K Carers Limited

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Inspection report

Metropolitan House
Longrigg, Swalwell
Newcastle Upon Tyne
Tyne And Wear
NE16 3AS

Tel: 01914956191

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 19 and 20 January 2016. The inspection was announced.

We last inspected this service in September 2014. At that inspection we found the service was meeting all the legal requirements in place at the time.

Kcarers is a domiciliary care agency for older people, some of whom may have a dementia-related condition. It does not provide nursing care. There were five people receiving a personal care service at the time of this inspection.

The service had 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 and their relatives told us they had full confidence in their care workers and felt safe with them in their houses. Care workers were given regular training in the safeguarding of vulnerable people. They knew how to recognise signs of abuse and how to report any concerns.

Risks to people were carefully assessed, and appropriate steps were taken to minimise such risks. No accidents to people or staff had been reported in the past year. Plans were in place to respond to any emergencies that might affect the provision of people's services.

People were provided with sufficient care worker hours to meet their needs safely. Workers were flexible and able to meet any requests for extra hours. New staff were employed only after proper checks had been undertaken to ensure their fitness.

Care workers were trained to support people in taking their medicines safely, and clear and accurate records were kept of medicines administered.

People's needs were met effectively by care workers who had been given the necessary training to meet those needs. Care workers received regular supervision to support them in their role.

People's rights under the Mental Capacity Act 2005 were recognised and protected, and they were asked to give their consent to their care.

People's health needs were assessed and monitored and, where necessary, they were given appropriate support to enjoy a nutritious diet.

Care workers were described as being very caring in their approach. They protected people's privacy and

dignity and treated them with respect. They gave people the information they needed about the service and their care provision, and encouraged them to be as independent as possible.

Before any service was started, the person and their relatives were involved in identifying all the person's care needs and agreeing how workers should meet those needs. Care plans were detailed and person-centred, and were regularly reviewed. Complaints were taken seriously and responded to promptly and professionally.

People told us they were happy with the way their service was managed and spoke highly of the registered manager. We found an open, inclusive and listening culture in the service. People, their relatives and staff were asked for their views on a regular basis. Systems were in place to monitor and improve the quality of the service.

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. People and their relatives told us they felt safe and well protected when their care workers were in their homes.

Care workers had been trained to recognise and report any signs that a person was being abused.

Sufficient hours were provided to meet people's assessed needs in a safe and timely manner. New workers were subject to appropriate checks before they started work.

People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective. People told us their care workers had the necessary knowledge and skills to meet their needs.

Care workers were given the training and supervision they needed to perform their roles effectively.

People's rights under the Mental Capacity Act were respected and they were asked to give consent to their care.

People's nutritional and other health needs were monitored. Appropriate support was given to meet those needs.

Is the service caring?

Good

The service was caring. People told us their care workers were always very kind and caring in their approach.

People's privacy and dignity were maintained by staff and they said they were encouraged to be as independent as possible.

People were given the information they needed about their care and the services available to them. They were offered advocacy services where necessary.

Is the service responsive?

Good

The service was responsive. People told us their care workers were alert to their needs and responded appropriately to any changes.

People and their relatives were involved in assessing their needs and in deciding how those needs should be met. People were encouraged to exercise choice in their daily lives.

Complaints were taken seriously and responded to promptly and professionally.

Is the service well-led?

Good

The service was well led. The registered manager provided clear leadership and led by example.

There was an open and inclusive culture in the service. The views of people using the service, their relatives and staff were taken seriously and responded to.

Systems were in place for the monitoring of quality issues.

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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 19 and 20 January 2016. The inspection was announced. We gave the provider 24 hours' notice of this inspection as the service is a small domiciliary care agency and we needed to make sure the registered manager was available to assist the inspection.

The inspection team was made up of one adult social care inspector.

We reviewed the information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries which the provider is legally obliged to send us within required timescales.

During the inspection we talked with two people and two relatives. We spoke with the registered manager and three care staff. We 'pathway tracked' the care of two people by looking at their care records, talking with them and with staff about their care. We reviewed a sample of four staff personnel files; and other records relating to the management of the service, including medicines, recruitment, staff supervision and appraisal, accidents and quality monitoring systems.

Good

Is the service safe?

Our findings

People told us they felt safe and well protected when their care workers were with them. One person told us, "I get the same carers regularly and I feel quite safe." A relative said, "Yes, we have confidence in the staff." A second person commented, "I have no concerns at all."

The provider had a policy for protecting people from harm. All staff were given annual safeguarding training and were required to read and comply with the local authority multi-agency guidelines for safeguarding vulnerable people. A safeguarding log was kept, but no safeguarding incidents had occurred in the previous twelve months. Staff were knowledgeable about their responsibilities for keeping people safe. One care worker told us, "We've had lots of training. We know it's not just the obvious signs of abuse we have to look for; it can be quite subtle changes in mood, or somebody getting withdrawn. We report the small things, just in case."

The service also had a policy on whistle blowing (exposing poor practice). Staff were aware of the policy and assured us unsafe or abusive practice by colleagues would always be reported.

The registered manager told us they preferred not be involved in handling people's personal money and did not have such an agreement with any of the current users of the service.

All potential risks to staff and people using the service were assessed before a contract was agreed. Areas of risk assessed included moving and handling, environment, staff lone working and fire safety. Where any risk was identified control measures were put in place and included in the person's care plan. Examples seen included alternative ways of working; further staff training; the provision of aids and equipment; and referral to another agency (for example, the fire brigade to advise on smoke alarms). Where risks were identified in the course of the service being provided, the registered manager took appropriate steps to minimise the risk.

Plans were in place for responding to emergencies and other issues that might affect people's safety or well-being. These included plans for sudden staff shortages, illness of the person's main family carer, and arrangements for rehousing people at short notice.

Systems and documentation were in place for recording any accidents to staff or people using the service. The accident log showed no entries in the previous twelve months. We queried this with the registered manager, who told us they would ensure staff were reminded to record all accidents and 'near misses', even where no injury occurred.

Staff hours were negotiated directly with the person requesting a service and/or their representatives. The registered manager was clear that if they were not sure the hours requested were sufficient to meet the person's needs safely, or they were unable to provide the hours requested, they would not provide a service. People told us they had sufficient hours to meet their needs at all times. One person told us, "They are never in a rush. They have time to do things like a bit of ironing for you." The registered manager showed us the

computerised system for planning staff rosters, which ensured that people's wishes and preferences for workers were respected. The registered manager told us the staff team was flexible and usually able to provide extra hours, upon request.

Staff told us they were able to complete all their care tasks and still had time to sit and talk with people using the service. One worker told us, "We have enough time to do our jobs and for travelling between calls."

Robust systems were in place for the recruitment of new staff. Appropriate checks were carried out, including checking previous employment histories, taking up work references, checks with the Disclosure and Barring Service and requiring proof of identity. Staff confirmed to us their recruitment process had been rigorous.

The registered manager told us only one person was currently being supported with their medicines. However, all staff had been trained in the safe handling of medicines and had refresher courses each year. The registered manager assessed workers' competence in administering people's medicines in the course of regular spot checks of staff performance. We saw the format used to record such competencies was rather brief, and the registered manager gave a commitment to upgrade the documentation immediately. People's medicine administration records were returned to the office monthly for checking by the registered manager. We examined a sample of six records and found them to be fully completed, with no unexplained gaps. Care workers confirmed they received regular training regarding medicines and had their competency to administer medicines checked regularly by the registered manager.

Good

Is the service effective?

Our findings

People told us the service met their needs effectively. One person told us, "They are very reliable, always come on time, or ring if they are going to be a bit late. I'm very happy with the service, it's very good." Relatives agreed the service was effective, and told us the care workers seemed to be well trained and very competent. One relative said, "I think they know what they are doing."

The registered manager described the initial two day induction given to new care workers, which consisted of being introduced to people using the service and other staff. Another two days was spent completing an 'Induction training for the Care Certificate standards' workbook. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. Workbooks were seen to be completed in good detail. The registered manager assessed new care workers' competence before they gave people's care without supervision. A care worker told us, "I had a good induction."

The provider employed a local training company to deliver staff training. The registered manager described the training given as being of good quality. Staff training records showed that all staff were up to date with all training required by legislation, or were booked onto courses to achieve this. Future training planned included food hygiene, moving and handling, dementia care, equality and diversity, and safeguarding. Training certificates were kept on staff files. A care worker told us, "We get plenty of training. We did challenging behaviour training just last week and it was very useful. We can ask for other training, if we want, and we usually get it." The registered manager told us they were keen to support the personal and professional development of workers and gave the example of a new care worker being booked onto a Diploma in Health and Social Care level three course.

Care workers were given formal one-to-one supervision at least every three months. Supervision meeting minutes demonstrated an open, positive and listening approach by both parties. A care worker told us, "We get regular supervision, every couple of months." Workers also received an annual appraisal of their work, which gave them the opportunity to discuss their progress, identify further training needs and set goals for the coming year.

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.

The registered manager showed us training records that demonstrated all care workers received annual training in the implications of the MCA for their roles. The registered manager told us an informal assessment of a person's capacity was undertaken on referral to the service, and that everyone currently receiving a service had the capacity to make decisions about, and give their informed consent to, their care. We noted there was a section of the needs assessment document that specifically addressed the person's mental capacity. Care staff we spoke with were knowledgeable about capacity issues and confirmed they

had regular mental capacity training.

The registered manager and all care workers had received recent training in the management of behaviours that caused distress to the person. Care workers told us they had found this training useful and informative. The registered manager said there were no significant behavioural issues, currently, but that referral would be made to specialist services, if necessary.

People signed their care plans to confirm their agreement with the contents. The registered manager told us care workers were expected to ask the person's consent for every intervention, and that this was checked when carrying out spot checks of care in people's homes. Care workers confirmed this. One care worker told us, "We know how important people's consent is, and we always ask the person for their permission (to carry out care tasks)." Relatives we spoke with confirmed this. One relative told us, "Yes, they do ask permission, and they are very good – if my (relative) says 'no', they don't do it." Care records demonstrated that, where a person refused permission for a staff intervention, this was recorded and respected.

People's nutritional needs were recorded in the 'appetite and diet' section of their initial assessment. If there were concerns noted at this stage, the more detailed Malnutrition Universal Screening Tool (MUST) was completed to assess the risk of poor nutrition. The registered manager told us only one person currently required some assistance with eating and drinking.

People's health needs were assessed and specific care plans put in place, where necessary. People were supported to retain responsibility for their routine health checks such as eye tests and dental appointments, in conjunction with their families. Daily recordings showed care workers were aware of people's health needs and responsive to any changes in well-being or demeanour. Care workers told us they kept a close eye on people's health and reported any concerns to the person's family and to the registered manager. One worker said, "We know our people so well, we pick up if they are just a little bit off, and we check it out."

Good

Is the service caring?

Our findings

People told us they found their care workers to be very caring. One person told us, "The girls are marvellous, and very gentle, never rough. Nothing is too much trouble for them. They are very thoughtful; I even got a Christmas present from them. We are good friends, really." A second person said, "They talk to me, and that's very important. They are very friendly and very helpful." A relative told us, "I'm very happy with the care." Another relative commented, "They are very caring, all of them." In the most recent survey of people's views, all those who responded said they were "very satisfied" with their overall care, the attitude of care workers and the ways that staff assisted them.

The registered manager gave us examples of the caring approach care workers routinely displayed towards people receiving a service, including sensitively dealing with continence accidents and doing shopping for people in the care worker's own time. We noted a notice for staff on the office wall that reminded care workers, "Your first priority is the care of your service user – everything else comes after that."

An equality and diversity policy was in place. This addressed issues such as conscious and unconscious attitudes and sought to avoid discrimination by regular monitoring, supervision and training. Care workers were given annual training in this topic.

People were given appropriate information about their service. They received copies of their statement of terms and conditions, the provider's 'statement of purpose' and copies of key policies such as the complaints procedure and safeguarding. The registered manager told us they were revising the 'service user guide' to make it more person-friendly, and would re-issue this to people shortly. In a recent provider survey, all who responded said they were satisfied with the information given to them about their service. Care plans showed staff attempted to keep people involved and informed about their care, with examples such as, "Carers are to always explain to (name) what they are doing."

The registered manager told us they frequently worked alongside care workers and also carried out regular spot checks of care practices. They told us they believed workers were committed to maintaining people's well-being and were very alert to people's changing needs. They gave us examples such as a person who was observed to be squinting at the television, and was given assistance to book an eye test, and a second person whose continence aids were ineffective and required re-assessment. Another example given related to a person who was noticed to be increasingly unsteady on their feet: this was reported to the person's family and physiotherapy was arranged.

The registered manager and care workers kept in regular contact with the person's relatives by phone, by written notes in the care record and in person. If a person did not have family to represent them, the registered manager told us they would be offered the support of independent advocacy services. We saw contact details for such services were displayed on the office notice board. No person currently receiving a service required such support, we were told.

The service had policies on confidentiality and data protection. People's care records were kept secure in a

locked cabinet in the office. The registered manager told us staff were fully aware of their responsibility not to disclose people's personal information to anyone, and not to refer to other service users when in a person's home. People told us they had no concerns about confidentiality, and said their care workers were always discrete. A relative commented, "We have no worries about confidentiality." We asked people if their workers protected their privacy and dignity. They told us they did, one person commenting, "Yes, very much so." A relative told us, "They are very respectful of both of us."

We saw many examples in care records of people being encouraged and supported to be as independent as they were able to be. These included, "Respect (name)'s wishes and do not take their independence away"; and, "Encourage (name) to do everything they can." People we asked confirmed this approach. One person said, "They do encourage me to be independent. They are not pushy, they let me do things." A relative told us, "The carers are very good. They don't try to take over. They give us space."

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person commented, "They are really good. They do exactly what I want them to do." Their relative agreed and said, "They give my relative's care in the ways we want."

Where a person had been assessed by a health or social care professional, a copy of that assessment was requested before a service was started. In addition, the registered manager carried out their own assessment of the person's needs, with the person and their relatives or representatives. This covered areas including health care needs; medical history; personal care needs, social needs and nutrition. People were specifically asked their personal preferences about how they wished their care to be given.

The registered manager told us a new assessment format was being introduced, following their recent attendance at a 'person-centred awareness' course. This document included questions such as, "What is important to (person)?"; "How to best support (person)"; and, "What do those who know (person) appreciate about them?" The registered manager told us they had recently started to formalise their knowledge of people's life histories with the aim of improving the focus of their social care plans.

Needs identified in the assessment process were addressed in specific care plans. These were highly personalised and included information such as the person's preferred bath water temperature and the brand of shampoo they used. We saw care plans identified and supported people's strengths and abilities, as well as their needs. Care workers told us they were given suitable and sufficient information in people's care plans to carry out their role effectively and responsively. A relative told us, "My (relative) and I were both involved in the assessments and the care plans. The care plans are very accurate."

Each person's care package was reviewed with them and their relatives at least every six months, to check if it still met their needs. The registered manager told us they planned to include people's care workers in future reviews, to increase the range of views and observations. Reviews recorded the opinions of all involved parties, identified any changes necessary to the person's care, and were signed by those attending. We noted, in one person's review record, the statement, "The evening call times are to be changed to a later call, due to lighter nights and (person) wishing to go to bed later." This showed us the service was responsive to people's changing needs and preferences.

