NK Care Ltd

NK Care

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 02 October 2018 and was an announced inspection with the provider being given 48 hours' notice to enable any staff available to be present. Calls were made to people using the service on 03 October and a telephone conversation was held with the provider on 08 October as they had been unavailable at the time of the inspection.

We inspected the service in response to information we had received regarding services being withdrawn from a person. During the inspection we looked into this concern.

This service was last inspected on 06 December 2017 where it was rated as Good. At this inspection the rating had changed to Requires Improvement overall, with Requires Improvement within the domains of Safe, Effective, Responsive and Well Led.

NK Care Services is a domiciliary care agency. It provides personal care to younger and older adults living in their own homes who may have a learning disability, mental health condition, eating disorder, substance misuse problems, physical disability, sensory disability or dementia. On the day of the inspection eight people were receiving support.

NK Care Services is required to have a registered manager in post. 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of inspection there was an acting manager in place. The acting manager told us that they were about to begin the process of becoming the registered manager.

We found that risk assessments were not always in place in order to mitigate any risk to people. The recruitment and retention of staff had been problematic for the provider. Whilst recruitment processes were completed as required, where further consideration was required in relation to references provided this was not always carried out. Medicines were given appropriately and recorded correctly. People felt safe in the care of staff members and praised the care they received.

People were not always confident that staff knew their needs. Staff did not consistently receive an effective induction and there was a lack of evidence that training was ongoing or appropriate. People were supported to eat and drink adequately. Staff gained consent from people prior to carrying out care and made people aware of the actions they were to take.

Staff were kind and caring towards people and positive relationships had been formed. Staff enabled people to be independent and to make choices where possible. People's privacy and dignity needs were maintained by staff members caring for them.

Care plans were in place, but did not always provide detailed information on people's needs. The cultural needs of people were acknowledged. People knew how to make complaints and were satisfied they were dealt with appropriately.

Audits did not always discover issues that required attention and were not carried out regularly. Due to the time restraints placed on the acting manager there was considerable gaps within recordings and checks on staff's competency. Feedback had not been taken from people and we saw no evidence that staff were able to voice any opinions or views. The manager knew people well. Notifications of incidents were received as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Adequate risk assessments were not in place.

Staff numbers were not always adequate.

Safeguarding procedures were in place.

Medicines were given and recorded appropriately.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not provided with an induction before working for the service, ongoing supervision and support.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

Staff assisted people to access food and drink.

Is the service caring?

Good

The service was caring.

People felt that staff were kind and caring towards them.

People were involved in making decisions about their care and how it was to be delivered.

Staff maintained people's dignity and provided respectful care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not always address people's needs.

Staff considered people's preferences when carrying out care.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance audits were not carried out comprehensively.

Care was unable to be co-ordinated effectively due to lack of staff.

People were happy with the service they received.

We received notifications are required.

NK Care

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.

The inspection took place on 02 October 2018 and was unannounced. Calls were made to people using the service on 03 October. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We had requested and received a Provider Information Return, this 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 also contacted the local authority to gather their feedback about the service.

We spoke with two people who used the service and three relatives. We also spoke with one member of care staff, the acting manager and the provider on 08 October by telephone.

We looked at the care records for five people, alongside three medication records. We also looked at three staff recruitment files, staff training information and records held in relation to quality assurance and the organisation of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in December 2017 we rated the key question as Good. At this inspection we found improvement was needed to ensure people remained safe and were supported in a consistently safe way.

We saw there was a lack of individual risk assessments. Within care plans for some people a small amount of information relating to risk was recorded, but this was not comprehensive enough to mitigate the risks posed. In the files we looked at we saw no risk assessments for medicines, pressure areas, ongoing health, or personal care or behaviours displayed. Where risk was briefly noted this was often confusing such as for one person it was noted that 'food to be heated to 98 degrees', which would not be appropriate for all foods being given to the person. Another example being a generic question posed related to fire safety stating, 'How my home is heated', with the answer being, 'I have heating'. We found that where generic questions were posed within the paperwork related to risk, for most people these were left blank. We raised this with the acting manager who told us that they had not had the time to do them, because they were out 'in the field' so often that paperwork was left undone. Staff we spoke with understood risk posed to people, but as the service had such a high turnover of staff new staff supporting people had no written risk assessment to provide guidance.

One person told us, "They [provider] have got some problems lately with a high turnover of staff basically, I think some of the carers go off to university. There is no problem with the quality of the carer, it's just keeping them. It's not a mechanical service, they're really friendly and the manager is very good". Another person told us, "Sometimes they're [staff] a couple of minutes late, but generally they arrive a bit earlier than later. I get plenty of time, I never feel rushed and no I've never had a missed call and mainly I get the same ones [staff members]".

