Kumari Care Limited

Kumari Care

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 20 October 2014. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a domiciliary care service. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf.

We carried out an inspection in December 2014. During which we found the provider to be in breach of Regulation 23 supporting workers. The provider wrote to us with an action plan of improvements that would be made. During this inspection we found the provider had taken steps to make the necessary improvements. Staff had received appropriate training for their role.

Kumari Care is a domiciliary care agency that provides personal care for people aged 18 and over who have a range of needs. At the time of this inspection 143 people were receiving the service within the counties of Bath and North East Somerset, North Somerset and Bristol. The service operates from a well equipped office building in the centre of Bath.

Summary of findings

There is a registered manager in post at Kumari Care. 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. The registered manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and provided feedback on the service.

Staff were knowledgeable of people's preferences and care needs. People told us the regular staff they had provided them with the care and support they needed and expected. However there were frequent inconsistencies in times of calls and changes to staff which meant some people didn't always feel safe.

People using the service, and the relatives we spoke with described the staff as being "caring", "knowledgeable" and appeared "professional." Staff explained the importance of supporting people to make choices about their daily lives. Where necessary, staff contacted health and social care professionals for guidance and support.

Staff had received training in how to recognise and report abuse. All staff were clear about how to report any concerns they had. Staff were confident that any concerns raised would be fully investigated to ensure people were protected. However the staff we spoke with were less knowledgeable about the requirements of the Mental Capacity Act 2005. Staff said they "felt supported", however five out of seven staff said they "did not receive regular supervision."

The registered manager had systems in place to monitor the quality of the service provided, and was working towards action plans where some shortfalls had been identified. However we found some records which were illegible. Communication between people and staff was apparent, however opinions varied regarding the reliability of contact with the office staff. Staff were aware of the organisation's visions and values and spoke about being 'pleased' to work for Kumari Care.

Summary of findings

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, their relatives and staff told us they felt safe.

Staff we spoke with had a good understanding of the people they were supporting, however monitoring of safe working practice was lacking.

Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from the risk of harm.

The provider had systems in place to ensure people received their prescribed medicines safely.

Is the service effective?

Requires Improvement

The service was not effective.

The majority of people and relatives explained their regular staff knew their needs well. However, not everyone we spoke with experienced consistent care delivered at a time when they needed it.

Healthcare professionals were involved in people's care, and for providing specific healthcare related training for staff.

Communication between people and staff was overall effective. However people and staff opinions varied regarding the reliability of contact they had with office staff. Some daily records were illegible; therefore there was a risk of inappropriate care being provided due to staff not being able to read what had been recorded.

Staff were not receiving regular supervision, however all of the staff we spoke with felt supported by the management structure.

Not all staff were confident of what could constitute as 'restraint' or

aware of the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People and relatives told us the staff were caring, friendly and helpful."

People were involved in making decisions about their care and the support they received.

Staff were respectful of people's privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

Summary of findings

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Complaints were listened to and responded to appropriately.

People who used the service and their relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service.

Is the service well-led?

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The quality of the service provided was checked regularly, however not all shortfalls we found had been identified.

Good

Kumari Care

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 checked 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.

This inspection was carried out by two inspectors 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 service. The expert by experience gathered information from people who used the service, their relatives and two staff by speaking with them. Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide by sending us a notification.

We did not on this occasion request the provider to complete 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 used a number of different methods to help us understand the experiences of people who used the service. This included sending surveys to 60 people (50% were returned), talking to eight people, eight relatives and seven staff. We looked at documents and records that related to eight people's support and care and the management of the service. We spoke with the registered manager.

Good

Is the service safe?

Our findings

People were clear in telling us they felt safe. They explained staff were easily recognisable due to the uniform and identification badge they wore. People receiving a service from Kumari Care were safe because arrangements were in place to protect them from abuse and avoidable harm.

Staff had access to safeguarding training and guidance to help them identify abuse and respond appropriately. Each of the staff we spoke with described the actions they would take if they suspected abuse was taking place. Staff told us they "were confident in raising any concerns they had about poor practice and that the registered manager and provider would act on their concerns". A member of staff told us they had reported a concern to the manager which they said was dealt with very quickly.

