering with the CQC.