

Kumari Care Limited

Kumari Care

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service effective?

Inadequate ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of Kumari Care on 04 and 06 April 2017. Following this inspection, we served two Warning Notices for a breach of regulation 17 and 18 of the Health and Social Care Act 2008. This was because we found that staff had not been provided with suitable induction, supervision or training to enable them to be effective within their roles and systems in place to monitor and review the quality of the service were not effective at identifying shortfalls.

We undertook a focused inspection on 15 August 2017 to check the provider was meeting the legal requirements in regards to one of the regulations they had breached and had complied with the Warning Notice. This focused inspection looked at the breach of regulation 18. The induction, supervision and training which staff received. This report only covers our findings in relation to this area. The second warning notice will be followed up in due course. You can read the report from our last comprehensive by selecting the, 'All reports' link for 'Kumari Care' on our website at www.cqc.org.uk

Kumari Care provides domiciliary care to people in their own homes in the Bath, Bristol and South Gloucestershire areas. Kumari Care provides a service to approximately 200 people.

There was 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection, we found the provider had taken action to progress towards meeting the warning notice. However, further elements of the regulation needed to be met. New systems had been introduced to mitigate against the risk of the regulation being breached again. However, these systems have not yet been embedded or fully completed.

Progress had been made towards staff completing mandatory training such as medicines administration, manual handling, first aid and safeguarding. However, not all staff were fully up to date. Staff had not yet completed training in the Mental Capacity Act 2005, The Deprivation of Liberty Safeguards or areas specific to the needs of individuals. For example, particular health conditions. Systems were being developed to plan for all appropriate training.

Since the last inspection staff had received a minimum of one supervision with their line manager. An appraisal system had been introduced. Spot checks had been recommenced. However, these were not yet occurring regularly.

New staff now received an induction aligned with the Care Certificate. Previous staff who had not completed the Care Certificate had been registered although had not yet completed it. All staff were undertaking the new induction process.

The provider had communicated with staff about the changes and expectations around induction, supervision and training. Peer support meetings had been introduced so staff could raise any concerns.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Improvements had been made in the induction of new staff and the supervision staff received. Progress had been made in staff completing mandatory training, but this was not fully complete. Training specific to the individual needs of people had not been completed.

We could not improve the rating for this key question from inadequate. There are additional areas for improvement required under this key question. In addition we would require a record of consistent good practice over time. We will review our rating for effective at the next comprehensive inspection.

Inadequate ●

Kumari 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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Following our inspection on 04 and 06 April 2017, we served two Warning Notices for two breaches of the regulations of the Health and Social Care Act 2008.

We undertook a focused inspection of Kumari Care on 15 August 2017. During this inspection we checked that the improvements required by the provider after our last inspection had been made. This was in relation to a breach in regulation in regards to the support and training given to staff to enable them to be effective in their role. The second warning notice will be followed up in due course.

The inspection was announced and undertaken by one inspector. The provider was given 24 hours' notice of our inspection. This is because the service provides care to people in their own homes and we needed to make sure the registered manager or their representative would be available to support the inspection. We inspected the service against one of the five questions we ask about services: is the service effective. This is because the breach found at the last inspection for which the Warning Notice was served was in relation to this question.

During our focused inspection we spoke with the registered manager, operations manager and one staff member. We reviewed five staff files. We looked at induction, supervision and training records. We also looked at competency assessments, checks and staff meetings.

Is the service effective?

Our findings

At our comprehensive inspection of Kumari Care on 04 and 06 April 2017 we found that new staff did not receive an adequate induction to prepare them for their role. The induction was not aligned to the Care Certificate or training of a similar standard. The Care Certificate is a set of standards which new staff should work through relating to their role. Staff were also not supported as regular supervision was not occurring. Supervision is where staff meet one to one with their manager to discuss their performance, development, well-being and training needs. In addition, staff did not receive the necessary training to enable them to be effective in their role. This included both mandatory training and training specific to people's individual needs.

At this inspection, we found the provider had taken action to progress towards meeting the warning notice. However, further elements of the regulation need to be met. New systems had been introduced to mitigate against the risk of the regulation being breached again. Although these systems have not yet been embedded or fully completed.

We reviewed the training matrix. Following the inspection, we were sent a revised training matrix. This was because information on the training matrix was not always clear or up to date. It was not identifiable when staff started working for the organisation, when training was due, when staff had been issued with training to complete and if they were actively working. Fire safety training was included in staff's induction. However, it was not clear from the original training matrix what further training staff had received in fire safety. The provider included this information in the revised training matrix. This showed 11 staff members were due refresher training.

Staff had completed mandatory training in key areas such as safeguarding, manual handling, medicines and first aid. Whilst the majority of staff had completed these training modules not all had. Some staff were registered for the training but had yet to complete it. For example 11 staff had not completed the first aid training but were actively working. Staff had not yet received training on the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards. This was scheduled for the end of August 2017. Training specific to the needs of individuals had not yet been completed. This included training for staff working with people with specific health needs such as diabetes or behaviour that may be viewed as challenging. A training plan had been devised and was being developed, which grouped together different elements of training. This included both mandatory training and training particular staff would undertake in relation to people's individual need.

Spot checks on staff to assess competency and identify any additional training had been restarted. 77% of staff had received one spot check during 2017. We saw records that evidenced the areas covered during the spot check. This included communication, quality of care and hygiene practices. However, staff members were not always receiving regular checks. Spot checks had not always been completed where the provider had received information that may deem a check appropriate. However, the provider demonstrated that systems recently introduced enabled responsive spot checks to be completed. Assessments to check staff's competency in medicines administration had not always been completed. We viewed five staff records and

only one contained a medicine competency assessment. Clear and accurate records had not been kept of when staff had completed medicine competency. However, the provider told us that medicine competency assessments were completed alongside medicines training and showed us an example of this.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supervision documentation had been reviewed and revised. The new format enabled the provider to show the areas covered in the supervision. These included, reflective practices, training requirements and any support the staff member may require. A supervision matrix was in place to record when staff had completed supervision. We reviewed the supervision matrix and it indicated that only half the staff members had received a one to one supervision in 2017. The supervision data was not fully accurate as some information relevant to staff member supervision had not been recorded. We were sent a revised matrix after the inspection and this showed that all actively working staff had received a one to one supervision in 2017.

Peer support meetings had been introduced. Two meetings had been held in different locations to enable staff to attend. These meetings communicated information with staff members and gave staff members and opportunity to raise any issues or concerns they had.

An appraisal system had been introduced. Staff had been informed in August 2017 of the objectives of the appraisal and the format this would take. This would be then be completed in March 2018 as the organisation was running their supervision cycle April to April.

New staff now completed an induction. At the induction new staff were registered with the Care Certificate. The induction included an orientation to the organisation, mandatory training, expectations and responsibilities of the role. We saw records of when new staff had shadowed more experienced staff. Staff who had previously not completed an induction or had completed their induction some time ago were also completing the induction process. Approximately 75% had completed this process. This was to ensure all staff members had the same induction. We saw modules that new staff had completed of the Care Certificate. Previous staff who needed to complete the Care Certificate had been identified and registered and we saw some progress. However, most still had several modules to complete.

Staff had been given clear communication about the changes that were being made and new systems and procedures in place. For example, peer support meetings and appraisals. Staff had been issued a training plan, which set out forthcoming training. From supervision records we viewed that discussions had taken place with staff about training requirements and expectations.

The provider had made adjustments to support staff to access training. For example, for staff who found accessing online training difficult, the training documents had been printed out so staff could complete these in a paper format.

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 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that staff had completed appropriate training to enable them to complete their duties effectively.