The safeguarding records demonstrated that the provider took appropriate action in reporting concerns to the local safeguarding authority and acted upon recommendations made.

No one we spoke with felt discriminated against in any way by staff or isolated from the community. Comments we received included staff being "friendly" and interacted with them "well."

Each person who used the service had received an initial assessment of their home environment to ensure the premises were safe. An emergency action plan was also in place in the event of the loss of utilities such as gas, water or electricity at a person's home.

People who received a service used their own equipment, such as a hoist or bath seat. One person told us "They help me even if I have my frame. They haven't let me down yet." Before using the equipment, care workers told us how they checked the equipment before using it to ensure it was fit to use. They explained the process they would follow if they found any faults. There were risk assessments in place to enable people to take part in activities which minimised risk to themselves and others.

Staff explained how they had received 'spot checks' in the past. This was a way of monitoring staff delivering care to people in their homes. Staff explained this process "didn't occur very often", and records we saw confirmed this. The registered manager told us they were addressing this shortfall by recruiting a member of staff to undertake this supervisory role; however they were finding it difficult to "recruit the right person for the job."

There were clear recruitment processes in place to ensure that new staff were safe to work with people. We looked at six staff files which evidenced that safe recruitment practice was followed.

Records and procedures for the safe administration of medicines were in place and being followed. Training records confirmed staff had received training in the safe management of medicines. The registered manager explained they were rolling out an annual competency check of all staff.

All of the care plans we saw included the level of support the person needed regarding their medicines, and the level of risk was assessed. One person said, "I have a box for my tablets clearly marked. My carer always looks to see I have taken them." Another said, "My daughter and carers always make sure I take my medication. Then they record it on the daily sheet".

We saw staff accessing the office to collect protective clothing such as gloves and aprons. Two staff told us there was "always plenty of stock available". People told us that all staff wore aprons and gloves during personal hygiene or domestic tasks. People were confident in staff awareness of health and safety issues, and conscious of the need for infection control.

Requires Improvement

Is the service effective?

Our findings

The majority of people and relatives explained the staff knew their needs well.

Several people described the staff as "knowledgeable, appeared professional and sufficiently trained and experienced for the role." However opinions varied about the consistency of staff providing their care. People told us they had the same staff for a number of years, whereas one person said "The service only started two weeks ago and I have all different carers." Another person told us "I generally have different carers it's a bit ad hoc. They seem most unreliable at night and weekends. I never know who it might be." Another person said "when I'm waiting for someone it's so frustrating and I end up doing it myself. "Staff we spoke with explained they have a regular schedule of work. The registered manager told us that they had undergone a lot of staff changes in that time; however, they were now confident they had improved in this area. We looked at the record of complaints Kumari had received. They showed several complaints regarding staff not attending visits on time had been received over the summer of 2014. Since September 2014 there were two complaints relating to visit times, which was a significant reduction from the summer months.

Staff said the director and registered manager were "very good" at keeping them up to date with information. However people and staffs' experiences of contact with office staff was not as effective. We received comments from staff stating "I went to a person's home all cheerful and jolly only to find the person very upset as there had been a death in the family- the message hadn't been passed onto me by the office." A relative said "I have experience of not being kept up to date with changes regarding my loved one. " A person said "I am never notified who is coming and some are often late. I have only had a few calls to tell me when they are late, otherwise they just turn up."

To ensure that new staff have the skills to communicate effectively to carry out their role, the provider had introduced 'skills checks for functional skills levels'. This provides support to staff towards competence in numeracy, literacy and comprehension skills. In addition, at the interview stage, potential employees were required to complete an in-house test on language skills.

When speaking with staff it was evident that they were knowledgeable about the people they cared for and the way they liked care to be given. One member of staff explained how they support people who may get agitated or confused. They were able to tell us how they would diffuse a situation by giving the person space and time to calm down.

A member of staff explained how during the initial assessment of a person's needs, they identified if the person had any special dietary requirements, allergies or potential risks such as choking. The member of staff told us they had access to clear guidance on how to deliver this person's care safely, they also had access to advice from healthcare professionals. We saw that various professionals were involved in supporting people, such as with speech and language therapy or a dietician.

