

KC Care & Social Activities 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

KC Care and Social Activities is a care at home service which provides personal care and support to older adults. At the time of our inspection there were 20 people 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

There was a quality monitoring system in place, areas for improvement were identified and staff were informed of any changes that arose from audits. However, there was not always documentary evidence that this had been carried out. The registered manager had identified the shortfalls in documentation and was in the process of implementing a new electronic quality monitoring system, where all audits would be documented with actions. Staff were receiving training to be able to use the new system. This will then need embedding into practice to ensure effective monitoring to continually drive improvements.

We have made a recommendation that the registered manager continues to implement the new electronic quality assurance system and ensure it is embedded into practice.

People told us they felt safe. Staff understood safeguarding and whistleblowing procedures. There were sufficient numbers of staff employed to meet people's needs. Staff we spoke with also confirmed this. There was a safe recruitment process, which ensured only staff suitable to work with vulnerable adults were employed. Accidents and incidents were monitored, however, documented evidence of lessons learnt was being improved. Risks to people were identified and assessments were in place, which were being reviewed as part of the new electronic care plan records that were being implemented. People were protected by the prevention and control of infection. Medication systems were in place and followed by staff to ensure people received their medicines as prescribed. Some minor documentation issues were identified in regard to medicines. These were addressed by the registered manager following our site visit.

Staff we spoke with were knowledgeable about people needs. Staff had received effective training to ensure their knowledge was up to date. Staff were supervised and supported. People were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice however, documentation to evidence this was being completed at the time of our visit.

People we spoke with told us staff were extremely kind and caring. Relatives we spoke with were positive about the care and support provided. Staff we spoke with understood people's needs and described how they respected their dignity. One person said, "The carers are nice, kind and pleasant people. They are caring towards me and will do anything that I ask." Relatives felt listened to and said complaints were appropriately dealt with and resolved. People we spoke with told us their views were listened to and

obtained. Feedback from staff was extremely positive about the leadership and support received for them to be able to fulfil their roles and responsibilities.

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

Rating at last inspection

This service was registered with us in May 2019 and this is the first rated inspection.

Why we inspected

The inspection was prompted in part due to concerns received about infection prevention and control policies and guidelines which had not been followed, putting people at potential risk. A decision was made for us to inspect and examine those risks.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

KC Care & Social Activities Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 9 March 2022 and ended on 21 March 2022. We visited the office on 16 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider was asked to complete a

provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives via the telephone about their experience of the care provided and obtained feedback from commissioners. We spoke with eight members of staff including the, registered manager, team leader, office manager and care workers.

We reviewed a range of records. This included four people's care records, medication records and daily records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including incidents and policies were 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks were assessed and managed to keep people safe. Electronic care plans contained risk assessments to ensure people's safety. These were being reviewed as part of the new electronic system, to ensure the previous paper records were transferred onto the new system. We saw a selection of paper risk assessments, these showed risks were managed.
- People were involved in their care planning as much as possible and care records detailed people's choices and wishes. Relatives told us they were extremely happy with the care and support people received. One relative told us, "I'm really confident that my [relative] is in good hands. [Relative] loves the care staff that come."

Using medicines safely

- Medication procedures were in place to ensure people received medicines as prescribed. People told us staff administered their medicines safely. However, we identified some documentation needed improving to meet the National Institute for Health and Care Excellence (NICE) guidelines. This was addressed by the registered manager immediately following our inspection.
- Staff received training in medicines management and were competency assessed to ensure safe administration of medicines.

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection. Staff were kept up to date with latest guidance and requirements. However, we received a concern that the infection prevention and control policy and guidance had not been followed, putting people at potential risk. The registered manager was open and honest about this. They conducted a review and as a result they changed practices and employed new staff to ensure a similar incident does not happen again.
- Personal protective equipment (PPE) was provided. Relatives we spoke with told us they always saw staff wearing appropriate PPE and regularly washing their hands. One relative said, "The staff have good hygiene standards with protective clothing and take tests."

Staffing and recruitment

- Staff were effectively deployed to meet people's needs. One person said, "They are very caring, and they are not rushed" another said, "The quality of care is great, and they always arrive on time."
- Staff told us there were enough staff to meet people's needs safely. They said they were not rushed at calls and had sufficient allocated time between calls.
- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People were safe. People told us staff made them feel safe. Relatives we spoke with told us people were safe. One person said, "They look after my safety very well." A relative said, "My [relative] trusts the care staff and feels very safe."
- There were safeguarding policies in place. The registered manager and staff knew the process to follow to report any concerns to safeguard people.
- Staff understood the importance of the safeguarding adult's procedure. Staff knew how to recognise and report abuse.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences. However, the documentation did not always evidence this. The registered manager put new documentation in place at the time of our inspection.

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.

Staff support: induction, training, skills and experience

- Staff received an induction and training to be able to provide effective care. staff told us they had completed mandatory training to support them in their roles.
- Staff told us they felt very supported by the registered manager and the management team. Staff received appropriate supervision. One staff member said, "I love my job, I am very well supported by the manager. We work well as a team and support each other."

