

Karechoice Ltd

# Karechoice Ltd

## Inspection report

White City Community Centre  
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London  
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Tel: 02039119300

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05 July 2019

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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?

Inspected but not rated

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Karechoice is a domiciliary care agency. At the time of the inspection, the service was providing support to two people over the age of 65.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We have no direct information from people using the service to show that people were supported to have maximum choice and control of their lives. We have limited evidence to demonstrate that staff supported people in the least restrictive way possible and in their best interests.

Despite the provider having policies and systems in place to support good care practice, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, recruitment and governance.

People were not protected from the risk of harm. Care records were incomplete and risks to people were not being assessed and planned for. Staff did not always have appropriate guidance on how to provide people with safe care and support.

Safe recruitment processes were not always followed to ensure staff were suitable to work with vulnerable people.

The provider had not yet developed a systematic approach to quality assurance to identify shortfalls and drive improvements.

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

This service registered with us on 11 December 2017 and this is the first inspection.

### Why we inspected

This was a planned inspection.

### 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?

Aspects of the service were unsafe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

We did not have adequate information to rate the caring aspect of this service.

Details are in our Caring findings below.

**Inspected but not rated**

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

Aspects of the service were not well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# Karechoice Ltd

## 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

This inspection was carried out by one inspector.

#### Service and service type

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

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 July 2019 and ended on 16 July 2019. We visited the office location on 5 July 2019.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at information we hold about the service such as notifications of events and registration information. We used this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and the nominated individual for the service. We reviewed a range of records. This included two people's care records and related documentation. We looked at records for four

members of staff in relation to recruitment, training, supervision and appraisal. We reviewed policies and procedures and other records relating to the management of the service.

#### After the inspection

We spoke with two members of care staff. We contacted one person using the service as per arrangements, but our calls were not answered. We contacted a relative of a person using the service who asked us to contact another relative. This relative was a member of care staff and due to a possible conflict of interest we did not ask this person for feedback.

# Is the service safe?

## Our findings

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

This was the first inspection of this service. We rated this key question Requires improvement.

This meant some aspects of the service were unsafe. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Safe recruitment processes were not being followed. Current systems in place did not ensure people were protected from potential harm and did not provide assurance that people were cared for by staff who were suitable for the role.
- We found concerns in relation to DBS checks. A DBS check is when the Disclosure and Barring Service complete a criminal record check and ensure that people are not barred from working with vulnerable adults or children. One staff member had a DBS in place that was issued on 16 January 2019 but their start date was recorded as 15 March 2018 and there was no record of a DBS being in place for the first 10 months of their employment. A second staff member had a DBS in place that recorded conditions that may have impacted on the provision of safe care and treatment. There was no evidence of this being reviewed or risk assessed by the provider.
- Employment references were incomplete with the names of referees, professional titles and company stamps/logos missing. Handwritten references were not always legible. Employment gaps were not explored.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- The provider was failing to assess, monitor and review individual risks to people to ensure they received care and support that kept them safe from harm.
- People's needs assessment stated that risk assessments required completion in relation to falls and moving and handling. These assessments were not available to review on the day of our inspection and therefore, we conclude that they had not been completed.
- We reviewed one person's risk assessment entitled 'Management for property damage'. This stated that the person 'wears a pendant', has 'a floor mat at the centre of the room', was 'unstable on [their] legs without support' and that windows at the back of the property did not open. There was no further information as to how any of these risks could be managed and minimised. This risk assessment was unfit for purpose and a member of staff told us they knew of 'no risks' to this person's health, safety and well-being.
- One person had been diagnosed with type 2 diabetes. There was no risk assessment or guidance in place

to address this medical condition.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- The provider had a medicines policy and related procedures in place.
- At the time of the inspection, people using the service did not require support with their medicines. Where people did require support with medicines, care records contained sections for staff to complete in relation to current medicines, a medicines risk assessment and consent details.
- Staff were required to complete medicines training before providing support to people using the service.

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

- The provider had a safeguarding policy and related procedures in place.
- One member of staff told us that safeguarding was about 'protecting the vulnerable.' Another member of staff told us safeguarding was 'very important' but was unable to tell us why. They were also unfamiliar with whistleblowing policies. Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger.

#### Preventing and controlling infection

- The provider had an infection policy and related procedures in place.
- The registered manager told us she supplied staff with disposable gloves every couple of weeks.