The staff rota for October showed that all but one of the staff working for the service did not appear on the September rota and that it was virtually a completely new staff team. Rotas seen showed a duplication of allocated calls meaning that staff were expected to be at different locations simultaneously, which was an impossible task. We saw that agency staff were used at times, however the acting manager told us they themselves 'picked up gaps most days', which left them unable to complete their managerial responsibilities. We found staffing was an issue for the provider and they spoke with us about how difficult it had been to recruit and retain dedicated and caring staff. We saw that from the staff rota both the acting manager and the provider had been included to carry out care to people using the service. The provider told us they were very anxious to provide a good service, but felt that staff leaving without notice or not arriving after agreeing to take up a post had impacted negatively upon the service.

Staff members told us that they had their documents checked and Disclosure and Barring Service [DBS] checks done before they could start work. We found that checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults. However, we found where one staff member had a disclosure on a previous reference there was no risk assessment in place to re-assure the manager and provider that all precautions had been taken to ensure that people remained

safe. The acting manager told us that this would be carried out retrospectively.

People told us, "They [staff] help me with my medicines". A relative said, "They [staff] give medicines to [relative] and put it down in the care plan, as far as I am aware they record everything". We saw from Medicine Administration Records [MAR] that people had received their medicines as required. A number of people took their own medicines, but were prompted by staff and the records tallied with what had been taken. However, care plans did not include comprehensive lists of medications taken by the person nor was there any information regarding any possible side effects and how staff should react to any issues.
People we spoke with told us that they felt safe when being cared for. One person told us, "Yes, I am safe". A second person said, "They're [staff] very good and I always feel safe". A relative told us, "Yes [relative] is safe. It can be difficult at times due to [relative's] needs, but I think they [staff] try their best to keep [relative] safe".

We saw that where safeguarding concerns had been noted these had been raised appropriately with the local authority. We saw that a procedure was in place where a person was deemed to be at risk and this was being followed. We found that incidents and accidents had been recorded appropriately, giving information on the event and action taken by staff, but there was no detailed analysis of this available.

The care plan touched upon infection control where the 'housekeeping section' looked at bleach and household items only being supermarket purchased ones. Which meant that only recognised and safe items would be used by staff. The acting manager told us that staff members would raise it with them if they felt that a property might have an unacceptable level of hygiene.

We had carried out our inspection in response to a service being removed from a person by the agency. The acting manager gave us an overview of why the service had ended, in that staff were unable to cope with the level of behaviours displayed. However, both the acting manager and provider felt they had done all they could to support the person and had followed protocols in place. The acting manager showed us evidence of communications held between themselves and the local authority in an attempt to ensure the safety of the person. As a consequence of this situation, the acting manager told us that lessons had been learnt and that in future they will ensure that as much information as possible is gathered within the pre-assessment regarding behaviours to ensure that staffing and resources are available to sustain placements and to keep everyone involved safe.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in December 2017 we rated the key question as Good. At this inspection we found improvement was needed to ensure people were supported in a consistently effective way.

At this inspection people told us they felt the lack of consistency in staff had led to issues around the effectiveness of care provided. One person told us, "I don't know staff that well, so don't know if they are trained or not to do the job". A relative told us, "It's been a rocky road with them [staff], it often depends on the carer, who has been deployed". Two years ago, the previous manager was clued up about dementia, their knowledge was very good. Not so much now [with new manager]". A second relative told us, "I don't think the NK carers are able to be effective, the care required can be too much for them. As a family we feel they take the easy way out when [relative] challenges them, but I think they do try their best".

We did not see any evidence that staff members had completed an induction. The acting manager told us, "There has been no time for written inductions for new starters, but I have gone out and trained people on the job". One person we spoke with told us, "They [manager] send a new one to learn from the other one sometimes, if you know what I mean, one teaches the other one". A staff member told us, "I was shown the system and how to record things, but I have worked in care before, so feel sufficiently trained to support people". The acting manager told us that they had also hoped to carry out probationary meetings with new staff, but again had not had the time available to do so.

We saw that some training had been carried out, however the training matrix had not been updated since 2017 and it was not clear who within the current staff team had completed training including mandatory training. The training we did see evidenced was fire training, food hygiene and health and safety training. It was not clear if new staff had completed any training around behaviour management or if there were plans for this. The acting manager told us that they wanted to update the training matrix and ensure there was a plan in place, but had been unable to do so due to time constraints.