We noted that none of the people currently receiving a service were at significant risk of social isolation, having good family support and regular calls from their care workers. Staff told us they were, however, alert to the possibility of people becoming withdrawn and isolated. They told us this would be reported to the registered manager and discussed with the person's family.

People and their relatives told us their workers encouraged people to exercise choice in all areas of their care and their daily lives. This was reflected in people's care plans, which gave directions to staff such as, "(Person) will let you know what they want to eat"; "Respect (person)'s wishes at all times"; and, "(Person) will let you know if they want their pyjamas on or clothes." A care worker told us, "We try to give choice in

everything, from whether to have a wash or a bath, what to wear, how they want their hair done – everything, really."

A log was kept of all complaints. One entry had been recorded in the previous twelve months. This had been investigated promptly by the registered manager, who had upheld the complaint. A meeting had been held with the person and their family and the issue resolved to their satisfaction. A letter of apology had been sent to the person. Appropriate action had been taken internally to ensure the incident was not repeated. In a recent survey by the provider of people's views, all those who responded said they would feel comfortable in discussing any problems with the provider and the registered manager. People we asked confirmed this. A relative told us, "We had a problem with one carer a while back, but it was sorted out very quickly by the manager." A care worker said, "We don't really get complaints, not often, but if we do we tell the manager straight away."

Good

Is the service well-led?

Our findings

The service had a registered manager, who had been in post for one year. The registered manager was aware of their responsibilities, including the need to inform the Care Quality Commission of significant events such as safeguarding issues, serious injuries or the death of a person receiving a service.

People told us they were satisfied with the way their service was managed, and spoke highly of the registered manager. One person told us, "(The registered manager) is a very nice person and knows what she is doing." A second person said, "I get a good quality service. I can't think how it could be improved." A relative commented, "We have no problems with the management." A second relative told us, "I am very satisfied with the service."

A clear and simple management structure was in place, with the registered manager accountable to the provider directly. The registered manager reported good support from, and communication with, the provider.

Care workers told us they also received good support and effective communication. They told us the registered manager gave them clear guidance and expectations, and responded appropriately to any issues raised with them. They told us they were treated with respect by the provider and the registered manager. They said they felt their views were listened to and taken seriously. One worker commented, "You can talk with the manager. She is keen to hear your ideas." Care workers said the registered manager had good values, modelled them in practice and was clear and fair in her expectations. One care worker commented, "The best manager I've had in the past ten years. The relationship is person to person, not boss to worker."

Care workers told us they worked as a team, and would help each other out if, for example, one worker needed to change a shift. They told us the registered manager was very helpful and accommodating with regard to issues such as child care or doctor's appointments. They said staff morale was good, as they felt valued and trusted. One worker told us, "I love my job. I think we all do."

Staff meetings were held regularly. Areas covered included care practices, personnel issues, training, rosters and record keeping. The registered manager told us staff were encouraged to voice their opinions in staff meetings and, if necessary, challenge them on any issues or areas of concern they might have.

The provider's policy on quality issues stated, "The company believes that having the highest quality of care is an absolute right of every person receiving a service." Systems were in place to monitor the quality of the service. The registered manager undertook monthly audits of care logs, care plans, medicines records, risk assessments, staff competencies, and staff supervision. These were shared with the provider. Although conducted regularly and conscientiously, we found the formats used for auditing the service required more detail and clarity. The registered manager accepted this and provided a more robust version of the audit documentation shortly after this inspection.

The registered manager demonstrated a commitment to the further development of the service. Where any

area was found to require improvement, it was added to the service development plan. An annual service review was being introduced. The registered manager was open and responsive to discussion and advice about how improvements could be achieved.

An annual survey of the views of people receiving a service and of their relatives was conducted. The most recent (2015) survey showed high levels of satisfaction in all areas covered, and no significant negative comments. None of the people surveyed could identify any areas for development.