

Kcare Nursing Agency Limited

Kcare Nursing Agency Ltd

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

We inspected Kcare Nursing Agency Ltd on 21 and 25 July 2016. The service does not offer nursing support. Kcare are also a professional healthcare recruitment agency providing temporary and permanent staff to a broad range of services. Kcare Nursing Agency is a domiciliary care service. Kcare provides support and personal care to people living in their own homes. At the time of this inspection 28 people were supported by the agency.

There was a registered manager in post at the service. 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. On the day of our inspection the registered manager was on annual leave.

People told us they felt safe and the support they received was good. Staff knew how to assist people to maintain their safety. Staff understood their responsibility to protect people from harm and abuse and they knew how to report any safeguarding concerns appropriately. Individual risks around people's condition and their environment were assessed and recorded.

The provider had systems in place for the safe administration of medicines. People were supported to receive their medicine when needed. People were supported to maintain good health and were assisted to access to health services when required.

People were cared for by staff that were knowledgeable about their roles and responsibilities and had the relevant skills and experience. Staff received training required for their roles and they told us they were well supported by the management team. There were sufficient staff to meet people's needs and people received their support as planned. Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised with people.

The staff followed the requirements of the Mental Capacity Act 2005 (MCA). This protected the rights of people who may not be able to make important decisions themselves. People benefitted from staff that understood and implemented the principles of the act. People told us they were involved in making decision about support they received.

People told us they were able to form caring relationships with the staff and that staff respected their dignity and privacy. People's confidentiality was respected and their independence was promoted.

People's needs were assessed prior to commencement of the service to ensure their needs could be met. People's care records contained details of people's personal preferences, likes, dislikes and health needs. People's care plans were up to date and reflected people's current needs.

The registered manager sought people's opinions using satisfaction surveys and spot checks. People told us they knew how to raise concerns and they were confident any issues would be promptly addressed.

The management regularly audited the quality of service delivered. The registered manager had a system to monitor the accidents to identify any trends or patterns. There was an open and positive culture at the service and clear lines of accountability. Staff commented they felt valued and they enjoyed working at the service.

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.

People told us they felt safe when staff supported them.

Staff were aware how to protect people from the risk of abuse and harm.

People's risk assessments identified how to keep people safe.

People were supported to take their medicines as prescribed.

There were sufficient staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported to make decisions about their lives. The staff were aware of and followed the principles of the Mental Capacity Act 2005.

Staff had the training were supported to carry out their roles effectively.

People were supported to access health services and staff knew how to meet people's nutritional needs.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect.

People build positive working relationships with staff.

Staff were knowledgeable of people's needs and promoted people's independence.

People's confidentiality was respected.

Is the service responsive?

Good ●

The service was responsive.

People received support as per their assessed needs.

People's views were sought and listened to.

People knew how to complaint but told us they never needed to.

Is the service well-led?

Good ●

The service was well-led.

The provider ensured strong leadership was maintained.

The staff were aware of their roles and responsibilities.

The management and staff were committed to providing good quality care.

The provider monitored the quality of the service and ensured any action was taken when needed.

Kcare Nursing Agency Ltd

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 and 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 and 25 July 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the management is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. 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 the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their 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. We also looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We also contacted the local authority commissioners of services to obtain their views on the service.

We spoke with five people and three relatives. We also spoke with two care workers, two care co-ordinators and the operations manager. We looked at four people's care records, three staff records including training and recruitment information and at a range of records about how the service was managed.

Is the service safe?

Our findings

People told us they felt safe when receiving care from the Kcare team. One person said "I feel safe with the carers because they are nice". A relative commented "[Person] feels very safe with the carers".

People were supported by staff that understood their responsibilities around safeguarding people from harm. The staff were familiar with the processes required to follow if any abuse was suspected. The provider had a process to record any safeguarding concerns so any trends or patterns could be identified. Staff were also aware they could report externally if needed. One staff member told us, "If I had any concerns I'd write it in the book, report to the office".

