

# Kumari Care Limited

# Kumari Care

## 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 ●

# Summary of findings

## Overall summary

### About the service

Kumari Care provides domiciliary care to people in their own homes in the Bath, Bristol and South Gloucestershire areas. Kumari Care was providing personal care to 105 people at the time of the inspection.

### People's experience of using this service and what we found

Improvements in the service had been made to ensure systems were operated effectively and actions taken when needed. Care plans had been reviewed to ensure they detailed people's preferences and gave clear guidance to staff.

People told us they received care and support as outlined and agreed in their care plan. Staff arrived on time and stayed for the correct amount of time. People were supported with their medicines administration and nutritional needs.

Staff were kind, caring and respectful. People felt safe with the service they received. Risk assessments supported people with identified risks in a way that maximised their independence.

People were asked for feedback around the service and care they experienced. This was used to make changes and improve the service.

Recruitment processes had been improved to ensure they were robust and fully completed. Staff were supported through regular supervision, training and an induction.

People supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We have made a recommendation about developing end of life care plans.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 24 October 2018).

At the last inspection breaches were identified in Regulation 12; Safe care and treatment, Regulation 19: Fit and proper persons employed and Regulation 17; Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A recommendation was given in relation to assessing people's capacity to consent in line with legislation and guidance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The provider sent us monthly reports under Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to update us on the progress of their actions.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Kumari Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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

We gave the service 48 hours' notice of the inspection. This we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started and ended on 15 October 2019. We visited the office location on 15 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and the provider. We received feedback from two health and social care professionals. We spoke with seven people by telephone who received care and support from the service and two relatives.

We looked at seven people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

#### After the inspection

We spoke to two staff members by telephone and received feedback from two further staff members.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured the safety and welfare of people during night visits. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection actions had been taken to ensure people received care and support at the correct time as outlined in their care plan at night. Regular systems now checked and monitored this.
- Information in people's care records was accurate about the time and duration of people's care visits. Clear guidance was available to staff about the care and support required at each visit and the relevant documentation staff were required to complete.
- People told us they felt safe and staff were on time and stayed for the agreed duration. One person said, "Yes, I do feel very safe." Another person said, "Yes they always do [stay for the agreed time]."
- Risks to people were identified and assessed. Guidance was in place for staff to support people to minimise these risks in the way they wished and which maximised their independence. One person said, "Staff encourage me to be independent. Especially transferring from bed to chair and chair to shower room. They stay with me to keep me safe."
- We highlighted risks that particular medicines or topical creams may pose to people had not always been identified. The registered manager said this would be addressed.
- Risk assessments were in place around people's environment and equipment.
- The service had a continuity plan in place. For example, in the event of severe weather or staff sickness. People had individual plans in place which showed the priorities and risk for people's care in adverse circumstances.

### Staffing and recruitment

At our last inspection the provider had not ensured recruitment and selection procedure were fully completed to confirm all information was obtained about the suitability of staff. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection the provider had revised their recruitment and selection policy and procedure to ensure it enabled them to assess staff skills, knowledge and competency.
- A checklist monitored that all areas of the recruitment process were completed fully before new staff members started work.

- Where further information was required for example, around gaps in employment history or previous employment this information was sought.
- Audits were conducted on staff files to ensure all information required was documented.
- The provider followed their disciplinary process when required.

#### Systems and processes to safeguard people from the risk of abuse

- Staff were aware of when and how to report safeguarding concerns. One staff member said, "With a safeguarding concern we have to report straight away to our line manager or in a worst case scenario to the police."
- The provider reported safeguarding concerns to the local authority and the Care Quality Commission as required.
- Improvements in systems and records across the service enabled investigations to be thoroughly completed, actions taken and lessons learnt.

#### Using medicines safely

- People were supported with their medicine administration as detailed in their care plan.
- Medicines were administered by staff who had their competency regularly assessed to ensure their practice was safe.

#### Learning lessons when things go wrong

- Accidents, incidents, medicine errors and missed visits were reported and recorded.
- The service had developed its systems to reflect and learn from complaints, safeguarding investigations and accidents and incidents. Actions were taken to make improvements and systems in place ensured these were completed.
- Staff were involved with these learning and reflection processes. One staff member said, "There is better learning."

