KCL Care 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected the service on 15 August 2017. We gave the manager 48 hours' notice of our inspection because we needed to be sure they would be available.

KCL Care Limited is a domiciliary care agency providing care to people in their own home. At the time of our inspection 16 people were receiving personal care and support from the service.

There was a new manager in place. They were applying to become the registered manager. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. However, following the inspection we received concerns about how the manager was recruited and made additional enquiries which we have reported on in this report.

People felt safe and staff knew their responsibilities to help protect them from avoidable harm and abuse. Risks associated with people's care were not always suitably assessed. Guidance was not always available for staff to follow to reduce risks to people when receiving care. The provider was recruiting new staff and they were doing this safely by carrying out the required checks.

Where people required assistance with their medicines, this was undertaken by staff who knew their responsibilities. They received training and guidance on the safe handling of people's medicines. This was not always followed as people's medicine's records were not always completed accurately.

People received care and support from staff with the necessary skills and knowledge. Staff received an induction when they started to work for the provider as well as on-going training and guidance so that they knew their responsibilities.

Staff sought people's consent and supported them to be involved in decisions about their care. Staff knew the actions that may be required should a person not be able to make a decision for themselves. The recording of decisions made in a person's best interest required improvement as it was not always clear how these had been made.

People received support to prepare a meal where this was required. Where a person had declined meals, their care plan did not identify what action staff should take. Where there were concerns about a person's health, staff knew the action to take.

People received care and support from staff who were compassionate and kind. People's dignity was protected by staff who knew how to deliver care in sensitive ways. Staff knew the people they supported including how to maintain their skills and abilities.

People received care that was based on their preferences and things that mattered to them. Each person had a care plan that was centred on them as an individual to guide staff when delivering care. The manager was reviewing people's care plans to make sure they contained all the relevant information. People or their representatives contributed to the planning and review of their care and there were opportunities to make a complaint or to raise a concern should this be required.

People were mainly satisfied with the timing of their calls and the punctuality of staff. The provider did not have a system in place to alert them when a call was missed. The manager told us they were looking to make improvements to reduce the likelihood of this occurring.

People and their relatives were mainly complimentary about the service received. They had opportunities to give feedback on the quality of the service. The manager carried out some quality checks of the service to make sure that staff offered good quality care. They were planning to make improvements to their checks.

Staff felt supported and knew the provider's expectations of them. Some of the provider's policies and procedures required a review to make sure that staff had all of the information they needed.

The provider had not submitted the required notification to CQC where there was an absence of the registered manager detailing what arrangements were in place to maintain an oversight of the service. The manager understood their responsibilities and they had shared information with other organisations where incidents had occurred.

We found breaches to the regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were protected from abuse and avoidable harm by staff who knew their responsibilities. Risks to people's health and well-being were not always suitably assessed and guidance was not always available to staff.

Some missed calls had occurred and the manager was looking at ways of reducing these.

Staff were safely recruited.

People received their medicines safely. Improvements were required to people's medicine records.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff undertook training and received guidance on their work so that they understood their responsibilities.

Staff worked in ways that protected people's rights and upheld their choices. The recording of why decisions had been made in a person's best interest were not always documented in their care plan.

People's care plans did not always contain information about what staff should do if they had concerns about people eating and drinking enough.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind. Their privacy and dignity was respected.

People were involved in decisions about their care.

Staff knew the people they were supporting including how to

help them to remain independent.

Is the service responsive?

Good

The service was responsive.

People received care that was based on things that mattered to them. They contributed to the planning and review of their support.

Some people's care records contained missing information. The manager was visiting people to make sure all of the required information was in place.

People were satisfied with the timing of their calls and the punctuality of staff.

People knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and their relatives had opportunities to give feedback to the provider about the quality of the service.

Staff received support and they knew the provider's expectations of them including the aims and objectives of the service.

The provider was not meeting all of their registration requirements with Care Quality Commission.

The manager understood their responsibilities. They were making improvements to checks on the quality of the service as some were not fully taking place.

KCL Care Limited

Detailed findings

Background to this inspection

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

The inspection visit took place on 15 August 2017 and was announced. We gave the manager 48 hours' notice of our visit as we needed to be sure they would be in. The inspection team included an 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.

Before the inspection visit, we reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received. We contacted Healthwatch Nottingham (the consumer champion for health and social care) and the local authority who has funding responsibility for some people using the service to ask them for their feedback. We received feedback from the local authority and we took this into account when making our judgements. We also received some concerns following our inspection.