There were sufficient staff deployed to meet people's needs. The operations manager told us they were actively recruiting to ensure there are enough staff to meet the demand of the increasing number of referrals. People commented positively on time keeping of the care workers. One person said, "We get the same carers most of the time and they come on time. There have been no missed visits". Another person said, "They come on time and stay for about an hour". One relative commented, "[Person] has the same carers sometimes. They stay for 45 minutes in the morning and 30 minutes in the afternoon and evening. They are very good". People's care files gave details of who their main carer was. The provider ensured any new staff were introduced to people before care was delivered. We saw records of the introductory visits in people's files. This meant that the person already knew the member of staff and were introduced to them before they were scheduled to deliver personal care. One member of staff told us, "I see (visit) regular clients (people)". The provider used ETMS (Electronic Time Monitoring System) to ensure staff are punctual and the visits are for the required length of time. Staff logged in and out of people's homes using telephones. One of the care co-ordinators told us they were monitoring the live log-in screen to ensure there were no missed or significantly delayed visits.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people.

Individual risks around people's condition and their environment were assessed and recorded. We noted risks such as tripping, falls and bathing were in place. The risks outlined were followed by guidance for staff on how to manage these. For example, one person was assessed as at risk of falling. This person's file read 'Care worker to ensure environment is clutter free'. People's environment was also assessed and we noted the staff checked if people's smoke and carbon monoxide detectors were in working order.

People were mostly independent with taking their medicines and needed minimal support. One person we spoke with told us, "They supervise me taking my medication". Another person told us, "I can take my medication". Records confirmed staff had been appropriately trained to support people with their medicines. We saw an example of a Medicines Administration Records (MAR) for a person who needed to be assisted with taking their medicines and noted there were no gaps. People's care files contained a list of

their prescribed medicine including the dosage and purpose.

People were protected as the provider had a system of recording accidents and incidents. The operations manager told us no accidents occurred within the last year and they showed us the electronic based system how these would be recorded.

Is the service effective?

Our findings

People told us staff knew how to support them according to their needs. One person told us, "I would say they seem trained and skilled at what they do". Another person added "I would say they are trained". One relative we spoke with told us, "They (staff) are attentive to [person's] needs".

People were cared for by staff that had the appropriate skills and knowledge to carry out their roles. Staff told us and records confirmed they received induction training when they started working at the service. The training included areas such as safeguarding, duty of care, moving and handling, working in a person centred way, dementia awareness and health and safety. The training reflected the Care Certificate's requirements. The Care Certificate is an identified set of 15 national care standards that care workers complete during their induction and adhere to in their daily working life. Where required staff received training relevant to people's individual needs. We noted some staff received training by a health professional on how to apply a dressing or support a person in putting their pressure relieving specialist stockings on.

The staff we spoke with commented positively about the training and told us the training prepared them well for their roles. One staff member told us, "Training was very good and useful. Everything was explained in great detail so anyone can understand". Another member of staff told us, "The training prepared me well for the role, it opened my eyes. Then you add your own knowledge – how I'd like to be treated (if I was a service user)".

Staff were well supported. Staff received regular supervision (one to one meetings with line manager) and annual appraisals. Additionally, staff received regular practical competency observations checks. Staff confirmed they were appropriately supported in their roles. A staff member said, "Yes, we can always approach the management". Another staff member told us, "I get regular supervision and spot checks".

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. The operations manager had an understanding of MCA and the principles underpinning the act. They were aware that if a person was assessed as lacking capacity and was being deprived of their liberty this would need to be legally authorised. They were able to tell us this would be done through the court of protection by the local authority.

People told us staff sought their consent before supporting them. One person said, "They (staff) always talk to me and make sure I am happy with what they are doing". Other comments included, "Yes, they (staff) give me choices" and "I do make decisions about my care and they do listen to me". A relative commented, "[Person] is involved with the monitoring of her health". People's care plans we viewed were signed by people. This meant people consented to receive the care and support agreed.

Staff had received training on the MCA and they knew how to ensure people's rights were respected. One member of staff said, "It's about helping people to understand and make their own decisions, like about clothing, drinks or anything else". Another member of staff told us, "We must assume people have capacity unless we know otherwise. We ask people for their opinions".