#### Learning lessons when things go wrong

- No accidents/incidents/events/complaints or concerns had been reported. The registered manager was therefore unable to provide any documented evidence of learning when things had gone wrong.

# 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.

This was the first inspection of this service. We rated this key question Requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were at risk of receiving inadequate care and support.
- Staff files contained copies of a care certificate issued by Verilife. However, we could find no supporting evidence to demonstrate how this training had been delivered or completed as workbooks and other records that normally accompany this type of training were not available to review on the day of our inspection.
- Staff had not completed relevant training on how to support people living with diabetes despite providing support to one person affected by this condition.
- The registered manager was unable to locate staff supervision and appraisal records on the day of our inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager completed pre-admission assessments to identify people's support needs and determine the level of support people required before a service was provided.
- Staff didn't always have access to the correct details of who to contact if people became unwell. Contact details of health and social care professionals listed in people's care records were not always correct or completed.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff records contained up to date training certificates in relation to the MCA.
- Care records contained sections addressing capacity and consent issues in relation to medicines management and administration and day to day choices and decisions.
- A member of staff we spoke with was clear about consent, capacity, and promoting choice and independence.

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

- Staff supported people with meal preparation where this formed part of an agreed package of care.
- Daily notes contained information about food and drink prepared and provided by staff.

# 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.

This was the first inspection of this service. We did not have adequate information to rate the caring aspect of this service. Therefore, this key question remains unrated.

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

- We were unable to gain feedback as to how staff treated and supported people using the service.

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

- The registered manager told us people and their family members were involved in the care planning process.
- One person had signed their care and support documentation in agreement with the terms and conditions of the service to be provided.
- We saw evidence that a care review had taken place for one person using the service.

Respecting and promoting people's privacy, dignity and independence

- A member of staff told us they always respected people's privacy and dignity when assisting with personal care tasks. They told us, "I listen to people, respect them, listen to what they want, what they need, make eye contact."

# Is the service responsive?

## Our findings

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

This was the first inspection of this service. We rated this key question Requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's care plans did not fully reflect their preferences and guide staff on how to provide person-centred and responsive care and support.
- One person's care plan stated, 'I will like to go out as I used to before, shopping and to clubs with friends. My culture is important to me. I like to attend church. I would like to be going out for shopping and go to my hairdresser. Things that may worry or upset me - I am stuck indoors. There were no further details to indicate whether this person was supported to do the things they wanted to do in order to maximise their health and wellbeing.
- One person's 'About me' section of their care record was missing information and for another person was entirely blank. It was therefore difficult for staff to know how to support people in line with their personal preferences.

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.

- People's communication needs were recorded in their care and support plans.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. However, the address listed on the provider's policy was incorrect and referred to a former company address based in South London.
- The registered manager told us there had been no formal complaints since the service registered with CQC in December 2017.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- Care records contained a section entitled 'Advance Care Planning' where people were asked to provide details about their end of life care preferences and funeral plans. These sections remained incomplete for the two people using the service.
- The registered manager told us appropriate end of life training would be provided in the future.

# 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.

This was the first inspection of this service. We rated this key question Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager did not demonstrate a clear understanding of quality performance, risk and regulatory requirements.
- There were currently no effective systems or processes in place to assess, monitor and improve the quality of care provided by the service.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager told us staff attended monthly team meetings. Minutes from a meeting held in May 2019 reminded staff to complete records in black ink only. Minutes stated, 'Staff should take it serious or otherwise payments will not be made full stop'. We question whether this approach is either fair or effective in changing practice.
- A member of staff we spoke with told us they had attended two staff meetings in the past nine months but didn't know who the manager was. Another member of staff knew who the manager of the service was and told us she was always there when needed.

Continuous learning and improving care

- We found shortfalls in relation to risk assessment processes, record keeping, staff recruitment, training and supervision. Opportunities to improve the way in which the service was managed were not being identified because the provider had no quality assurance systems in place.

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

Working in partnership with others

- The registered manager understood the principles of the duty of candour.

- The registered manager told us she had made referrals to Age UK Lewisham and Southwark for people living in those boroughs in connection with garden clearing and home adaptations.
- The provider moved to its current location in February 2019 and had yet to establish links with the local community it intended to serve.

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 12 HSCA RA Regulations 2014 Safe care and treatment  People who use services and others were not protected against the risks associated with unsafe care and treatment
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality monitoring was not sufficiently robust to identify shortfalls and drive improvements to service delivery.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider did not have robust recruitment processes in place.