#### Preventing and controlling infection

- Infection control policies were in place. Staff were aware of these. Reminders were given, for example, through the staff newsletter about cross infection risks and procedures to minimise these risks.
- Staff told us they had the correct personal protective equipment to be provide care safely.
- Care plans highlighted infection control risks and gave guidance to staff. One person said, "They wear safety gloves and aprons when giving personal care."



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

At the last inspection we made a recommendation the service reviewed legislation and guidance around assessing people's capacity to consent to care and support in line with the MCA.

- The provider had addressed this recommendation by revising their consent and capacity forms. People's capacity had been considered in their care plan.

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

- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture and religion and preferences around the gender of carer supporting them.
- For example, one care plan said, 'I prefer to have a female carer but will accept a male carer provided they are with a female carer and the female carer attends to my personal care.' A staff member said, "We show respect no matter ethnicity, religion or belief."
- People said consent was asked and their choices were respected. One person said, "They ask me before they do anything." One staff member said, "We always ask for permission."
- Care plans described people's preferred communication methods to ensure people were empowered to make their own choices and decisions.

Staff support: induction, training, skills and experience

- New staff completed an induction before they began work. This consisted of orientation to the services

policies, expectations and standards, mandatory training and shadowing other staff members.

- The support to new staff had improved with consistent oversight and assessment of staff members' competencies.
- A supervision contract was in place so new staff understood and accepted the importance and relevance of supervision. Staff received regular supervision to ensure their performance and development was monitored and supported. One staff member said, "Yes, I do [receive supervision], it is always useful."
- Staff received regular training. Which meant they were skilled and knowledgeable in their role.

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

- People's support requirements around their food and drink was clearly described in their care plan. One care plan said, 'I have a small appetite, so it is more beneficial for me to be prompted to eat small amounts but more often.'
- People told us staff supported them to manage their meals. One person said, "They [staff] will put something on for me of my choice."

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

- People's health needs were documented in their care plan. This included how to support people with their mental health and well-being. For example, one care plan said, 'I would like you to ask how I am feeling. I may need some reassurance and to talk about any anxieties I may have had through the day.'
- The service engaged with other agencies to ensure care was effective.

Adapting service, design, decoration to meet people's needs

- People were supported to design and adapt their homes to their own choice and needs. For example, one person had a wet room another person had technology in place to aid them with reminders and orientate them to the date and time.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring. One person said, "They [staff] are all very good, polite, caring and very respectful to me." Another person said, "They are all kind and caring and ask me how I am when they arrive."
- We received positive feedback about the relationships people had developed with staff. One person said, "[Name of staff] goes over and above. I have a special bond with [Name of staff]. They will make time for a chat."
- The service had received 20 compliments since January 2019. Several complimented the professional and excellent support given by carers. Other people commented on recent coffee mornings which they had enjoyed attending.
- The positive feedback from people was shared with staff members.
- Care plans described people's diversities. One person said, "Yes they [staff] understand and respect people's differences." Another person said, "They [staff] treat me with respect. They talk to me appropriately."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in ensuring their care and support met their needs.
- The service met with people to discuss their care plan on a regular basis. Where issues had occurred, additional reviews had taken place. One person said, "Twice or three times a year [they have reviewed] my care plan."
- The service had developed its systems for engaging with people and ensuring feedback was received. Telephone calls were made to people to check they were happy with their care and to discuss any changes required. One person said, "I have received a feedback form."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity. One person said, "They make sure I am covered with a towel and that I am kept warm."
- Care plans described how people's independence could be maximised. A document in each care file described what people could do for themselves, where people required assistance and how carers could safely support people to remain independent. One person said, "Yes, they support me to be independent."
- Staff were knowledgeable about how to maintain confidentiality of information.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection people's care records were undergoing review to ensure they were consistent, accurate and person centred. However, they had not all been completed.
- At this inspection all care records had been reviewed and updated. Care records were now clear, well organised and accurate. A staff member said, "I have noticed a big difference in the care plans, they are easier to understand and preferences of the clients are included. I used to have to ask the families all the time, now the information is there."
- Care records contained information about people's background, key relationships and essential information. People's communication, health and nutritional needs and preferences were detailed.
- Each scheduled visit had clear guidance for the care and support to be undertaken and how people wished for this to be delivered. One person said, "Yes, most definitely," when asked if care was completed according to the care plan.
- Daily records had improved in accuracy and information documented. The service regularly reviewed these to ensure care and support was being delivered in line with people's care plans.