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 principles of the MCA were followed. The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. The documentation in care plans was being reviewed and improved at the time of our inspection. This was to ensure the legal framework for making decisions was followed.

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

- People's needs were assessed before a service was provided, this was to ensure their needs could be met. We saw the assessments had been completed.
- People's diverse needs were met in all areas of their support. Care was delivered following best practice and guidance. People's care plans we looked at included their preferences, choices and decisions.

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

- People who received support to eat and drink were supported to maintain a balanced diet. Care plans included information about people's dietary needs, risks and preferences to guide staff about how to support them effectively.
- People were happy with the support they received with eating and drinking. One person said, "The [staff] cook the meals. They are very nice and tasty."

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

- Staff worked with health care professionals to ensure people's needs were met. Staff explained to us how they contacted and liaised with professionals when required. For example, district nurses and GP's.

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; Respecting and promoting people's privacy, dignity and independence.

- Staff focused on building and maintaining open and honest relationships with people and their families. People were cared for by a consistent team of staff who knew people very well and understood their needs and preferences. One relative said, "The carers promote the independence of my [relative] really well. They have come on leaps and bounds since the care package was introduced."
- People told us staff were extremely kind and caring. Relatives we spoke with were very positive about the care and support provided. One person said, "The carers are nice, kind and pleasant people."
- Staff respected people's diversity and treated them as individuals. Care documentation included information about people's religion, gender and ethnicity. Staff had undertaken training in equality, diversity and inclusion to improve their knowledge when supporting people.
- Staff were committed to providing care and support that promoted dignity and respect. They spoke about people in a very caring way.

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

- Staff supported people to make decisions about their care.
- Care records showed the service learned about the person's needs and their history, background, preferences, interests and key relationships in order to provide person-centred care. The service reviewed people's care at regular intervals and responded quickly when people's needs changed, contacting the relevant people or agencies where necessary.

Is the service responsive?

Our findings

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

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

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

- People received personalised care. People's care plans recorded their likes, dislikes and what was important to the person. One relative said, "They come out strong as a company because they adapt to people's needs. The carers are on the ball when my [relative] is unwell."
- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with their preferences and care needs.
- Staff had received training to ensure they understood personalised care that was person-centred.

Meeting people's communication needs

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.

- The provider was aware of the standard and ensured all people's needs were assessed before they commenced the service to ensure any adjustments were implemented.
- Staff understood how to communicate with the people they supported. There were communication care and support plans in place for people. People and relatives, we spoke with said communication methods were good. One person said, "I've got their number on my mobile and I can contact them anytime I want. The company is perfect, and I would have no hesitation in recommending them."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Complaints were recorded and resolved. Although the registered manager carried out lessons learnt these were not always documented to evidence improvements. The registered manager put systems in place following our inspection. Relatives we spoke with told us they were listened to, concerns were taken seriously and resolved. One relative said, "If I did have any problems, I could speak to the office right away. I would recommend K.C Care 100 percent because you can't fault them."
- The registered manager had systems in place to communicate with people who used the service, staff and relatives. We saw meeting minutes and people's views were sought and listened to, to ensure continuous improvement of the quality of the service.

End of life care and support

- People's needs were considered as part of the end of life care. Care plans were developed with the person to ensure they were person centred and included their wishes, choices and decisions. These were being

further developed at the time of our inspection.

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.

Continuous learning and improving care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality monitoring systems were in place and staff were informed of any changes that arose from audits. However, there was not always documentary evidence that this had been carried out. For example, the registered manager was able to explain to us how they evaluated incidents and learnt lessons, but there was no documented evidence to support this or show staff had been informed of any action or changes. The registered manager had identified the shortfalls in documentation and was in the process of implementing a new electronic quality monitoring system, where all audits would be documented with actions. Staff were receiving training to be able to use the new system. Once implemented it required embedding into practice and sustaining to evidence continuous improvements from lessons learnt.

We recommend the provider implements the new quality assurance systems, embeds them into practice and uses them as a tool to continually drive improvements.

- Staff were happy in their roles and felt supported. Staff spoke highly of the team, they told us there was a consistent approach to ensure all staff were supported and well led. One staff member said, "I have an amazing manager, I felt well supported. I can talk in confidence and they are open and honest."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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 and management team demonstrated an open and positive approach to learning and development. They were passionate about improving the service to ensure positive outcomes for people they supported and staff.
- The registered manager told us the ethos of the service was to provide people with high quality care delivered by a competent and skilled staff team.
- The registered manager understood their legal requirements and complied with their duty of candour responsibilities. People told us staff and management kept them informed of any issues and concerns and were open and honest. Relatives spoke highly of the registered manager and told us they were kept informed of all changes and updates. One relative said, "The office staff are very approachable, and the manager will support us if we need it. They also keep me up to date."

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

characteristics

- The registered manager engaged with people and their relatives. All relatives we spoke with told us the communication was good. One relative said, "I, as a relative have a very positive relationship with both office staff and management, the methods of communication are very good."
- Staff meetings were held to get their views and to share information. Staff confirmed meetings were held regularly and were effective. They also told us the management team were very approachable and listened and they felt valued.

Working in partnership with others

- The registered manager had links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives.