

# Kcare Nursing Agency Limited

# Kcare

## Inspection report

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## Ratings

### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Kcare is a domiciliary care agency (DCA) registered to provide personal care to people living in their own houses and flats around Oxford area. It provides a service to both younger and older adults. At the time of the inspection the agency was providing personal care and support to 29 people.

People's experience of using this service:

People told us they felt safe with the staff. There was sufficient number of safely recruited staff. People were supported to have their medicines administered to them in a timely manner and as prescribed. Risks to people's well-being and environment had been assessed and recorded. The lessons learnt process had not always been effectively followed but there was a positive approach going forward demonstrated by the new interim manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were familiar with the principles of the Mental Capacity Act. People were supported to access health professionals and maintain good diet and nutrition.

People told us they received caring and kind support. Staff respected people's privacy, dignity and their individual needs, including communication needs. People were supported to be independent and told us they were in control of the support they had.

People told us they received support that met their needs. People knew how to raise any concerns and told us any concerns were promptly addressed. No people received end of life support at the time of our inspection.

There was a registered manager who was the director of the company and also the registered manager for the provider's two other branches based in surrounding counties. The day to day management was provided by an interim manager and a team of staff. We found the provider and registered manager did not ensure they met all of their regulatory responsibilities. This included the requirement to display the rating and the requirement to inform the Care Quality Commission about reportable occurrences.

Rating at last inspection:

Good (report published 25 July 2016).

Why we inspected:

This was our scheduled, planned inspection based on previous rating.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in Detailed Findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-led findings below.

# Kcare

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Kcare is a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. There was 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'. 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 announced and took place on 5 March 2019. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office.

#### What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We contacted seven people and two relatives to obtain their feedback. We looked at records, which

included four people's care and medicines records. We checked recruitment, training and supervision records for three staff. We looked at a range of records about how the service was managed. We spoke with the registered manager who was present at the office for the first hour and needed to leave due to unforeseen circumstances. We also spoke with the interim manager and two co-ordinators. After the inspection we contacted four external health and social care professionals, including commissioners to obtain their views about the service. We received one response. We also attempted to speak to two more care staff however we were unable to get hold of them.

# Is the service safe?

## Our findings

Safe – We looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- People and their relatives told us people were safe. One person said, "I feel quite safe".
- Staff told us they knew how to report and raise any safeguarding concerns and that they would report to senior team. One staff member said, "I'd report to manager, they'd take it further".
- Although the staff knew how to report safeguarding concerns, we found the provider's systems to report the safeguarding concerns to us needed improving and we referred to it in the well-led section of this report.

Learning lessons when things go wrong:

- The management did not always ensure lessons had been learnt. A few months before our inspection we contacted the service as we identified that a statutory notification had not been submitted. The registered manager addressed the concern at the time. On the day of our inspection we found further reportable incidents occurred and these had not been reported to Care Quality Commission as required by law. The new interim manager acted promptly and sent the missing notification to us.

Assessing risk, safety monitoring and management:

- The provider had a system to record accidents and incidents. On the day of our inspection the staff at the branch were unable to demonstrate any form of overview of the accidents that took place. This was however provided to us after the inspection by the registered manager.
- Risks to people, such as risks surrounding their individual needs were assessed and recorded. People's care records contained guidance on how these risks needed to be managed. For example, one person required a hoist for all transfers. The person's care plan specified the type of equipment used and staff were aware of the type of slings the person used.
- There were systems in place to assess and record risks surrounding people's environment, this included areas such as fire safety (fire detectors) or bathing arrangements.

Staffing and recruitment:

- There were sufficient staff to keep people safe. One person said, "There's always someone turning up". Another person said, "They are regular. Each time I get a regular one that I know".
- The feedback from people about timekeeping varied, one person said, "The only thing is they're never on time. They say they'd fix it. They explain that they're always busy. Usually I am up at 6 am, and shower at 7 am. It varies how late they arrive". Another person said, "They struggle with staff not being punctual". We saw the evidence the provider was in a process of addressing the punctuality. The provider used an

electronic time management system that logged staff visits and was being monitored live. The system would flag up the missed or late call. The team worked to improve the login compliance as per the local authority's that monitored the compliance, requirements.

- Staff told us and records confirmed staff visited regular people therefore were able to provide continuity of care.
- The provider followed safe recruitment practices that ensured relevant checks took place to ensure staff were suitable to work with adults at risk.

Using medicines safely and preventing and controlling infection:

- People's records demonstrated people received medicines as prescribed.
- People told us they had their medicines as needed, one person said, "I have a tablet each morning. And cream on my legs for dry skin".
- People told us staff knew about infection control and adhered to good practice. Comments included, "They wear aprons and wear gloves" and "They wash their hands and have gloves".
- Staff had access to personal protective clothing (PPE).



# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans contained information about dietary needs. For example, one person required soft diet and all their meals were provided by the person's family member who was also their main carer. The person's care plan made it clear so the staff had a clear guidance.
- People we spoke with told us they had relevant support when needed. The comments included, "They check if I had my meal" and "They warm food up for me".

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

- People and relatives were positive about support provided by staff. Comments from people and relatives included, "I feel they've been trained. The carer for the moment is excellent. I'm totally pleased" and "Can't fault them. They're brilliant".
- People's needs were assessed before commencement of the service. The information gathered and where applicable, the assessments received from the commissioners were used to draw people's care plans. One person said, "My son and daughter sorted out the care. I was involved, it was set up together". Another person said, "I talked about what I needed at the start".

Staff support: induction, training, skills and experience:

- Staff received ongoing training that was relevant to their roles.
- Staff had opportunities to complete additional training that was specific to people's needs. For example, the records showed staff had training around application of pressure relieving stockings.
- Staff told us they had good support from the team and management. Comments included, "I have not done care before, the training was really good, I was (still) not confident after the training and they offered me more shadowing (working alongside an experienced member of staff)" and "[Registered manager] is supportive, on the phone whenever we need it".

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

- People were supported to access healthcare professionals when needed.
- People we spoke with told us they were mostly supported by their families in doing so. Comments included, "My son does that", "My daughter takes me" and "Family does this".

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 told us staff respected their rights to make their own decisions. One person said, "Yes, I do tell them what I want. That's respected". Another person said, "Yes, they'll do what I choose".
- Staff knew the principles of the MCA. Comments from staff included, "Assume that service users have got capacity at all times" and "Some people may still have capacity and LPA (Lasting Power of Attorney)". The member of staff suggested the person's view would always be respected.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People told us staff were caring. One person told us, "They (staff) are very kind. If I'm unsure, they assure me". One external professional told us, "Service users reported being treated with kindness and respect".
- People told us they enjoyed time spent with the staff. This meant people were able to build positive working relationships. One person said, "The carer is friendly and cheery". Another person added, "Yes, the regular one is a friendly lady. We have a nice chat".
- Staff told us they felt the team was caring. One member of staff told us, "Care is so addictive, the more you do (it), the more you want to do it". The member of staff went on to tell us how, despite them being new to caring industry they enjoyed it.

Supporting people to express their views and be involved in making decisions about their care, equality and diversity:

- People's individual communication needs were assessed and reflected in people's care plans. This included people's individual communication needs. This ensured people had the information in a format that met their assessed needs. For example, one person's care plan clearly stated how to communicate effectively with one person who had limited verbal ability to communicate. Their care plan stated how they used sounds, facial expressions and technology equipment to aid their communication with others.
- People's diverse needs were respected to ensure equality approach. Staff told us about one person they supported. Due to the person's first language not being English they ensured the person family was involved and consulted. They also told us how they respected the person's cultural needs and wore protective cover over their shoes to respect person's cultural customs and house rules.
- People's emotional support needs were met. People felt staff involved them appropriately when delivering support. One person said, "They chat to me all the time". Another person said, "They make sure everything is alright before they go".

Respecting and promoting people's privacy, dignity and independence:

- People's privacy was respected. One person told us, "They're very respectful. They hand me a towel. They check my underwear". Another person said, "The carers are good and nice. I know them from the beginning. It's nice to have people you can trust".
- People's personal records were kept secure with only designated staff having access and staff used individual logins to access any electronic records. One person said, "They (staff) are all discrete".
- People's care plans highlighted people's capabilities and needs. For example, one person's care plan said,

"I can dress my top half". This ensured people's independence was promoted.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People told us their needs were met. One person said, "They're with me all the time. It's the way they are. They do all the things they're supposed to do". Another person said, "They know me personally, and my daughter. They are interested in me and ask how my daughter is. It makes it more personal".
- People told us they were involved in care planning and reviews. One person said, "I could change the care plan if I wish to".
- People told us staff were flexible and often helped with extra tasks. One person said, "They'd get my breakfast and bring it on a trolley. She (carer) really spoils me". Another person said, "They put washing in the washing machine when I feel the need".
- People's needs were outlined in their care plans. The provider had introduced a new, electronic system for care planning last year. The use of technology allowed staff to have the instant access to the details of people's up to date needs that the office team could change centrally, from the office. Staff used electronic devices to log the attendance and the tasks completed. The system was set up in a way that would not allow the staff to complete the visit if the tasks outlined by the care plan had been marked as complete. The staff were mostly positive about the system and praised it but also told us they fed back suggestions such as a possibility to add an option of staff being able to read the last visit's entry.

Improving care quality in response to complaints or concerns:

- People knew how to make a complaint, no one we spoke with raised any complaints. People and their relatives told us concerns were dealt with promptly. One person said, "One of the carers wasn't offering any support. I was very upset. My daughter rang up, saying do not send her ever again and they were never sent again". Another person said, "I don't ring the office. My daughter does it for me. She's always been satisfied".
- There was a system to manage complaints and the provider's policy was available to people.
- The complaints log we saw demonstrated that complaints received had been investigated and responded to. There were no open complaints.

End of life care and support:

- The interim manager informed us no people received end of life care at the time of our inspection. The team would work with other health professionals if needed to ensure people had pain free and dignified death.

# 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.

Service leadership was inconsistent which meant that regulatory requirements were not always met. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager who was the director of the company and also the registered manager for the provider's two other branches based in surrounding counties. The day to day management at Oxford office was provided by an interim manager supported by a team of staff. The provider was in a process of recruiting a new, permanent manager.
- The current interim manager was the third manager since our last inspection in July 2016. They were open and honest and told us when they took over this branch less than a year ago, they had inherited concerns they worked hard to improve. They said, "There were complaints from families" and "It's been a challenge".
- The interim manager told us their main responsibilities were 'day to day running (of the office) and (to ensure the) care is delivered'. There was evidence the interim manager ensured some quality checks took place. For example, that people's care plans were current and reflected people's current needs. The interim manager also ensured people's medicines records were reviewed and we saw evidence where a gap had been identified a clear information about the reason, such as cancelled visit or person in hospital was recorded.
- We however found the provider and registered manager did not ensure they met all of their regulatory responsibilities. For example, the rating for the last inspection of this location was not displayed on the provider's website. The registered manager had not ensured that notifications for notifiable incidents had been submitted to CQC in a timely manner.

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

- People's opinions were sought, people had a number of opportunities to provide their feedback. We saw people's feedback had been collated and action plan drafted on how to make the improvements, for example, around punctuality.
- The staff told us there was a good team work, they felt involved and they were encouraged to attend team meetings.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The feedback from people clearly showed there had been some improvement in the service. One person

said, "I had a few problems at first, about two years ago. That person in the office didn't liaise well".

- People's relatives and staff felt the service was open, transparent and aimed to provide good service. A staff member said, "We are concerned for one another, people and staff". A relative said, "There're (management) easily approachable in the office. Office staff also do care".

Working in partnership with others:

- The staff worked with a number of external parties, including local health and social professionals. One external professional told us, "Staff turnover is now low and morale greatly improved".
- The provider had a business continuity plan in place that specified what action needed to be taken in case of various emergencies, people responsible and partners involved.