

Katie Moore

# JK Caring for You

## 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

JK Caring for You is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection 18 people were using the service.

Not everyone who uses this type of service receives 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

The provider continued to put people at risk due to poor management of medicines.

The provider had not improved on all concerns we found at previous inspection. The provider had failed to make enough improvement to their quality assurance systems and poor practice had not been identified. This continued to put people at risk of harm. Following our inspection, because of the provider's poor financial stability, the local authority had removed the people they funded care for from the service. The provider had also moved offices without the prior approval from us.

The provider had recently reduced the size of the service which had improved the timeliness of people's care calls. However, we continued to find people with consistently late calls which had not been spotted by managers.

Improvement had been made to how concerns about people's safety were managed. However, the provider had not recognised some staff practices were unsafe.

Some improvements had been made to people's care plans which were now more focused on the person. However, further improvement was needed to ensure people's equality, diversity and human rights were fully represented in care plans.

Staff received the training they needed to support people but did not always put this learning into practice. People were supported to have enough to eat and drink, access healthcare where needed and other health and social care services.

People sometimes felt rushed by staff but thought they were kind and caring. Not everyone felt involved in their care with regards to call times. Staff promoted people's independence and respected their privacy.

Improvement had been made to how the provider managed complaints and concerns from people and their relatives.

People had opportunities to give their opinions about the care they received and felt there had been recent

overall improvement in the service.

People were 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.

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 inadequate (published 14 August 2019), and there were multiple breaches of regulation and the service continued to be in special measures. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Following our last inspection we imposed a condition on the provider's registration so they could not accept any new care packages, including any increases to current care packages being provided, without our approval.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

All outstanding enforcement against this provider is now concluded. All representations and appeals have been concluded.

Please see the action we have taken at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

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?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# JK Caring for You

## 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 completed by two inspectors and one 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

This inspection was unannounced.

Inspection activity started on 20 November 2019 and ended on 28 November 2019. We visited the office location on 20 and 28 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 11 people who used the service and five relatives about their experience of the care provided. We spoke with 10 members of staff including care staff, office staff, the provider and registered manager.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care records and quality assurance records. We also spoke with professionals from the local authority.

# 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 inadequate. At this inspection this key question has improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to ensure the risks relating to the health safety and welfare of people were assessed and managed. The provider had also failed to ensure people's medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection, however the provider was still in breach of regulation 12.

- People's medicines continued to not be managed safely. This is the fourth consecutive inspection where the provider has not met the regulation for managing people's medicines.
- The provider had continued to fail to ensure people were protected against poor staff medicine practice. Staff did not seek advice from health professionals or managers when one person did not receive their medicines as prescribed.
- The provider had not ensured staff followed one person's medicines care plan. Staff were required to date one person's medicine once opened because it had a specific shelf life. They had failed to do this. The person was placed at risk of being given medicine which had expired.

People were placed at risk of harm due to ineffective management of medicines. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had made improvements to people's risk assessments. Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The provider had improved how they monitored risk, including accidents and incidents. The registered manager told us how they looked for trends and patterns with any incidents.

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

At our last inspection the provider had failed to ensure safeguarding processes were operated effectively to prevent potential continued abuse. This was a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff had received training in and knew how to keep the people they supported safe. They understood safeguarding procedures and told us they would report all safety concerns to the registered manager.
- The registered manager understood their role in reporting safety and safeguarding concerns. However, they had not recognised some practices were unsafe. For example, the management of medicines.

#### Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff deployed to cover the routine and emergency work of the service. This was a breach of regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider downsized their service at the start of November 2019. They had reduced the number of people they cared for and the number of staff employed. People told us, since then, they had experienced improvement in their care calls being on time. This fitted in with the restructuring of the service.
- At our last inspection people did not feel safe because they did not know which staff were coming to their home. People told us they now received rotas, so they knew who would be supporting them on each care call. They told us staff telephoned them to let them know if staff were running late.

#### Preventing and controlling infection

- Staff practice helped to reduce the risk of infection. People told us staff wore gloves and aprons whilst they supported them and this was an improvement since the last inspection.

# 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 requires improvement. At this inspection this key question has remained the same. 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

- Staff had received the training they needed to complete their roles effectively. However, despite receiving this training staff did not always put this into practice. Staff had not followed one person's medicine care plan to ensure their medicine was kept in date. They also had not used the knowledge they had gained, through training, to report one person who did not receive their medicine as prescribed.
- Staff were supported in their roles. They told us they received regular one to one meetings with their line manager where they had the opportunity to discuss their practice and any concerns.

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

- Since our last inspection, the provider had improved the assessment of people's care and holistic needs. There was an improvement in identifying people's diversity, but further improvement was needed in ensuring people's equality, diversity and human rights were fully represented in care plans.
- People had care plans in place to guide staff on how to support them. These plans were holistic and had considered people's protected characteristics. However, despite staff finding out about people's culture and religious beliefs, they did not explore or identify how these may affect the way they wanted to be supported by staff.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff obtained people's consent prior to supporting them. People told us staff asked their permission before doing anything. One relative said, "They always check with [person's name] what they want doing

each time they arrive."

- The registered persons confirmed everyone they provided care to had the capacity to make their own decisions about their care and support. Therefore, there were no authorisations under the Court of Protection.

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

- Not everyone we spoke with needed support with eating and drinking. People told us they got the support they needed to make meals and drinks. One person said, "They (staff) say what are you going to have today and I choose what I want." People and relatives told us staff made sure they had drinks before they left.

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

- Not everyone we spoke with needed support to access other healthcare services. However, everyone agreed staff would contact their GP or emergency services when needed. One person told us they were not well recently, so a staff member had called their GP. The staff member had stayed with them until the GP arrived.
- The provider worked with healthcare professionals to help ensure people received the care they needed. One relative told us staff had supported their family member to access a district nurse service. They said, "They (staff) make an effort to be here now when the district nurse comes. That way they can all work together."

# 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 requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- At our last inspection people did not always feel they were respected or treated well because their care calls were often late. At this inspection, some people still did not feel fully involved in making decisions about their care. People felt this was mostly to do with not having control over their call times. This was despite improvements in staff attendance at care calls for most people. One person said, "They make the decisions in the office. I haven't had any say in the times they come."
- The registered manager told us people's care plans had been updated recently and call timings would have been discussed with them. Following our inspection, the registered manager told us, "Some service users, I feel didn't understand what you were asking them as every one of our service users has had a review (of their care plan) recently, been told what it's for and been fully involved, even signing the document once completed to be returned to the office."
- Relatives told us they had worked with staff and managers where needed to get call times changed for their family members. One relative told us, "We've had lots of meetings about how things are going. The office asked me if [person's name] needed more time. We changed call times."

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

- The provider had not ensured staff stayed for the full amount of time at some people's care calls. People told us they felt staff rushed their care calls on occasion in order to leave early. The registered manager told us staff would have ensured each person was happy for staff to leave. However, they were not aware of this and told us they would look into it.
- People felt they were treated with kindness by staff and they were caring. Everyone told us they had noticed a recent improvement with the consistency and attitude of staff they had. The registered manager told us because they had downsized the service they could ensure people received care from the same staff.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy when supporting them with their care. Everyone we spoke with felt they were encouraged, by staff, to do as much as they could for themselves. One person told us there was less they could do now than in the past, but staff let them do as much as they could.

# 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 inadequate. At this inspection this key question has improved to requires improvement. This meant people's needs were not always met.

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

At our last inspection the provider had failed to ensure people received person-centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection, people's care records did not support person-centred planning or promote independence. Since the last inspection, people's care plans had been reviewed and updated. Care plans we viewed were more personalised to each person. The provider had added information about people's medical and health conditions for staff to read. However, this information was generic and did not show how their conditions specifically affected the person.
- Where people's needs changed the provider had not ensured assessments were always completed in a timely manner. Since our last inspection, the provider had introduced a daily handover sheet. This was used for the on-call staff member to handover to the registered manager. However, the registered manager told us they reviewed these only on the days when they were in the office which could be 2 to 3 times per week. The registered manager confirmed they had not seen one handover sheet which was from 12 November 2019, 16 days earlier. The information on the handover sheet indicated one person required a re-assessment of their needs as they were at risk of falls. The person had been placed at continued risk as this assessment had not happened.
- At our last inspection, people did not feel their preferences were known or listened to by staff. At this inspection, people told us they felt there had been a recent improvement and staff respected their preferences. One person told us, "I can tell the carers, 'we need to do this too', like if I want something updated they pass it on to the office." They told us they had wanted something specific doing by staff and said, "The carers soon picked this up and added it to the (daily record) book, now it's in the care plan as well."

End of life care and support

- The registered manager told us no one was being provided with end of life care.
- People's wishes for their end of life care had not been discussed or identified by the provider. This included any wishes they had for receiving future treatment or for being resuscitated. Therefore, there could be a risk people may not be cared for in the way they wanted, should the need arise.

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.

- The provider met the requirements of the AIS. People's care plans identified if they required support to access information. The registered manager told us no one they supported needed information in any different formats. They told us this would be arranged as needed.

Improving care quality in response to complaints or concerns

- People and relatives told us the provider was more responsive to any concerns they had. One relative told us, "We were having more issues 12 months ago, but it's vastly improved now. They didn't used to let us know if they were going to be late but do now."
- Since our last inspection, the provider had improved their complaints processes to ensure any were responded to and investigated in a timelier manner.