The care records we looked at evidenced that risk assessments were in place for supporting people to eat and drink. Staff explained they would read the last entry from the daily records to see what care had been given. However we saw the records for five people which were frequently illegible when written by individual staff. This meant there was a risk not all staff would be able to read what had been written and could compromise the effectiveness of the care being delivered. We asked the registered manager if they were audited. They said they "were sampled as it was not possible to look at each entry. However they would investigate what we found."

To enable people to have information and for them to be as fully involved as possible, the service provided documentation in a larger font type for ease of reading.

There was a clear process of induction for new staff who were supported and monitored through their probationary period. One member of staff was nearing the end of their probationary period. They told us "I feel confident to be able to do my job well, the manager and the team have been very supportive and I now work unsupervised".

At the last inspection we found staff had not received appropriate training to ensure they has the necessary skills and knowledge to be able to support people appropriately and safely. The provider sent us an action plan which detailed how and when they would make the

Requires Improvement

Is the service effective?

improvements. We saw staff files contained details of individual staff training completed and future training needs. Staff had completed mandatory training, and specific training such as nutritional care for older people.

To increase staff awareness of people living with a dementia, staff attended a dementia friend's awareness course in July 2014. The provider had networked with the local district nursing team for them to deliver specific training which would be linked to best practice. This training will be delivered to relevant staff in November 2014 and include 'end of life care', 'syringe drivers' and 'catheter care'. Staff told us that they thought the training they received was 'very good' and 'comprehensive'.

The registered manager had recently completed a 'train the trainer' course in medication. Seven new members of staff and six longer term staff members have been enrolled for the 'Qualifications and Credit Framework' (QCF). The registered manager told us that they were actively recruiting for the position of a trainer to support them.

The staff training matrix, supervision and appraisal audit evidenced that staff received training when required and that some staff had received supervision. The registered manager told us the effectiveness of training was monitored through the supervision process. However we have identified this is not being carried out regularly. One member of staff their last supervision had been three months previously. Another member of staff said they had not received any formal supervision since they were employed two years ago. The registered manager explained they were 'somewhat behind' in their supervision due to a number of staff changes which had occurred during the summer. An action plan was in place to re-introduce more timely supervision for all staff.

Staff told us they received training in the Mental Capacity Act (MCA) 2005. The registered manager told us they were in the process of updating their MCA policy at the time of our inspection to reflect a recent supreme court judgement that has clarified the meaning of deprivation of liberty, so that staff would be aware of what processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. At the time of our inspection no one using the service was deprived of their liberty.

Information for staff around a person's capacity to consent was not easily accessible in the care records. Some care plans contained this information in their current care plan, whilst for others; this information had been archived in the previous care plan folders and were therefore not available. However staff described how they supported people to make their own decisions, and explained how they would gain consent before any care was given. Staff were very clear that they "do not use restraint" on a person, however, not all staff we spoke with were confident in their knowledge of what could constitute as 'restraint'.

The service had a contingency plan in place should staffing levels be affected by staff sickness or adverse weather conditions. The plan also covered emergencies such as, loss of electronic data, loss of revenue and communication systems.

We recommend that information available to staff is monitored to ensure it is legible and complete.

Good

Is the service caring?

Our findings

People told us they had a "good rapport" with the staff as they had time to engage in conversation and activities which mattered to them. One person described how the staff are "extremely friendly, we get on very well and laugh together. None of them are bossy or disrespect me, and all speak in a nice way."

People said they saw six permanent staff in any one week, this "enabled relationships to form". Two staff we spoke with explained they "know their schedule of work and know the people they support very well." Relatives explained how staff had "given practical and emotional support to them as well."

One person told us they had experienced difficulty communicating with foreign carers due to limited English, but explained the standard of their care was very high. A senior carer explained how recently they carried out an assessment for a person whose first language was not English. They said "the registered manager matched the staff that were best suited to work with this person, as they spoke the same language."

We looked at care plans which demonstrated that people and their families had been involved in compiling and reviewing them. The care plans stated the likes and dislikes of the person and how they wished their care and support to be given. The things which were important to the person had been documented as well as how care staff should support them.

Staff explained how they encouraged people to be as independent as they could be, whilst maintaining their privacy and dignity. One person said "they cover me up as much as they can. They do try to be discreet with towelling as best they can." Another person explained they had a downstairs bathroom, and said the staff "always close the curtains."

