

Karva Care Services 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 

Overall summary

This inspection took place on 11 February 2015. We gave the provider 24 hours' notice to make sure that there would be someone in the office at the time of our visit.

Karva Care Services is a small domiciliary care agency which provides personal care to people in their own homes. At the time of our visit there were eight people using the service. Karva was providing a service to people who had been discharged from hospital and who needed support, initially for the for a six week period. Some people had continued to use the service after that period. The service has a registered manager.

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.

People using this service told us that they felt safe. There were good systems for making sure that staff reported any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

Summary of findings

People told us that they were happy with the service provided. People told us that they were included in decisions about how their care was provided. People told us about how staff helped them to retain skills and to stay as independent as possible.

People told us that staff treated them with dignity and respect. Staff working in this service understood the needs of the people for whom they provided care. Staff were aware of people's needs arising from their medical conditions.

Staff were appropriately trained and skilled to provide care and support to people. The staff had completed relevant training to make sure that the care provided to people was safe and effective to meet their needs.

The Mental Capacity Act 2005 (MCA) states what must be done to ensure that the rights of people who may lack mental capacity to make decisions are protected,

including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Court of Protection for authority to deprive someone of their liberty. We did not find anyone being deprived of their liberty.

The registered manager encouraged feedback from people who used the service, their family members, advocates and professional visitors, which she used to make improvements to the service.

The registered manager assessed and monitored the quality of care consistently. In addition to regular observations and supervision of staff, the manager consulted people using the service to find out their views on the care provided.

Summary of findings

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 safe.

People told us that they felt safe and had confidence that staff could keep them safe.

Staff were trained in recognising the possible signs of abuse and they knew how to report safeguarding concerns.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs.

Staff, where appropriate, prompted people to take their medication helping to keep them safe.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People were supported to eat and drink in ways which maintained their health and respected their preferences.

Good



Is the service caring?

The service was caring.

People were happy with the support they received. People told us that staff were kind and caring in their interactions with them.

People were involved in planning the support they received and were supported to be as independent as possible.

People told us that staff respected their privacy and maintained their dignity when providing care.

Good



Is the service responsive?

The service was responsive to people's needs.

There were good systems for planning the care and support which people needed and people were involved planning their care.

People's comments and complaints were listened to and appropriate changes were made in relation to complaints.

Good



Is the service well-led?

The service was well led.

People who used the service told us that the registered manager visited them to ask them their views of the service and to make sure that staff were providing care appropriately.

Staff told us that they received a good level of support from the registered manager.

There were good systems for audit and quality assurance to ensure safe and appropriate support to people.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

This inspection took place on 11 February 2015. We gave the provider 24 hours' notice to make sure that there would be someone at the office at the time of our visit. The inspection was carried out by one inspector.

During our visit to the service we met the manager and one member of care staff. We sampled the records relating to six of the people using the service and five records relating to staff recruitment and deployment. Prior to the visit we looked at the information which we held about the provider, including information which the provider had sent us. After the visit we contacted four members of staff, five people using the service and two social workers to ask them about the service.

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person told us, “I feel safe with them” and another person said, “I am sure they would keep me safe.”

The manager told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. One member of staff told us, “Our manager told us ‘if you see or hear anything you are worried about you must tell me or report it yourself to social services.’”

People told us that staff had assessed the risks associated with their medical conditions and having limited mobility. For example, one person told us, “They (staff) check me for bed sores on a daily basis.” The risk assessments showed that staff had also considered the risks in relation to the environment any activities which may have posed a risk to staff or people using the service. These showed how the risks were minimised. Staff told us that they felt safe when carrying out calls as they always made visits with another member of staff. They said that, if they did not feel safe, they would tell the manager and they were confident that she would take action if needed.

Staff told us and the records confirmed that checks had been carried out through the Disclosure and Barring

Service (DBS) prior to them starting work. We saw that two references had been taken up on each member of staff and each one had been interviewed by the manager as part of the recruitment and selection process.

There were enough staff. People using the service told us that two members of staff always attended each call. The manager told us that the service had not missed any calls. People using the service told us that, if staff were ever going to be late, due to traffic or unexpected delays at another call, they always contacted the person to explain.

The manager told us, and records confirmed, that the service does not manage the medication for anyone using the service. Staff did prompt some people to take their medication and there were records of the medication which the person needed and the times when staff had prompted them.

One person who used the service said, “They (the staff), always wear gloves and aprons.” Another person told us, “As soon as they come in they get the gloves out.” Staff told us, and we saw that there were good supplies of protective gloves and aprons for the staff to use in order to control the possible spread of infection. A member of staff told us, “We always keep a supply of gloves and aprons in people’s houses and spare ones in the car boot, just in case we need them.”

