

K2 Care (South West) Ltd

K2 Care South West Limited

Head Office First Floor

Inspection report

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15 February 2019

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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

K2 Care South West Limited Head Office First Floor provides personal care to people with a range of needs, including learning disabilities, in their own home or shared accommodation. At the time of our inspection visit the service was being provided to three people.

This was the first inspection of the service. The service had been registered in July 2016, although had only been providing a service to people since October 2018.

K2 Care South West Limited Head Office First Floor (known to people and professionals as K2 Care) had a registered manager in post. 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.

We heard positive views about the service such as, "From my point of view as a Social Worker assessing and reviewing a client who has K2 Care as a provider is very positive" and "I have recommended their service to other colleagues and will use this service as necessary in future".

People were protected from harm and abuse through the knowledge of staff and management. Robust staff recruitment procedures were used and staff were supported through training and meetings to maintain their skills and knowledge to support people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received support from caring staff who respected their privacy, dignity and the importance of developing their independence.

There were arrangements in place for people and their representatives to raise concerns about the service. Effective quality monitoring systems were in operation. The registered manager was approachable to people using the service and staff.

Further information is in the detailed findings below.

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 were protected from the risk of abuse because staff understood how to protect them.

Risks to people were identified and action taken to minimise risks.

People received consistent support from staff who were recruited using robust procedures.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People's health needs were supported through access to and liaison with healthcare professionals.

People's rights were protected by the use of the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

People had positive relationships with the staff who supported them.

People and their representatives were consulted about their care and support.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support.

People were supported to take part in activities of their choice.

There were procedures to respond to concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in post who was available to people using the service, their representatives and staff.

The service set out and followed its person-centred aims and values for providing care and support to people.

Quality checks were in operation to improve the service provided to people.

K2 Care South West Limited Head Office First Floor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service prior notice of the inspection because the registered manager is often out of the office providing support to people and staff. We needed to be sure that they would be there. This was the first inspection of the service.

Inspection site visit activity started on 8 February 2019 and ended on 15 February 2019. The inspection was carried out by one inspector. We visited the office location on 8 February 2018 to see the registered manager, speak with staff; and to review care records, staff records and policies and procedures. Following this we visited two people in their homes and spoke with them and a member of staff and one of the provider's directors. We also received the views of a social care and a health care professional.

We reviewed records for people using the service and checked records relating to staff recruitment, support and training and the management of the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff described the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues would be dealt with correctly.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Risks to people were identified and managed. People had general risk assessments in place which gave staff information on managing any identified risks such as, falls, choking, accessing the internet and managing finances. People had personal emergency evacuation plans in place. In addition, information had been prepared for use in the event of a person going missing. A plan was in place to deal with any interruption to the service caused by events such as adverse weather.

People were supported through sufficient levels of consistent staff support. The registered manager explained how the staffing was arranged to meet the needs of people using the service. Continuity and consistency of staff was important for people and so no agency staff were used.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People's medicines were managed safely. Medicines administration records (MARs) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. Individualised protocols were in place for medicines prescribed to be given 'as necessary', for example for anxiety or pain relief. Risk assessments were carried to determine if people were able to safely administer some or all of their medicines. Audits were carried out on people's medicines on a regular basis. The Provider Information Return (PIR) stated, "We carry out weekly Service User medication audits, these audits include checking dates, quantities, ordering, receiving and returning of medication". We saw these checks had been completed. A system was in place to respond to any errors with supporting people to take their medicines.

Accidents and incidents were analysed for any lessons that could be learned. An incident when supporting one person with a health care appointment had resulted in a plan to improve communication with health care professionals.

Is the service effective?

Our findings

People's needs were assessed to ensure they could be met before they received a service. Information was gained from commissioners as well as an assessment of needs with the person and their representatives.

People using the service were supported by staff who had received training for their role. Records showed staff had received training such as, first aid, health and safety, infection control and communication. Training specific to the needs of people using the service such as autism and behavioural support was also provided. Staff described the training as "brilliant" and confirmed their training was up-to-date. Staff had identified further training which they wished to complete such as mental health crisis care and further medicines training. The registered manager confirmed this was being arranged.

Induction was provided when staff joined K2 Care and where appropriate staff were required to complete the care certificate qualification. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life.

Staff had regular individual meetings called supervision sessions with the registered manager. Discussions at these meetings focussed on areas such as, working with people, the staff team and safeguarding. Staff described the supervision meetings as "Quite in-depth" and the support they received as, "The best I've ever had".

People were supported to eat a varied diet. When we visited, staff were discussing meal choices for the following week. Individual dietary needs were known and provided for. People told us what their favourite meals were and how they were supported to eat a healthy diet.

People received support to stay healthy and access health services such as GPs and dentists. The service had liaised with mental health professionals to support people's mental health needs. People had health action plans and hospital assessments. These were written in an individualised style and described how people would be best supported to maintain contact with health services or in the event of admission to hospital. Detailed information was available for staff to support people with medical emergencies such as seizures and choking. Staff told us their knowledge of people and the skills obtained through training ensured they felt confident dealing with emergencies.