We spoke with four people who used the service. We also spoke with the relative of one other person. We spoke with the manager, the office administrator and five care workers.

We looked at the care records of three people. We also looked at other records in relation to the running of the service. These included the scheduling of people's calls, the provider's procedures and quality checks that the manager had undertaken. We looked at three staff files to check that staff were safely recruited and to look at the support and guidance they had received.

Requires Improvement

Is the service safe?

Our findings

Risks associated with people's care were not always suitably assessed. One person was identified as being at risk of choking and falling. However, there was limited guidance available for staff on what action they should take to reduce these risks. Another person was also at risk of falling and there was no risk assessment to guide staff. There were some prompts to guide staff such as walking with the person to offer reassurance. The manager told us they would review the assessments with a consultant they were working with to make improvements. One person's care plan stated, 'Check with GP' about the support they would require in the event that they may require resuscitation. There was a risk that staff did not have the information they would require in the event of a medical emergency as it was not clear if the person was to be resuscitated. The manager told us that people's care plans were being updated and this information would be gathered during home visits that they had arranged.

The provider had assessed and reviewed other risks. Staff had guidance to follow which instructed them about the type of assistance people required. Where one person could be verbally aggressive, staff had guidance about how to manage this safely. For example, they were directed to leave and return later. The provider had assessed people's property to make sure that risks were minimised wherever possible, such as making sure there were no trip hazards. In these ways risks to people's health and well-being had been considered by the provider with a view of limiting the occurrence of an accident or incident.

The provider had procedures in place to make sure people received the care and support they required in the event of an accident or incident. Staff were directed to inform the manager and seek guidance from the person's doctor if it was determined this was required following an accident. In the event of an unforeseen incident, such as a fire, there was guidance for staff on the type of assistance people would require to vacate their home. We saw that alternative staff were available to cover people's calls if required. There was also an on-call system in place to deal with any emergency that occurred and the staff that undertook this had the information they would require with them, such as people's contact details.

The provider was currently able to meet the majority of people's calls. When we looked at the rota we found that the calls people required were scheduled to take place. During our inspection, we were informed by a relative that two missed calls had occurred. They told us, "There have been two recent incidents of missed calls. It used to be absolutely brilliant. They are trying to get cover. If we hadn't been here [person] wouldn't have had anything to eat." We spoke with the manager about this. They told us a staff member had left at short notice. They said that there was not a system to alert the office if a call was late or missed. They only knew if this happened if a person using the service let them know. We found that at least one person using the service would not be able to call the office themselves if a carer did not arrive for a planned call. The manager told us that they had spoken with the person's family since our conversation with them to look at solutions. They were also considering ways of reducing the risk to this person and to anyone else in a similar position by the use of an electronic logging in system for staff. This was so that they could be confident staff arrived for each planned call.

People could be sure that they would receive care from staff who had been safely recruited. When new staff

were recruited, the provider followed its procedures which we found were safe. One staff member told us, "There was an interview; I gave two references and a DBS [Disclosure and Barring Service] check happened." The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We found that the provider's records showed that these checks systematically took place for each new employee. However, we found this was not the case for the recruitment of the manager.

Where people required prompting to take their medicines, they received this support. One person told us, "They help me with my medicines." A relative said, "They prompt and make sure [person] takes it." We viewed three people's medicines records. One person's records over a two month period had gaps on seven occasions where staff should have signed to state that they had supported them with their medicines. We looked at the daily records of the care staff had offered to this person. These records confirmed that the medicines were administered. This meant that there was a recording issue with staff completing the medicines records. The manager told us they had not yet undertaken checks of these records but that these would be occurring from the end of August. They recognised that improvements were required to the recording.

Staff had received training in the safe handling of people's medicines. The provider had also made available to them procedures to follow when dealing with people's medicines. We found that the training and procedures were not always effective. For example, staff used codes on people's records when medicines were not taken. They were guided to record the reason on the back of the medicine record. We found that this did not systematically take place. This was important so that it was clear why a person had not had their medicines on a particular day. The manager told us they would remind staff to undertake this. Staff knew their responsibilities for handling medicines safely. They knew what to do should they make a mistake. One staff member told us, "If I made a mistake I would call my line manager and explain. I can contact the GP and the pharmacy for advice."