Is the service effective?

Our findings

People told us that they had confidence in the ability of staff to meet their needs appropriately.

Staff told us that they had received induction training when they first started to work for the service. They said that the manager had accompanied them to their first few visits and had provided guidance about the needs of the person concerned and how to meet these. The manager had then attended calls on a regular basis to monitor how staff were performing their role. Staff told us that they were confident that they were sufficiently trained to carry out their role.

People told us that they had been involved in planning the care they received. The manager told us that, in addition to any assessments which had been carried out by social workers at the time of referral to the service, she visited each person to talk about the care they would need and how this would be delivered. The care plans showed each person's needs and there were more detailed instruction for staff showing how they needed to carry out each task.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Court of Protection for authority to

deprive someone of their liberty. The manager was aware that, in some circumstances, DoLS applications could be made for people who receiving support in their own homes. At the time of our inspection people using the service had capacity and they were signatures to indicate that they had provided consent to the care provided. There was no indication that anyone had been deprived of their liberty.

The manager and staff demonstrated that they understood the relevant requirements of the Mental Capacity Act 2005 in relation to people providing consent to care and treatment. The records showed that people had signed to indicate that they understood and consented to staff carrying out tasks.

Staff had relevant information about people's dietary and nutritional needs. People using the service were able to discuss their preferences with staff when they were preparing food so people received food which they had chosen.

People told us that the staff knew and understood the implications for their care and support of their health conditions. There were details of people's specific needs in relation to their health in people's plans. Contact details for relevant healthcare professionals were available in people's records so that staff would be able to make contact in the event of an urgent situation.

Is the service caring?

Our findings

People who used the service told us that the staff were caring. One person said, “They are very good, very caring; they do everything they should do.” Another person said of the staff, “They are kind and they are polite.” People told us that the staff found time to talk with them and ask them about how they were feeling.

People told us that they were happy with the way staff behaved. One person told us, “They treat me with respect.” Another person said, “They are always respectful. They are discreet – make sure I am covered up, close the curtains and make me a cup of coffee. They have made it easy for me. I am pleased with the service.”

People told us that the manager had asked them about how they wanted to be cared for and supported when they first started to use the service. They said that staff checked with them before providing care and respected their choices. Some people told us that they had chosen to continue using the service after their initial agreed short period because they found the staff helpful. They told us that staff had agreed with them the changes in the care and support they needed as their health changed.

The manager and staff spoke with affection about the people they cared for. They had a good knowledge of people’s situations and their preferences in terms of their care and support. The records showed people’s specific needs arising from their culture, religion or health conditions and staff were aware of how these should be met.

Is the service responsive?

Our findings

People told us that their plans were drawn up after discussion with them and taking into account their views and opinions as well as their needs. The plans which we sampled were specific and individual and provided evidence that people had been consulted.

People told us that they knew how to contact the manager and would have no hesitation in doing so if they were not satisfied with the standard of care. They expressed confidence that the manager would act on concerns raised. One person provided an example of when they had raised an issue with the manager and she had taken appropriate action in response to their comments.

The service encouraged people to express their views and to make complaints and compliments to the manager. The manager had left forms in each person's house which could be used to make a complaint or a compliment. We saw forms which people had completed and the records showed the action which had been taken if required. One professional raised a specific historical issue with us in relation to someone who was no longer using the service. We discussed this with the manager. She demonstrated that she had investigated the matter and identified areas where they would make changes were the same issue to arise again.

Is the service well-led?

Our findings

People who used the service expressed confidence in the manager and how she led the staff. One person said, “When they first came out the manager came with them and watched how they did things and gave them advice – She monitors them closely.” Another person told us, “She comes out periodically and asks me how I feel. She makes sure the carers are doing the right thing.”

Staff confirmed that they received regular supervision and guidance from the manager. In addition to individual sessions, there were staff meetings. One staff member said of the manager, “She is helpful and she holds monthly meetings where you can talk things out.” Another member of staff said, “It’s a good place to work.”

The manager had reviewed and, where necessary, updated records such as people’s care plans. There were systems for reviewing policies and procedures and auditing other records but, as the service was so new, the manager had not yet used most of these.

People told us that they were asked for their opinions of the service. One person said, “They have quality control forms and I can make comments or complaints.” The manager demonstrated how she used feedback from people and the results of monitoring records and staff performance, to improve the service and make plans for the future. This was a small and relatively new service at the time of our visit. The manager showed that she was aware of the changes which would be necessary were the service to grow, for example, additional support in the office to coordinate the staff calls. She said that she wanted to continue to visit people who used the service and to supervise staff on site herself in order to maintain the desired standards.