

K.C. Carers Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

K.C. Carers is a domiciliary care agency providing personal care and support to people in their own homes. The service was supporting 53 people at the time of inspection.

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 and what we found

The registered manager had a lack of oversight of the service. This meant that they had not identified concerns or issues, and therefore had not acted to make improvements. Systems and processes put in place to improve the service were not yet established or embedded.

The registered manager had failed to promote a positive staff culture. Staff had not acted in accordance with their safeguarding responsibilities.

People's medicines were managed in a safe way in their homes. However, medicines were stored unnecessarily and insecurely in the provider's office building.

Systems and records relating to complaints and concerns were disorganised. Policies and procedures were not kept up to date to ensure they were in line with current best practice.

Safe recruitment practices were not always followed. There were enough staff to meet people's needs and people received their care at the agreed times. People received care from staff they knew. Staff gained people's consent before providing personal care.

People and relatives spoke positively about staff and management. They felt safe. People were protected from risks such as falls and environmental hazards by detailed, regularly updated risk assessments.

People had person-centred care plans which detailed their strengths and where they required support. Their communication needs were assessed and recorded.

People and their relatives were involved in the planning and delivery of their care, and the registered manager sought feedback.

People were supported to access the community. Staff sought support from health and social care professionals as required.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was Good (published 24 October 2018).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding and staff culture. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Caring and Well-Led sections of this full report.

Enforcement

We have identified breaches in relation to dignity and respect, safeguarding and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our Well-Led findings below.

Requires Improvement ●

K.C. Carers 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, care managers and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse. Staffing and recruitment

- Staff had shared inappropriate photos of themselves and people using the service to a private social media page. Comments made by staff on the page were offensive.
- The registered manager had not ensured policies relating to the use of personal data or social media were complete or in line with current guidance. Staff had not adhered to the policies that were in place.
- Staff received training in safeguarding vulnerable adults. However, they had not acted on their responsibilities to protect people from the risks of harm and abuse by reporting safeguarding concerns.
- There were concerns about the registered manager's ability to carry out a thorough and impartial investigation of the safeguarding complaint.
- Safe recruitment practices were not followed. Risk assessments and Disclosure and Barring Service (DBS) checks were not always completed before prospective staff were taken on shadow shifts to people's homes. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We discussed this with the Registered Manager who took immediate action to ensure this practice was changed.

Systems and processes were insufficient to ensure people were safeguarded from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the report of the safeguarding concern, the registered manager had ensured policies were updated in relation to the use of digital and social media. Changes had been clearly communicated to all staff.
- There were enough staff deployed to provide people with their care at regular planned times.
- People received care from a regular group of staff who knew them and their needs well.

Using medicines safely

- We found prescription medicines were stored insecurely at the provider's office, where they were freely accessible to anyone who entered the building. There were no records to document what medicines were there or the length of time they had been there. This meant there was no way of knowing if any were missing. The registered manager told us they would ensure these medicines were immediately disposed of appropriately.
- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, people received these as prescribed.

- Staff received training in the safe management of medicines. Checks were completed by senior staff to ensure staff competency.

Learning lessons when things go wrong

- The Registered Manager did not always recognise what actions were required in response to concerns without the input of other professionals. However the whole management team were keen to make improvements.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks.
- Staff were kept up to date with changes in people's care during handovers and team meetings.
- Care plans included environmental risk assessments to ensure staff were safe whilst working in people's homes.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and control.
- People told us staff used personal protective equipment (PPE) such as gloves and aprons when supporting them with personal care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they commenced using the service to ensure staff understood their needs and preferences. One relative told us, "[Care manager] came out to do an assessment. [Care manager] is fantastic."
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as cultural needs.
- Staff used evidence-based tools to assess people's risks and needs, for example falls risk tool. This ensured assessments were accurate.

Staff support: induction, training, skills and experience

- New staff received an induction which provided them with a foundation of knowledge and understanding of the organisation and their roles. They shadowed experienced staff to get to know people they would be caring for.
- Systems and processes to ensure staff training was up to date were disorganised. This meant it was not always clear when staff were due to have refresher training. Staff told us they had enough training to effectively carry out their roles.
- Staff received supervision to support them in their roles. Staff told us their manager was very supportive.

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

- People were assessed for their risks of malnutrition and dehydration. Staff referred people to their GP and dietitian where they were identified as at risk. Staff followed health professionals' advice in providing meals that met people's dietary needs.
- Staff had training in food hygiene and supported people to eat food they enjoyed. One person told us, "They make my porridge in the morning and a cup of tea, they make it how I like it, they ask if it's alright. They will put more milk in if I want it."

