KCL Care Limited

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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?	Good

Overall summary

We carried out an announced inspection of the service on 21 April 2015. The inspection was announced.

KCL Care Limited provides personal care and support to people in the Nottingham area. There were 27 people receiving care in their own homes at the time of our visit.

There was a manager registered with the Care Quality Commission (CQC). 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 felt the service provided good care and they felt safe using the service. Staff were knowledgeable of how to recognise abuse and confirmed they had completed relevant safeguarding training. The provider's arrangements to ensure appropriate checks relevant to safe recruitment were in place and process updates were taking place.

Summary of findings

Appropriate risk assessments had taken place to ensure people were cared for in a safe environment.

People were supported by trained staff with the right skills to ensure they were competent to meet people needs.

People were supported to make informed choices and staff had awareness of the Mental Capacity (MCA) Act 2005. The Mental Capacity Act 2005 is designed to protect people who do not have the capacity to make certain important decisions for themselves. We found that information to identify if a person had capacity or lacked capacity was not clearly identified on their care plans, but the manager was addressing this.

Staff provided people with support with eating and drinking. People were encouraged to be independent. Care plans contained personal preferences and the service took preventive action to ensure people were in good health. Referrals were made to external professionals when required.

People were treated with respect and were well looked after. People's dignity was maintained in a caring way. People and families were involved in decisions relating to peoples care and support. Care plans contained information relevant to the person's needs. The care plans were reviewed on a regular basis. People felt the service responded to their needs and assessed their needs accordingly.

Complaints and concerns were logged and monitored to ensure they were dealt with in a timely manner. Outcomes were reviewed to improve the practise and to reduce the risk of reoccurrence.

The service was monitored regularly by the provider and registered manager to make sure a quality service was provided.

People were encouraged to express their views and comment on how the service was run.

The management team worked well and supported staff accordingly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

People felt safe with the staff that cared for them and with the care they received. Appropriate risk assessments had been undertaken to make sure the environment was safe and secure for staff to attend to people's needs.

The provider ensured people's needs were met by staff who had the right competencies, knowledge and skills to provide support to meet people's needs. Systems were in place to ensure recruitment procedures were managed in a safe way.

People received their medicines as prescribed and in safe way.

Good

Is the service effective?
The service was effective.

Staff obtained people's permission before they provided care and support.

Staff had awareness of the Mental Capacity Act and how it was relevant to people who used the service. Information in care plans was being updated to ensure it was clear and precise if the person had capacity or not.

People were encouraged to be independent and where necessary they were supported to have sufficient to eat and drink.

Good

Is the service caring?
The service was caring.

People were treated with respect, compassion and in a dignified way at all times by the staff who cared for them.

Staff communicated effectively with people and supported contact with their family and friends.

Good

Is the service responsive?
The service was responsive.

People and their relatives were aware of the complaints procedure. Complaints were responded to appropriately.

People's care plans were reviewed on a regular basis to ensure they received personal care relevant to them.

Good

Is the service well-led?
The service was well-led.

The service was monitored regularly by the provider and registered manager to make sure a quality service was provided.

People were encouraged to express their views and comment on how the service was run.

Good

Summary of findings

The management team worked well and supported staff accordingly.

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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 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.

This inspection took place on 21 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to. The inspection team consisted of one 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 we visited we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law. We looked at the 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.

During our visit we spoke with six people who used the service, two relatives, three care staff, one care co-ordinator, the registered manager and the provider's representative.

We looked at the care plans for four people, the staff training and induction records for three staff, two people's medicine records and the quality assurance audits that the registered manager had completed.

Good

Is the service safe?

Our findings

People told us the service provided good care and they felt very safe using it. One person said, "I feel safe and very happy with the staff that cares for me." Another person said, "I feel safe with the carers. Usually they are familiar faces, which I like." A relative told us their family member felt safe. They said, "The staff are always the same. Mother cannot remember the names of the staff due to her condition, but she does remember their faces." This showed people benefited from continuity of care.

The provider had systems in place to identify the possibility of abuse and reduce the risk of abuse from happening to protect people who used the service. We saw policies and procedures were in place and staff told us they were aware of these and where they were kept if they needed to access them. Staff we spoke with had a good understanding of how to recognise the possibility of abuse and how they should keep people safe. They confirmed they had completed relevant training in safeguarding awareness.

We saw risk assessments were in place and risks had been identified at the pre-admission stage of the homecare package. The manager told us these risk assessments were completed with the person and their family. Staff we spoke with confirmed people's needs were assessed before they provided care and support. Staff discussed how they had completed risk assessments for people whose environment had been identified as being at risk. They had put systems and procedures in place to minimise risks and keep people safe.

There were plans in place to cover emergencies. We found a 24 hour on call system in place to make sure people and staff were fully supported should an emergency occur. Staff confirmed they could contact the manager or senior staff on call at any time if they needed support or to clarify information regarding the person they were supporting.