We found that some basic pre-assessment information was available and this included personal information, such as contact details of people involved with the person, religious needs, background history and information related to their health and wellbeing.
One person told us, "The staff help with my food". A relative told us, "There's always plenty for [person] to choose from, they always ask what would they like, they have to encourage [person] to eat sometimes, but I have no concerns". A second relative told us, "They [staff] fill in the chart with what [relative] has eaten and they leave me notes to tell me what they have or haven't eaten. [Relative] is a good weight I don't have any concerns". A staff member told us, "I assist people with food and I am very happy that everyone has the right level of nutrition and fluid. We understand the need for fruit and vegetables and ensure that people are left with a drink". We found that staff only prepared what foods were available within people's homes, which in the main consisted of reheating food or preparing light meals.

People told us that staff communicated with them well. One person said, "The staff answer any questions I have and they talk to me". A relative told us, "I speak to the manager virtually every day, she will call me

anyway, just basic stuff but she keeps in touch regularly. The carers let me know if [relative] needs anything, food, or stuff so I can get it on my way over".

People told us that if they were poorly they believe that staff would address this and call for a GP. Another person told us, I get prompted to sort out things like GP and out-patients' appointments". A relative told us, "My [relative] wasn't very well and the carer suspected a possible infection. They called me and I arranged for the doctor to prescribe antibiotics. The carer then collected the prescription in their free time and brought the antibiotics over, so [relative] could start the course sooner rather than later. They [staff] will go the extra mile to help".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this within the community, such as in people's own homes falls under the court of protection. We checked whether the provider was working within the principles of the MCA and saw that where family members had power of attorney this had been noted and recorded. A relative told us, "NK went through the Court of Protection so we can keep the front door locked [person was at risk] they had to register it somewhere".

People told us that staff gained their consent prior to assisting them, with one person telling us, "The staff always ask before helping me, they help me a lot". A relative told us, "They [staff] always ask [person] what they would like and if it is okay to help them". A staff member told us, "I always gain consent from people".

Good

Is the service caring?

Our findings

At our last inspection in December 2017 we rated the key question as Good. At this inspection we found that the rating had not changed.

One person told us, "I think they [staff] are caring. A relative told us, "[Person] is absolutely fine with them [staff]. They told me they think they are all very nice". A second relative said, "They [staff] give [relative] the extra bit of time they need in the morning, they care about how [relative] feels. A staff member told us, "I think that my colleagues are all caring. When we go out in twos I haven't been worried by anything anyone has done". The acting manager and provider explained how they both went to people's homes to carry out care as part of the rota. They gave great detail on people's needs and wishes and it was clear that they cared about people getting the service they required.

One person told us that they were able to make choices about their care and said, "It is my home, so I can decide the staff are only here to help me. If I want to say no I say no". A relative told us, "The staff respect the choices [person] makes". We saw that care plans did give some information on people's preferences and a staff member told us that they used this information to assist them to support the person in a caring manner. The care plan detailed where people were able to support themselves independently and people told us that independence was encouraged where possible.

People felt that their privacy and dignity was upheld with one person saying, "They always keep me covered up and give me privacy". A relative told us, "They [staff] are always respectful towards her, there are no concerns there". A second relative said, "The staff are definitely very respectful towards [person]. In terms of a service [person] has taken to this lot [staff] quite quickly, they have given them space to be themselves and they're patient with them". Staff told us how they always made sure people's dignity was maintained by keeping them covered when carrying out personal care and maintaining privacy by ensuring that confidential recordings were left safely within people's homes.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in December 2017 we rated the key question as Good. At this inspection we found improvement was needed to ensure people remained supported in a consistently responsive way.

We found for some people care plans did not cover specific issues, for example where one person had a dementia related illness there was no detail about this within the care plan, which meant that staff might not be aware of how to support the person in line with their needs. This was particularly important given the high turnover of staff. We found that care plans also gave some incorrect information. An example being where one described how a person only used the downstairs of their property and slept on the sofa, yet the care plan directed staff to take the person to an upstairs bathroom, contradicting the previous information.

People told us that they were aware of their care plan and that they had been involved in compiling it. One person said, "When they first came over, I did it with them". [Management visited before care began]. A relative told us, "[Person] went through what care they required with the manager and a care plan was drawn up".

We saw that care plans contained a short overview of the person, their age, family members involved in supporting them, care currently received and care needed including personal care. Information for staff for each call was provided within a step by step guide. This included when to give medicines, daily routine and any nutritional needs. The care plan asked the question 'what is important to me?' and answers given included, living arrangements and family and important relationships. Religious and cultural needs were considered and the acting manager reinforced what was in the person's plan by telling us how they spoke a specific language to a person as per their requirements. People's likes and dislikes were recorded such as how they liked to take their drinks, what time they preferred to get up and how one person disliked the word 'carer'.