The Mental Capacity Act (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. Assessments had been made of people's capacity to consent to decisions about aspects of their care and support.

Is the service caring?

Our findings

Positive relationships were developed between people and staff. Staff were polite to people and checked to see if they were happy to speak with us. One person told us staff were "nice and polite" to them. A health care professional commented, "They were able to establish a good therapeutic relationship with the individual and improve their physical and mental health". Information on how emotional support would be provided to young people was recorded for staff reference. When we visited we saw people were at ease in the company of staff and one of the company's directors had a good rapport with them.

People and their representatives were involved in reviewing their care and support, The Provider Information Return (PIR) stated, "Individuals help and contribute to reviewing their own care in individual monthly key meetings. During this meeting the Service User is encouraged to set goals which can be short and long term which staff then help to break down into manageable chunks to ensure they can be achieved". A social care professional commented, "K2 Care have made sure that the client has been informed of any and all changes and that she is happy with them".

Information was provided for people in an accessible format for example, information about the service provided and other relevant agencies such as advocacy services. Advocates help people to express their views, so they can be heard. At the time of our inspection people had not been identified as having a need to use an advocacy service, although the registered manager was aware of how to contact these services.

People's privacy and dignity was respected. People's care plans included actions for staff to follow to preserve their privacy and dignity such as knocking on doors before entering and discussing information about them away from others. One person confirmed their privacy was respected and told us, "Yeah, they knock". People's preferences for the gender of the staff who supported them was respected.

People were able to develop their independence and this was highlighted in their care plans. One person used public transport independently and carried out household cleaning, another person helped to prepare meals with supervision and another was supported to dress themselves.

Is the service responsive?

Our findings

People received care and support which was personalised and responsive to their needs. One person told us, "Staff support me well". A social care professional commented, "K2 Care have provided positive personalised support and have quickly provided stable and consistent care for the client which is vital for her care and support". Technology was available for one person to summon staff if required during the night.

People's care plans included guidelines for staff to follow to provide care and support in an individualised way. This included information for staff reference about people's likes and dislikes and their preferences for how they liked to be supported. These records had been kept under review. A social care professional commented, "I have no concerns with the documentation in the home and can see they are treated as 'live' documents and are amended where needed. Prior to starting the documents were all in place and detailed". Staff told us personalised care meant delivering consistent care in response to a person's expectations. Plans were in place for staff to follow to support people to manage their behaviour.

People were supported to take part in activities such as going out for meals, going to social clubs and a gym, walks, swimming and the cinema. Risk assessments supported people to take part in activities such as cooking and activities in the community. People had weekly activity schedules.

There were arrangements in place for people to maintain contact with family and friends. One person told us how they were looking forward to a stay with a relative. We saw staff support another person to write a greetings card for a friend.

There were arrangements to listen to and respond to any concerns or complaints. No complaints had been received since the service started. Information about how to make a complaint was available for people in a suitable format using pictures, symbols and plain English. The Provider Information Return (PIR) stated, "It is important that anyone using our service understands that they will not be discriminated if they do choose to make a complaint and to understand that these will be acted upon effectively".

Documentation had been prepared to record the wishes of people at the end of their life. Representatives of one person had provided information to add to their plan.

Is the service well-led?

Our findings

Staff were positive about how the service was run and the approachability of the management and the good rapport they had developed with people using the service. They told us they often saw the registered manager and director visiting people to check on their wellbeing and that of staff.

K2 Care South West Limited Head Office First Floor had a manager in post who had been registered as manager since December 2018. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run.

The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations and completing and forwarding all required notifications to support our ongoing monitoring of the service. Preparation had been made to display the services inspection rating on their website.

The vision and values of the service were outlined in the information provided about the service, which included the statement "We want you to be in control of your own lives. We strive to promote choice, dignity and respect". The registered manager and director also valued the importance of being "hands on", working shifts where required and working alongside staff. Throughout our inspection we found examples of the service supporting people in accordance with this approach.

Current challenges were described as being staff recruitment particularly "getting the right staff" and supporting people with the transition from other services when important information had not always been shared. Although developments included a growth of the service the registered manager described the importance of not growing the service too quickly. The possibility of supporting people using the service to take a holiday was being considered.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There were effective systems in place to monitor the quality of services and care provided to people. Audits were completed on a regular basis and in accordance with the provider's quality monitoring arrangements. These checked that safe practice and processes were followed and ensured the service remained compliant with necessary regulations. Audits included, finances, health action plans, staff files, staff supervision, health and safety and infection control. A recent audit had picked up the need to increase staff knowledge about the whereabouts of fire safety equipment and this had been actioned. A social care professional commented, "Audits are completed regularly". A survey of the views of people using the service and their representatives was planned.