People told us they received their care calls on time. One person said, "They [staff] arrive on time." Another person said, "They are always on time." There were systems in place to make sure people received their care calls in a safe and timely manner. The care coordinator told us they monitored the care calls to make sure people received their care call in a timely manner. We looked at the system in place on the day of our visit. The manager told us they had improved the care monitoring for each person. This was due to a person who had experienced a missed call and did not have their medicines. The care coordinator told us they now had a backup system in place that checked the care call had taken place after a 10 minute lapse. This meant action could then be taken to ensure the person received their call. We saw that the provider had taken appropriate action to address this issue.

We found there were sufficient staff with the right skill mix and experience to keep people safe. We saw staff rotas reflected people's needs. Staff said there were enough staff and that they were fully supported to acquire further qualifications and skills relevant to their job. This showed people were cared for by skilled staff.

The recruitment procedure was not always managed in a safe way. Although criminal record checks had taken place we found they were not always relevant to the staff job role. Disclosure and Barring Service (DBS) checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

We raised this with the manager and providers representative who told us they had improved on this process. We found they were in the process of updating checks for all staff. The manager said, "If any staff member failed or could not supply an up to date check they would be removed from providing care with the service. Although checks had taken place they were not completed on a regular basis. We asked the manager to check the relevant guidance with the DBS to ensure they had took appropriate action to keep people safe.

People told us they received their medicines as prescribed. One person said, "I take my own medicines, but staff make sure and ask if I have taken it." A relative said, "My family member does not have medicine, but does have ear drops on request and the staff deal with this accordingly."

People were protected from the risks associated with medicines because there were processes in place that ensured they were handled, stored and administered safely. Staff told us they prompted people to take their medicines. They described the procedure they completed, such as updating the care plan and Medication Administration Record (MAR). This document records what medicines the person has been prescribed by their GP and when staff have prompted the person to take their medicines. Staff had a good understanding of how to

Good

Is the service safe?

complete the MAR charts correctly and we saw there were no gaps in the records, but the manager told us they did not complete any audits to ensure this was done constantly and in a safe way.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs.

People told us they felt staff were good at what they did and well trained. One person said, "They [staff] replace my bed sheets, clean my bedroom, do any laundry I may have and make sure my equipment is okay." Another person said, "They do what is required to be done and do not rush me."

Staff told us they had received training relevant to their role. We saw certificates were all in date. A staff member said, "I have discussed with my manager the opportunity to improve my skills and update my training when required." The staff files we looked at confirmed all mandatory training was in date.

Staff had the skills to communicate effectively so that they could carry out their roles and responsibilities. For example, one person had had a stroke and this affected their speech. The service followed up with a referral to a speech and language therapist. The staff were supplied with wordbooks and pictures to ensure the person could communicate effectively.

We looked at the provider information return, completed by the provider. They told us all staff underwent various training to equip them with the knowledge, skills and understanding to help support people and provide effective care.

Staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. The manager told us staff also completed a two part induction program, which included work books and observations over a 12 week period before they went out to provide care alone. This showed people were supported by competent staff.

People told us staff asked their permission before they provided any care. One person said, "They ask me what I require, such as, give me a bath or fill my hot water bottle before they leave."

We looked at four care files and found that it was recorded where the person had capacity to consent to their care and support, but this was not clear and precise. There was a note written on the top of the person's care plan in biro. "I have capacity and is able to make decisions about my life without assistance." No mental capacity assessments had taken place. It was not recorded if the decision for the person to live their life without assistance had been taken in the person's best interest, or if the person had written the note or a member of staff had completed it. Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005 and how it was relevant to their role. The manager was in the process of updating their MCA policy and researching further staff training. They were also updating their pre assessment forms to make sure it was clear if a person had mental capacity or not. It was too early to tell at our visit if this would be effective.

People told us the staff provided them with support with eating and drinking. One person said, "The staff make me breakfast." Another person said, "They do my shopping and make me something to eat." People were also encouraged to make healthy food and drink choices and their choices were always respected. Staff told us they made sure people had enough to eat and drink. One staff member told us how they used clear food bags and dated the food when it was opened to ensure the food was rotated and used in date order. Another staff member said, "I always make sure they have a hot or cold drink before I leave." The staff also told us that one person they cared for had an allergy to certain types of food. They said this was recorded in the care plan, which they checked to ensure they were giving the person the correct food type. We saw full instructions had been placed on the care plan to inform staff what food they should avoid. This showed the service supported people with eating and drinking that was sufficient for their needs.

People told us they were encouraged to be independent. One person said, "They [staff] encourage me to do things for myself." Staff we spoke with described how they promoted people's independence and encouraged people to make good life choices. One staff member gave an example of one person they supported with their shopping. The staff member said, "I encourage [name of person] to make their own choices where food is concerned, but also inspire them to have fresh fruit and vegetables as part of their weekly shop."

We looked at care files and saw the service took preventive action to ensure people were in good health. Referrals were made to external professionals when required.

Good

Is the service caring?

Our findings

People described the care they received as good and told us staff go that extra mile. One person said, “The carers are good and the young girl who comes is very good.” Another person said, “The staff found I was without a light in one of my rooms, so they brought a bulb the other day when they came.” A third person said, “I get four calls a day. They [staff] are on time and are very polite and good girls.”