Good

Is the service responsive?

Our findings

We spoke with a member of staff who explained the process of carrying out assessments of people prior to using the service. This involved family members and social care professionals where appropriate. This assessment would form the basis of the care plan.

People received an information pack when they started to use the service; this included the complaints policy and procedures. We looked at the complaints received for 2014. The documents demonstrated that the service recorded people's concerns and investigated and responded appropriately. People, relatives and staff told us they felt able to raise any issues.

We saw care plans had been developed with the person, their families and the staff. The care plans were individualised and described how people wished their care to be given, their preferred routines and how staff should support the person to make their own choices. However, we noted that the care plan and risk assessments for one person had not been updated since 2011, and their needs had changed. The registered manager explained the records in people's homes (which the staff follow) would be up to date. We saw records of a review meeting which took place in July 2014. The person was quoted as stating "I am happy with the care, the care is good and staff are respectful to me".

A care worker told us they provided people with a wide range of support, from personal care, to shopping, housework, collecting prescriptions, attending an appointment with the person or as a sitting service. They said "I have some visits where I go and just spend time with the person as a social activity, if I see someone is in danger of becoming socially isolated, I would always let my manager know. In fact, we [staff] all would".

Each person had risk assessments in place where appropriate. This ensured that staff had appropriate information to keep people safe when they delivered care to the person. Staff told us that they were confident this ensured people were kept safe while enabling them to make choices and maintain their independence.

During our inspection we spent time in the main office where staff answered telephone calls from people who use the service. Staff were polite, listened to people's concerns and rearranged visits according to people's wishes.

Good

Is the service well-led?

Our findings

The service had a registered manager in place and there were clear lines of accountability from director to care worker. Staff were able to tell us about their roles and how each part of the organisation worked.

Staff spoke highly of the management team and said they felt valued and supported in their role. The manager and director were approachable and there was an "open door policy". A member of staff said "I really enjoy working here, it's a very good team." A care worker told us "I would have no hesitation in talking to the manager if I had any concerns, and we do, the manager listens and always investigates".

Staff were aware of the organisations visions and values. They told us their role was to "provide high quality care, respecting the individual and supporting people to be as independent as they can be in their own home". A member of staff said, "it's about being honest and respectful, all of the team are respectful towards people". Another member of staff described how they were "pleased to be working for Kumari". When we spoke with staff they displayed a caring and respectful attitude towards people.

The registered manager described how the culture of the service was promoted through training and induction.

The administrative and management team held staff meetings which looked at issues of professionalism, practice, communication and recording. However, the manager explained that it had been 'difficult to get all care workers together for team meetings'. To overcome this, a new system had been put in place, whereby designated meeting points were assigned and led by a senior worker on certain days and times. The staff, and the registered manager told us that this had "worked really well."

Since the last CQC inspection, the provider had made improvements and changes. The staff handbook had been updated to include an awareness of equality and diversity, duty of care and a revised section on manual handling. All of the policies and procedures had been updated to reflect current guidance and new policies had been introduced for the environment, mental capacity and staff sickness and absence.

The provider had a system in place to monitor the quality of the service. This included monthly audits completed by the manager. The audits covered areas such as staff training, supervision and appraisals, care plans, management of medicines, incidents and reporting on levels of falls and pressure sores. The audits identified further improvements to the frequency of staff supervision. The registered manager explained the challenges faced in recruiting appropriate administration and staff to carry out supervisory roles. There was a recruitment drive underway to address the situation.

There were systems in place to monitor how effective staff were in meeting the scheduled visit times. The electronic database enabled administrative staff to input the arrival and departure times of care workers. This then provided an overview that staff were reaching the service delivery agreement of 30 minutes either way. At the time of this inspection, the manager was not fully utilising the system in order to analyse response times. However, they intended to use the system to monitor the quality of service provision as part of their auditing.

People who used the service were able to provide feedback about the way the service was led. A satisfaction questionnaire had been sent out to 154 people in August 2014. The manager was currently collating the returns and would use the result of the questionnaire to help improve services. We noted that out of 54 returns to date, that 17 questionnaires had mentioned staffing issues, such as care workers being late for an appointment, not turning up or staff not having adequate levels of spoken English.