# 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 inadequate. At this inspection this key question has remained the same. 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.

At our last inspection the provider had failed to ensure their quality systems were identifying concerns and driving improvements at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- This is the fourth consecutive inspection where the provider has failed to meet the requirements of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider has not achieved a rating of good since before January 2018. The registered persons had not provided effective oversight and governance of the service's safety and quality to ensure all regulatory requirements were met.
- The provider told us they "downsized" their service on 1 November 2019. They had reduced the number of people receiving care and the number of staff they employed. Feedback we received from people showed they felt a better consistency of staff, better communication and a reduction in late calls. However, these improvements had only been felt by people recently, after the service had been reduced and not since our last inspection.
- We have found a history of the provider failing to take action on all identified risk. This is the fourth inspection where there has been a theme of the inspection identifying issues, the provider taking action, then at the next inspection new and some continued issues are found.
- The provider has a history of multiple breaches and poor ratings. Although some improvement had been made, it was not sufficient to remove two of their five breaches.
- There was little consistency as to where and when managers recorded important information about people's calls and conversations they had with them. The registered manager could not evidence conversations had taken place with one person when there had been issues with their care calls and staff.
- Despite the provider introducing new quality systems they had failed to recognise when staff were not following the procedures in place for safe medication administration. One person had not received their medicine as prescribed and staff had failed to record the expiry date of one person's medicine. We also found a staff member had written in one person's daily record their medicine had not been signed as given.

However, there was no evidence this had been investigated and the person's safety was checked. Another entry was not clear but ended by saying the medicines were to be taken to be disposed of. There were no records to show this had happened or what medicines had been disposed of.

- The provider had failed to pay their registration fees to us. Despite arranging a payment plan, the provider had failed to pay the outstanding money owed. This does not demonstrate effective leadership or management of the service.

#### Continuous learning and improving care

- The provider continued to put people at risk as they did not have full oversight of call times. Systems in place to check late calls continued to be ineffective. One person told us their first call of the day was usually late. We looked at call times from 1 to 27 November 2019 and records confirmed, on average, staff were late by 15 minutes every morning, with the latest being recorded as 50 minutes late. The registered manager was not aware of this. Despite the registered manager telling us managers monitored call times, they had failed to identify this trend.

- The provider's auditing system had failed to ensure people's care records were fully completed and legible. Despite the provider improving their auditing processes, they had not identified staff errors. Staff had not recorded start and end dates on people's medicine administration records, some staff handwriting could not be read, staff continued to write over existing entries in daily and medicine records which made them unreadable. This was an issue we had identified on our last two inspections.

The registered persons leadership, management and quality assurance systems had failed to ensure continuous and sustainable improvement within the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, we were made aware by the Local Authority they had concerns about the provider's financial viability and would be transferring people whose care they funded to another care provider. This was completed on 6 December 2019.

- We completed this inspection at the provider's new office address. Under our inspection powers we have inspected this location because we believed a regulated activity was being carried on, at or from this new address.

- The provider applied to change their provider and location address two days before they moved their service. It is a condition of a provider's registration that the regulated activity of personal care may only be carried on, at or from a specific location.

- However, where there is outstanding enforcement against a provider, they may not make any application to vary their conditions, in this case; to change their office address.

- The provider failed to give sufficient notice to allow us to consider their application to move office address.

- At inspection, the provider told us the time between making the decision to move and the actual move to the new address was three days. They told us the reason for the move was the need to reduce the size of the service due to financial instability.

Section 19 of the Health and Social Care Act 2008 states providers may not make applications to vary conditions on registration, including to remove a location and to add a location whilst there is outstanding enforcement. This is a breach of Section 33 of the Health and Social Care Act 2008, failure to comply with conditions.

At our last inspection the provider had failed to notify us of allegations of abuse at the service. This

was a breach of Regulation 18 of the CQC (Registration) Regulations 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Although the provider had made improvements since our last inspection and responded to feedback we gave them at this inspection, we have concerns these will not be sustainable. The size and structure of the service had only been reduced three weeks prior to our inspection. The provider had demonstrated they have not been able to ensure people receive good care for a significant period of time.
- People told us they felt the service had improved recently. They told us there was better communication, less late calls and a better consistency of staff.
- The provider had improved systems to get peoples' opinions on their care. A recent survey showed people were generally happy with the care they received and felt staff were "very nice and kind".

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were placed at risk of harm due to ineffective management of medicines.

### The enforcement action we took:

Enforcement action from our previous inspection was concluded and we cancelled the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person's leadership, management and quality assurance systems had failed to ensure continuous and sustainable improvement within the service.

### The enforcement action we took:

Enforcement action from our previous inspection was concluded and we cancelled the provider's registration.