People received care from staff who knew their responsibilities to protect them from abuse and avoidable harm. One staff member told us, "If I saw a colleague abusing them I'd report it to the office. For example, pushing them to do something fast or bullying them. You don't push them. I would phone the manager or CQC [Care Quality Commission]." Staff were able to describe the different types of abuse and signs that someone may be at risk. The manager took action where there were concerns that a person was being abused. They raised their concerns with the local authority. This was important so that they could determine if further investigation was required. The manager learned from significant incidents and revised their procedures and the practice of staff to help people to remain safe.

People told us that they felt safe with the support they received. One person said, "Yes. Very much so. I've got regular carers that I see almost as friends."

Requires Improvement

Is the service effective?

Our findings

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. We checked whether the provider was working within the principles of the MCA.

One person's medicines were locked securely within their home and the person was not able to access them. The manager was unsure as to why this arrangement was in place. The person's care records did not detail why this decision had been made. The manager told us they would review the arrangement to see if the person lacked the capacity to manage their medicines safely themselves and to understand if the decision was in the person's best interest. We also read in this person's care plan, 'There are times decisions have to be made in [person's] best interests to keep [person] safe and well.' However, there was no documented best interest decision that staff should follow. The manager said they would review the person's care plan to provide guidance for staff.

Staff told us that the people they supported could make decisions for themselves. We saw that the provider had systems and processes in place to assess a person's mental capacity should this be required for specific decisions. We found that staff understood their responsibilities under the Act. One staff member said, "Most of them can make decisions for themselves. If not we follow the care plan. Decisions are made with the relative, social worker and the manager." Another staff member told us, "Most people I support have the capacity to make choices themselves. Some have a very strong family network. Any problems with a person's understanding and I work with the families, the office and work on a person's likes and dislikes and things they used to enjoy and how they liked things to happen."

People's consent was sought before staff carried out care. Everyone we spoke with told us that staff gained their agreement when supporting them. One person told us, "All the time." Staff knew the importance of gaining a person's consent. One staff member said, "Some say yes and some say no I don't need the help. I always listen and refer to the care plan if I need to." The manager told us they were meeting every person that the service supported. These visits included making sure that the planned care was still agreeable with each person.

Some people required support to prepare a meal. Where this occurred, people were satisfied. People's food and drink preferences and requirements were recorded in their care plan to guide staff when offering their support. Some people's eating and drinking was recorded in their daily care notes so that staff could monitor that they had enough. Where one person had declined their meal on two occasions, their care plan did not detail the action staff should take. When we spoke to staff they told us that they did not have any current concerns about people eating or drinking enough. The manager told us they would review this person's care plan to include information about them declining their food and what staff should do if they had on-going concerns.

People received care and support from staff who had the necessary skills and knowledge. One person told us that they felt that staff were appropriately trained and said, "Yes, they are very good." Another person commented, "The staff are skilled." A relative told us, "The carers seem to be trained." Staff received an induction when they started to work for the provider. One staff member told us, "There was an induction yes. An assessment was included." The manager told us they were currently looking for a training provider to support new staff who did not have experience working in care to undertake the Care Certificate. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help make sure that staff work to the expected requirements within the health and social care sector. Whilst this was being sought, we saw that staff completed induction training covering the required standards.

Staff received training relevant to their role. This included topic areas such as assisting people to move position, health and safety and first aid. Staff were complimentary about the training they had received. One staff member told us, "The training is very good. I did my level two [care qualification] last year and I am currently doing my level three." Discussions were held with staff to identify further training and we saw that this was then considered by the manager. Staff received on-going guidance on their work. Staff received supervision with the manager although this had not always occurred routinely. The manager showed us their plan for improving this by meeting with staff for a group supervision in the next month.

People were supported to maintain their health. Although no one we spoke with had required staff to help them to make contact with a health care professional, such as a doctor, they were confident this support would be available should they need it. Staff knew their responsibilities for helping people to remain healthy. One staff member told us, "If I was concerned I would call into the office for advice and there's an on-call as well." Another staff member said, "We have a look in the person's notes to see who was there before to see if there's been any problem and to make sure it has been forwarded to the right people."

Good

Is the service caring?

Our findings

People were supported by staff who were kind and compassionate. One person told us, "I like the carers. They are good. We have a good rapport." Another person said, "The carer I usually have is excellent." Staff described how they helped people in kind ways. One staff member told us, "Some people get a little frustrated when they lose their independence. A little grumpy at times. I lend a sympathetic ear and help them to get through it."