End of life care and support

- The service was not currently supporting anyone in end of life care.
- Care plans did not detail any end of life wishes or preferences. The registered manager said this area of care planning would be developed.

We recommend the provider seek advice and guidance from a reputable source, about developing end of life care plans.

Improving care quality in response to complaints or concerns

- People had information about how to make a complaint. One person said, "I have not needed to raise any concerns."
- The service had received three complaints since January 2019. Complaints and concerns were investigated and responded to accordingly. Actions were completed and changes made with the service in response to improve the quality of care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans described people's communication needs and where people may need additional support. For example, one care plan said, 'Be mindful that I may have blurred vision and find it harder to read and write.' Therefore, information was given verbally.
- The registered manager said they were working towards producing company documentation in different languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans described people's interest and leisure activities. For example, one care plan said, 'I like to go to the pub on a Tuesday and Thursday to see friends.'
- The service hosted coffee mornings to offer people an opportunity to meet key staff and each other socially.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. 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

At our last inspection the provider had not ensured quality assurance systems identified all areas that required improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection changes had been made to ensure quality assurance systems were effective.
- Different areas of the service were audited weekly, monthly, quarterly or annually. Areas such as medicines, care records, staff files, training, daily records and out of hours support were reviewed and monitored.
- Actions were developed from the findings of these audits to drive improvements. These were monitored for completion. This had supported areas such as medicine recording and daily records to improve.
- Regular assessments were undertaken with staff to ensure quality standards were maintained. One staff member said there were, "Regular spot checks and supervision to the staff."
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service office and on their website.
- Notifications of important events were submitted to CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff said the registered manager was approachable. One staff member said "[The registered manager] is very supportive."
- The organisational structure had improved with consistent office and senior care staff. One staff member said, "We are more united like a team and the communication has improved." One person said, "I have a good rapport with the office."
- The provider celebrated staff members contributions and achievements through a carer of the month recognition scheme.

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

- A survey had been conducted with staff and people to gain feedback. The service had reduced the number of questions to enable more people to participate, which had been effective. People told us they had

received the questionnaires annually.

- The staff survey showed an improvement in staff's overall satisfaction of working for the service and the likelihood of recommending the service to others.
- The results of the survey were analysed. Areas which were identified for improvement had actions created to develop these areas. For example, around improving communication.
- The service engaged with people and the local community through coffee mornings which had also raised funds for national charities.
- Newsletters were produced for people and staff to communicate changes and events within the organisation. This also shared key contacts and learning information for staff. One staff member said, "The newsletter is good."

#### Continuous learning and improving care

- The service had developed since the last inspection to be more proactive in its approach to reflective learning and using information and feedback received to improve the care service people received.
- The improvement in systems across the organisation meant that learning was taken from accident and incidents, complaints and safeguarding investigations. Actions were taken to reduce reoccurrence, make improvements and improve staff practice. One staff member said, "I have seen a lot of changes. It is 100% better. Communication has improved. The office staff have been consistent, if you need someone there is someone available to support you."
- Meetings were held with staff and departments such as senior and office staff teams. The registered manager acknowledged the need to continue to develop ways of engaging and communicating with staff who worked remotely. One staff member said they did have staff meetings but they, "Should be more often."

#### Working in partnership with others

- The provider had positive working relationships and communication with the local authorities and health and social care professionals. One health and social care professional said, "The team at Kumari are responsive and communicate well. Issues are always dealt with and a response provided in a timely manner."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities on the duty of candour. Details of who should be informed was in people's care plans.