People's dietary needs and preferences were documented and known by staff. People we spoke with were either able to prepare their meals independently or their families were supporting them. Staff were aware how to meet people's nutritional needs. One member of staff told us, "I'd check the care plan to make sure I know (what the person's preferences are) and offer them choices of food and drink and ask what they want".

People's health needs were documented in their care plans. The staff told us and records reflected people were supported to access professional support when required. One person's daily record read, 'Spoke to [person's] social worker who said it will be arranged for staff to help the person with ordering their meals'. Staff told us they worked well together when anyone needed urgent medical support. For example, one of the co-ordinators told us, "A member of staff was at the person's house and observed the person was not their normal self, they rang the office and we called for an ambulance, the carer waited with the person for the ambulance to arrive".

Is the service caring?

Our findings

People complimented the staff and their caring attitude. One person told us, "I am very happy with the carers". Another person told us, "They know what I need and want". A relative told us, "They are very caring towards [person]. They have a chat with [person] and make [person] feel comfortable". Another relative told us, "The overall care for [person] has been fantastic".

People and their relatives were complimentary about their relationships with staff. They described the team as very caring. One person told us, "The carers are very kind, patient and they listen to me. We have a laugh and a chat". People were supported by staff that were enthusiastic and had caring approach.

The staff we spoke with were committed to providing compassionate care. One member of staff told us, "We have the satisfaction of bringing positivity to people's lives, to see that it's rewarding". Another member of staff told us, "I like that I get to see people, people appreciate our help and it is a rewarding job". When staff spoke to us about people they referred to them with genuine affection and respect.

People's dignity and privacy was respected. One person told us, "They are very good about protecting my dignity e.g. they close the door (when doing personal care)". Another person told us, "They do respect my dignity". Staff received training around dignity and privacy and knew how to translate this in their working life. One member of staff told us, "We ensure privacy is met, we would close the door to the bathroom (when a person received personal care)". Another member of staff told us, "I would draw the curtains (when assisting with washing)".

People's independence was promoted and people's opinion was sought. One person told us, "They respond to me very well, they are good". A relative told us, "They listen to [person] and to me, they are very polite". The records reflected people were involved. The daily records we viewed confirmed the staff involved people. The following were recorded, "Spoke to [person] about shopping, they said they preferred shopping to be done on Wednesday" or "Asked the person, would you like to change your clothes" and "I offered to wash [person's] plate but [person] said they were independent and able to wash it". People's care plans highlighted the need to keep people independent. One person's care plan read, "I will tell you if I want to go to bed".

People were cared for by the staff that knew how to maintain people's confidentiality. People's care files and records were kept in their homes. Duplicate records were kept securely in the provider's office. Staff files reflected they received information handling training and were aware of the confidentiality agreements. A member of staff told us, "We are aware not to share any confidential information, for example if a person's neighbour asks how the person has been, we would try to divert this question". Another staff member told us, "Whatever people tell us, we always remember not to discuss with others". People's files contained a consent form which people had signed to confirm they were in agreement to staff having access to their care plans.

Is the service responsive?

Our findings

People's needs were assessed prior to commencement of care to ensure these could be met. One of the care co-ordinators told us, "We visit the person and use the blank copy of the care planning form and risk assessment to identify their needs". People's care plans evidenced assessments had been completed prior to the service starting. If applicable, people had a copy of the local authority assessment on file. This information was used to develop a care support plan for each person.

People were involved in their care planning. One relative told us, "[Person] has a care plan we were both involved in planning it, the care plan is reviewed once a year or sooner if need be".

Care records contained details of people's personal information, their likes, dislikes and preferences. For example one person's care records read, "I enjoy conversation with my care worker, please speak slowly and clearly". The care plans were detailed and current. The files gave clear instruction and guidance for staff on how the person wished to be supported on each of their visits. The operations manager told us they had introduced a new template to enhance the recording of people's personal profile information. This included people's spiritual and cultural needs.