People's dignity was protected and they were treated with respect. One person told us, "They are very friendly and respectful". Another person said, "They listen and are respectful." Staff knew how to protect people's privacy and dignity. One staff member told us, "I close the door when in the bathroom or bedroom and the curtains." We read in people's care records about the support staff had offered and provided. Staff wrote in professional and caring ways about people.

People confirmed that staff knew about things that mattered to them. Staff knew how to gain information about people by reading their care plans which contained relevant information. A staff member described how they got to know people. They said, "The care plans are always in the houses and they have enough information in them." Another staff member told us, "I initially look at the care plan. Their history, their support network, their mobility and so on." Care plans contained a good level of detail about people's backgrounds and work and family history. This was important so that staff could develop good relationships with people.

People were involved in decisions about their care. They told us that staff asked them about the care they were undertaking as well as day to day decisions such as what to eat during a mealtime. Where they could, people had signed their care plan to agree to their planned support. The provider had arrangements in place where additional support for people to be involved in decision making was required. In the service user's handbook, which was given to people when they started to use the service, was information on an advocacy service. An advocate is a trained professional who can support people to speak up for themselves.

People were supported to maintain their level of independence where this was important to them. One person told us, "Very much so. That's what it comes down to. I do want to get out and about and they do what I want." Another person said, "I couldn't cope without the support I get to keep independent." Staff described how they prompted people to do tasks for themselves so that they retained their skills for as long as possible. We read in people's care records the things they could do for themselves and those that they required assistance with. This gave staff the information they required to help people to maintain their skills.

Good

Is the service responsive?

Our findings

People told us that staff were punctual and stayed for the required amount of time. One person said, "The timekeeping is fine." Another person told us, "They are usually on time and they let me know if they are running late."

People's needs were assessed with them before they started to receive a service from KCL Care Limited. This was to make sure the provider could provide the required support. A relative told us, "There was a proper assessment and things were reviewed." Following this, care plans were written that were centred on people as individuals. We found that people had contributed to these and they contained guidance for staff about their preferences and things that mattered to them. One person's care plan had some information missing such as if they had any allergies and the specific support they required with personal care tasks. The manager told us they were reviewing everyone's care plan to make sure that the information was up to date. We saw that they were meeting each person that received the service at a home visit. People told us that these visits and reviews were occurring and that they had contributed to them.

People told us that they received care that was based on their preferences and things that mattered to them. One person said, "They do what they should." People described how they were given choices that were relevant to the help and support they required. One person told us that they felt in control because of how staff responded to their preferences for how they wanted their care to be delivered. People also told us that they usually had regular carers and this was important because they knew their care needs well. Staff confirmed that they routinely supported the same people and that the provider worked hard to make sure this occurred. They told us, "One person struggles to remember who has been in and consistency is important to them. They try their best to send the same carers."

We saw that routines that were important to people were detailed in their care plan to guide staff on the support required. Records of care that staff had delivered demonstrated that staff knew what things were important to people and they had checked that people had what they required during the time they spent with them.

People knew how to make a complaint should they have needed to. One person told us, "You'd just phone the office." People told us that they were confident that office staff would address any concerns that they raised. We saw that the service user's handbook detailed how people could make a complaint or raise a concern. Staff told us how this had been discussed with people. One staff member said, "When I have been on an initial visit the whole file and the complaint's procedure was fully explained to them." The provider's complaints procedure clearly detailed the procedure they would follow should a complaint be received. It also described how any complaint would be used as an opportunity to learn from mistakes.

Requires Improvement

Is the service well-led?

Our findings

The provider had not notified CQC about the absence of the previous registered manager. It is a requirement that the provider informs CQC of the absence of the registered manager when this has occurred for a continuous period of 28 days or more. This is important so that we can determine that suitable arrangements are in place in the carrying on of the regulated activity during the period of absence.

This was a breach of regulation 14: notice of absence of the Care Quality Commission (Registration) Regulations 2009.