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

- Staff worked with other health and social care professionals to ensure people's needs were met. One relative told us, "[Care manager] worked in partnership with the Occupational Therapist [and] liaised with social care on our behalf to get extra visits in place."
- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when they showed signs of illness. One relative told us staff were very vigilant and understood their relative's needs, they said, "[Care Manager] noticed a pressure sore had started to develop

and arranged for the district nurse to come out and check it."

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.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff always asked their consent before providing their care.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- When people had another person who was legally authorised to make decisions on their behalf, this was clearly documented in their care plans.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence. Supporting people to express their views and be involved in making decisions about their care

- People told us that staff were respectful towards them. However, we saw staff did not always act in ways which supported this. For example, photographs and comments made on a private social media page. The registered manager had failed to identify that staff did not understand and promote compassionate, respectful and empathetic behaviour at all times.

People's privacy was not respected and their dignity was not maintained. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves and responded when their needs changed. One person told us, "If I need extra help they will add a visit in as a one off. They are flexible like that."
- People told us they were involved in planning and reviewing their care. Their care plans recorded how people preferred to receive their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who were familiar to them and knew their needs. One person told us, "I've seen them all before, and they wear an ID badge and uniform." Another said, "I have the same carers, all have been really good."
- People told us staff were kind and friendly. One person told us, "[Staff] are caring and wanting to do what they do. They do it because they want to care and make peoples' lives better."
- Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The registered manager had implemented a system to record and monitor accidents, incidents and complaints. However recent events were not recorded clearly and further work was required to embed this successfully.
- People and their relatives were confident the registered manager would deal with any issues appropriately. When people had made complaints, they told us they were satisfied with the action staff had taken.

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

- People and, where appropriate, their relatives had been involved in creating and updating their care plans. One person told us, "I have a care plan in the house, I'm happy with it. [Staff] went through it with me."
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. For example, if they requested carers to be a particular gender.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and earlier lives. A relative told us, "The key thing with [Person] is [they] aren't very old. [Person] likes a laugh, carers are good fun - always happy and cheerful."

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.

- Information about the service was available in different formats including large print. The care manager was extending the range of available formats, for example, to include easy read information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access their local community, for example, to go shopping or for social activities.
- People valued the relationships they had with staff and this prevented them feeling isolated. One person told us, "[Staff] are always friendly and chatty if I want someone to talk to." One relative said, "[Person] has banter with them. They always say 'hello [name]'. [Person] is quite happy."

End of life care and support

- At the time of inspection, no one was receiving end of life care.
- People were given the opportunity to record what was important to them at end of life. When people had made advanced care decisions, this was clearly documented in their care plan.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Continuous learning and improving care

- The registered manager had failed to identify and act on a negative staff culture which normalised undignified and disrespectful attitudes towards people using the service.
- The management team carried out audits and checks. However, systems were not sufficiently robust to have identified the shortfalls we found during inspection. For example, the unsafe storage of medicines and areas of record keeping which required improvement.
- Policies and procedures were outdated or incomplete. This meant they did not address new technology or comply with current law and best practice.

The registered manager had failed to maintain sufficient oversight of the service and systems to monitor service quality were ineffective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was receptive to feedback throughout the inspection and demonstrated a willingness to address concerns and improve the service. However, new systems and processes will need to be embedded to ensure consistent good practice over time.
- Staff told us they were happy working at the service and spoke positively about people, colleagues and the management team. One told us, "It's the best job I've ever had. I enjoy my job, I like the people I care for." Another said, "I'm very pleased to work for [service] and have been well-supported."

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. Working in partnership with others

- There were concerns the provider and registered manager were resistant to working in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups to improve care provision and service development following safeguarding concerns. This meant the management team were not always open to the support available from these services. For example, they expressed they were taking certain courses of action only because they were obliged to do so by the local authority.
- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.

- Staff worked with healthcare providers, reacting quickly to people's changing needs. Care plans contained details of other health and social care professionals who were supporting people.

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

- People were asked for their views during care plan reviews and they told us they found this useful. Surveys were also used although there wasn't a system in place to ensure these were sent out regularly. One person told us, "I have had the odd survey come through, randomly sent out. With any issues, they call me back and feed back any actions they have taken."
- People's equality characteristics were considered when sharing information, accessing care and activities.
- Staff attended regular team meetings and felt they could approach the management team at any time. One said, "Any problems, we go to [registered manager] or [care manager]." Another gave an example of when they had felt they had been well-supported by the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered manager had failed to ensure people were treated with dignity and respect by staff.
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were insufficient to ensure people were safeguarded from abuse and improper treatment.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had failed to maintain sufficient oversight of the service and systems to monitor service quality were ineffective.