The acting manager told us how the service had recently been able to support a person at the end of their life. The acting manager explained to us the care that they had provided. We found there was no information within care plans that gave an overview of people's end of life wishes, however this information had been completed previously for one person and so the procedure could be replicated if and when required.

People told us that they knew how to make complaints and were aware of the process to take. One person told us, "I've never had to call the office [to complain], if I did I have the office phone number on the care plan, but I've never had any concerns and to be honest they've [staff] been really good". A second person told us, "If I did have a problem with anyone [which I haven't] it's the kind of organisation that would deal with it from the top down [management would take the lead]". A relative told us, "I have the contact details I need to complain with, but I don't have cause to complain at the moment".

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in December 2017 we rated the key question as Good. At this inspection we found improvement was needed to ensure the service was consistently well led.

At this inspection there was no registered manager in place. The acting manager had joined the service in April 2018 on the premise that they would become registered with CQC, however due to lack of staffing they had found that rather than being office based they were required to be a significant part of the rota carrying out care to people. The acting manager told us, "I have been unable to do the job I applied for, because whatever happens I have a duty to ensure that people are cared for. I have started the application process twice and have had to abandon it because I was needed elsewhere". The acting manager told us that such was the requirement of the role including early starts and late finishes there had been no scope for them to make the application as they were too busy. The acting manager informed us of how they would be applying for registration in the near future and assured us that this would be done.

The provider told us that whilst they were working hard to provide a quality service they had been disappointed and let down by the staff who had started and left immediately or just not started at all after the application process. The provider told us how hard it had been to fulfil their duty to people to provide care with no staff and this is why the provider and acting manager spent considerable time away from the office, which in turn had led to a lack of recording being carried out. The provider talked us through their recruitment plan and informed us of how they were anxious to provide payment and conditions that may encourage potential staff to work for them, which would free up time for the acting manager to carry out the role of registered manager. Staff we spoke with told us of how they felt supported by management and that they felt that the service could be positive if the right staff members were recruited.

We found audits were only carried out on a three-monthly basis, this meant that any consideration of patterns and emerging trends were not carried out regularly. Therefore, there were significant periods of time lapsed, between audits which could lead to concerns not being identified in a timely manner. Additionally, there was no analysis of the audits and the limited information taken was restricted to individual generic audits, which did not provide a detailed overview of the person, their needs or the care provided to them. An example being where staff were supporting people who were known to display behaviour that challenged , there was no identification of additional support the staff member may require.

We found that there were lots of missing information in recording and audits carried out had not identified this. An example being an internal environmental assessment looking at escape routes in an emergency, but there was no information provided. Another example included audits asking the question 'Are staff working well and safe with client?' The answer given over numerous people's audits was, 'Regular spot checks carried out', however as no spot checks were recorded the outcome was unable to be measured. The acting manager told us that they had carried out spot checks, but these had not been written up and so there was no evidence that they had been done.

The acting manager told us of how team meetings had not been attended by staff as they were either too

busy or refused to attend. The acting manager felt frustrated by this and was reviewing how they could make changes to encourage attendance. The staff we spoke with told us that they would try to attend meetings as long as they didn't clash with the rota.

The acting manager showed us how they had adapted the previous feedback template to be more comprehensive and more space to give a written answer. It asked if the service was in line with people's needs and wishes, if staff arrived on time and if people knew the manager amongst other questions. However, we found no evidence that any feedback questionnaires had been given to people and relatives and the acting manager said that they had not sent any out since they arrived in post in April 2018. The acting manager was unable to show us any feedback originating from prior to their appointment.

Despite the concerns raised by lack of coordination and required paperwork not completed people we spoke with told us that they felt well supported. One person said, "It's brilliant [the service] it's just what I wanted". A second person shared, "NK have been really, really, good because the previous service let me down a lot but NK care came along and have actually followed through with their commitments, absolutely". A relative told us, "I can't fault the service, they're professional and the carers that come always provide a summary of that period, I meet up with the manager frequently to discuss matters or to increase the hours they are needed." People were also familiar with the acting manager and one person told us, "The manager is lovely and I've seen her a few times now, if someone [staff] is off she steps in".

A staff member told us that they were aware of how to whistle-blow should they have concerns about practice carried out within the service. A whistle-blower is an employee who takes their concerns about any bad practice witnessed to an agency independent of their employer.

We received notifications as required so that we were able to see actions taken in relation to incidents. The previous rating was also displayed as required.