Following the inspection we received information of concern regarding the recruitment of the manager who was employed at the service. They had been employed since June 2017, following the death of the previous registered manager and responsible person. The manager had applied to be registered with the commission as the registered manager and their application had been submitted to us. We requested information from the provider after the inspection to enable us to make a judgement as to the recruitment process they had followed. The response we received did not provide us with the assurance we needed to ensure the service was being managed by a suitably qualified and competent person. We found that the provider had not followed their own recruitment policy and procedure and we received conflicting accounts of how and why the responsible person for the service had changed. The provider failed to adhere to good practice as laid out in schedule 3 of the Health and Social Care Act. An up to date DBS had not been undertaken as part of the managers employment at the service. Full diligence and disclosure had not been undertaken by the provider or the manager to enable and ensure that people within the service would receive the care and treatment they needed to keep them safe from harm.

The provider had failed to ensure that a suitably qualified fit and proper person was employed to manage the service. This was a breach of regulation 19(1)(a)(2)(3)(a): fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our visit, checks on the quality of the service were not sufficiently developed or being carried out to make sure that people were receiving high quality care. As a result the provider had not identified that people's medicine records and care notes were not always fully completed and that risks associated with people's care were not always fully assessed. Furthermore, the provider did not have a suitable system in place to make sure that calls to people always occurred. There were risks that people would not receive the care and support they needed.

This was a breach of regulation 17: good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was planning on undertaking monthly checks on the quality of the service during August and September 2017. They planned to check the daily notes and people's medicine records that staff completed when they had carried out their support. This was to make sure that they were suitable, that people's needs were being met and that staff attended for the agreed times. We saw that the manager had asked staff to

return these records to the office monthly so that they could carry out the checks. We fed back to the manager that for one person there were eight occasions where a call was less than the planned time over two months according to the recordings that staff had made. They acknowledged that checks had not been completed for several months as there was no manager in post. The manager told us that their 'spot checks' had given them confidence that staff were providing the right support to people and they had no significant concerns that people were not getting the support they required.

After our visit, the manager notified us that they were looking with the provider at developing their electronic call monitoring system. This was with a view of being able to check that everyone had their calls on time and that staff stayed for the agreed length of time.

The manager had carried out some quality checks to make sure the service was delivering good care. They had started to check the practice of staff through 'spot checks'. These included checking that staff arrived on time, were protecting the dignity of people and checking the records staff were completing. The checks also involved asking people for the feedback on the care provided. We read many positive comments. Where improvements were required following these checks, the manager had taken action to speak with the relevant staff member. We found that the manager had also met with staff during July 2017 where their roles and responsibilities were discussed with them to make sure that they were working to the expectations of the provider.

The manager knew their responsibilities. They had submitted statutory notifications for significant events that had occurred. These help us to determine if the manager took the necessary action required.

The provider had policies and procedures in place to guide staff. We found that some of these required a review. For example, the provider's whistleblowing procedure did not contain details of external organisations that staff could report their concerns to should they wish to such as the local authority. Some staff were not aware of external agencies that they could contact. The manager told us that they would review the policies and procedures to make sure they contained the information staff required as they were written several years ago.

People told us that the service was well-led and that they had opportunities to give feedback to the provider about the care they received. One person said, "I've had them for nearly four years. I get them seven days a week. I don't have any complaints and I would recommend the service." Another person told us, "It's perfectly well-run and I've no complaints." Another person commented, "I met the new manager about a week ago, they came to see me. It's all fine and you can give feedback." The provider issued people and their relatives with questionnaires during 2016. The feedback received was mainly complimentary about the service. The manager told us that they would look to consult with people and their relatives in the upcoming three months to gain up to date feedback on the service.

Staff felt supported by the manager. One staff member told us, "The support is quite good and it's there if needed. No problem." Another staff member said, "I feel listened to. If there are any serious problems that need to be spoken about it would be taken on board by them. A generally really caring organisation to work for." Staff told us that through staff meetings and their own supervision, they could offer suggestions for how the service could improve. They had not felt this necessary as yet but told us that the manager would listen to their suggestions.

Staff knew the provider's expectations of them. The provider had issued each staff member with a handbook. This detailed the provider's key policies and procedures and outlined the key requirements of their role. Staff were able to explain their duties and confirmed that they had been provided with

information about their role. Staff knew about the aims and objectives of KCL Care Limited. They told us how they treated people with respect and encouraged people's independence. We found that staff's description matched the provider's written aims and objectives that had been shared with people using the service. This meant that staff worked towards a shared vision when offering their support.

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 14 Registration Regulations 2009 Notifications – notices of absence The provider did not notify the Care Quality Commission about the absence of the registered manager.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always have systems and processes in place that were established and operated to check the quality of the service.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure that a suitably qualified fit and proper person was employed to manage the service.