People received personalised support that reflected their wishes and choices. One person started attending a day centre and their visits had been adjusted so they could be ready for the transport. People and their families complimented the flexibility of the service. One person's relative told us, "I had to take [person] for an appointment and the carer came at 7am on her usual day off to get her ready".

Staff were aware of people's needs. One person required cream to be applied to their skin. The member of staff we spoke with knew the name of the cream required. This information was also recorded in person's care plan. The member of staff was also aware of the person's weekly schedule including their family visits and church involvement.

People knew how to raise concerns and they were confident action would be taken. People's files contained a copy of the Service User Guide which included complaints procedure. People told us they never had a reason to complain. One person said, "I have not made a complaint". Another person added, "I know how to make a complaint but I have not needed to". One relative told us, "I have made a complaint previously on behalf of [person] about lateness, it was handled well, they were apologetic".

Records showed there had been two complaints received in the last year. These had been investigated and resolved in line with the provider's policy. There was evidence that lessons learnt were shared with the team to avoid reoccurrence.

The service encouraged people to give their views and people were able to do so in a number of ways. People gave feedback through annual questionnaires and telephone quality monitoring checks. People's views were also sought during staff competency spot checks carried out by the senior staff. One person told us, "The manager has been to see me and he is coming out next week to make sure I am ok". One relative

told us, "We have filled in surveys several times. The manager does call me to find out how [person] is, the care is very good".

Is the service well-led?

Our findings

The registered manager was also registered for another two services of the same provider. The registered manager and the operations manager provided strong leadership to the office staff. There was a clear structure in the office and the two care co-ordinators were clear of their roles and responsibilities. The operations manager told us that with the increasing number of new service users (new referrals) they planned to appoint a designated manager for the branch.

The ethos of the service was "We'll be there for you" and the management and the staff prided themselves in providing a high quality service. People's care files contained a copy of the Statement of Purpose which read the staff will 'help to do' rather than 'doing to or for' a person. This meant there was a strong emphasis on providing service that promoted people's independence and wellbeing.

All people, relatives and staff we spoke with complimented how the service was run. One person told us, "I think the office is run well". Another person told us, "They are excellent, I can't fault them". One relative told us, "The manager is very nice, the manager has been to visit to make sure we're happy with the service". Staff we with spoke with were positive about the management, about the support they received from them and the team work. Comments included, "Manager is always available and very approachable. We also have on call arrangements for extra support". Another member of staff told us, "It's a good company to work for", "It's a good company if you're looking for someone who is focused on caring".

Staff commented positively on the staff morale and good team work. One member of staff said, "We can rely on each other as a team, staff meetings are regular, any ideas or updates (we are informed). We can contribute with some ideas and if it's a good idea it will be implemented". Another member of staff told us, "Staff morale are very good, it's a very welcoming team".

The provider had a whistleblowing policy. Whistleblowing is a way in which a member of staff can report concerns, by telling their manager or someone they trust. Staff told us they would always report any concerns to the manager. The staff felt confident that the registered manager would listen to them and take appropriate action to help keep people safe. Staff knew they could contact other external organisations if they felt their concerns were not been acted upon. One member of staff told us, "I know I could contact an outside (organisation) like the council or a social worker".

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The management were aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The registered manager and the operations manager ensured the quality of service was monitored and any action taken if needed to address where an area for improvement was identified. The operations manager showed us how the provider monitored various KPIs (Key Performance Indicators) on a monthly basis so any trends or patterns could be identified. This included monitoring of all safeguarding concerns, complaints, accidents records, body maps, bathing records and medicines charts. People's care notes were audited and

signed off on a monthly basis. The provider also used satisfaction surveys to obtain feedback from people and staff. The management attended regular meetings with the local council to discuss the number of referrals, quality of care and future planning.

The registered manager was actively involved in key local organisations. The provider was a member of the Oxfordshire Association of Care Providers (OACP). OACP act as a contact point for all social care providers and share and promote good practice through their networks and learning exchanges. The provider has also signed up to the local authority Standards for Home Support Services. This meant the provider had committed to deliver the service as set out by the standards agreed with the service users. These included focusing the attention on people and treating people with respect and dignity.