The manager told us they encouraged staff to form caring relationships with the person they cared for. This was to ensure staff knew the person well, which also helped them care for the person.

The service provided continuity of care to people to ensure they had the same member of staff to care for them. This helped to support the interaction between staff and people who used the service to ensure they were provided with good, kind care. Staff told us they supported people to keep in touch with family and friends, for example, by helping them to dial telephone numbers when they had difficulty finding the correct number.

We saw information regarding advocacy (advocacy is a service used to support people make informed choices).

The provider also had a policy that referred to how people could be supported by an advocacy service if required. People could access this information from the service user guide or a member of staff in the office. This showed people were able to get support from a third party to make sure their voice was heard.

People told us they were treated with respect and were looked after very well. One person said, “The staff maintain my dignity and respect my privacy. I do my personal care, but they make sure everything is alright before I use the shower.” One relative said, “The care staff treat my relative with respect and kindness.” Staff described how they protected people’s dignity on a daily basis. This showed people’s dignity was maintained in a caring way.

People told us they and their families were involved in decisions related to their care and support.

Care plans we looked at contained information relevant to the person and were individualised to reflect people’s needs. One relative said, “I am aware of the care plan and read the daily notes to see what care they [staff] have provided for my family member.”

Good

Is the service responsive?

Our findings

People told us they felt staff responded to their needs. One person said, “The staff are polite and when I contact the office to inform them I do not want the care staff to attend, the office sort this for me.” A relative said, The staff are responsive and make my family member comfortable.”

We saw pre-assessments for care had taken place. Appointments were booked with family and the person who was to receive the care to obtain a full picture of the person’s needs, abilities and to assess any risks that may be relevant to the person’s needs.

We saw some care plans were detailed and contained relevant information. The manager told us they were in the process of updating the care plans. Care plan reviews took place every three months. The manager told us there were systems in place to visit people who received care to ensure staff were responding to their needs. All staff described how people received person centred care, which ensured their needs were met. We looked at four care plans and we found discussions had taken place around the people’s life history and what was important for them.

We saw care plans contained people’s preferences, likes and dislikes. There were processes in place to ensure people’s preferences and needs were recorded in their care plans and staff were following the plans of care if changes occurred.

Through the PIR the service told us improvements they wished to make, such as, client spot checks to be more frequent. The service completed these on a monthly basis and wanted to increase this to two weekly. This was to ensure the service had regular contact with the person who used the service to make sure the service they received responded to their needs.

The manager gave us an example of one person whose health had deteriorated and they required the intervention of more than one care staff to assist with moving and handling. The service made the relevant referrals and increased the care provided to this person.

Staff were not responsible for people attending social activities although they encouraged people to participate in activities that were of interest to them. If relevant, staff supported people to attend appointments.

People who used the service told us they knew how to raise a concern and who they should contact if the need arose. We looked at the processes in place for monitoring complaints. We saw there was a system to evidence complaints were logged and tracked to ensure there was an audit trail. We found one complaint regarding a missed call, the manager told us they had learned from this and implemented a new system to make sure calls were met in the future.

Good

Is the service well-led?

Our findings

People were happy with the service provided. People and their families told us the office staff responded very promptly if they had to call them for any reason. One relative said, “They [staff] inform me always on anything about my family members care. The agency is very good.”

Staff and people who used the service were encouraged and felt able to voice their views and concerns. The manager told us they openly encouraged staff to visit the office. There were systems in place to gain feedback from people who used the service. This included spot checks, telephone calls and questionnaires.

There were systems in place for people and relatives to give feedback on the quality of the service. The manager told us they contacted people by telephone and completed face to face visits on a monthly basis. They said they send out questionnaires yearly and analysed the returned comments. These were then discussed at management meetings and if required they responded to any concerns. Such as, one person was not happy with one of the staff who cared for them. The service contacted the person to discuss and made alternative arrangements that the person agreed with

We saw systems in place to monitor care calls and processes to help make sure calls were met. The care coordinator showed us how the system operated. The manager told us they were updating this system to ensure the process was more robust.

The provider had procedures for monitoring and assessing the quality of the service to ensure the delivery of the service was of good quality. Staff were observed by the senior management on how they promoted choices and ensured they treated people in a respectful way at all times

There was a registered manager in post and the care coordinator told us the staff team worked well together. All staff we spoke with felt the manager was approachable and listened to their views or concerns. One staff member said, “The manager is supportive, if I had a problem I am confident it would be addressed and I would be supported.”

The manager told us the vision and values of the service were to provide support that met people’s needs. They also said their aim was to provide care for people in their own homes that was safe and effective. The manager told us staff signed up and adhered to this. They said that they discussed this in team meetings and send each staff member an email to reiterate the consequences and impact on people if they did not adhere to processes and procedures. We saw information that confirmed what we were told. The manager monitored this by completing observation of practice and quality assurance audits.

We saw there were plans in place for emergency situations and the manager told us they were contactable over a 24 hour period to ensure staff and people who used the service were supported.