

K&R Care Limited

K&R CARE

Inspection report

Highland House 165-167
The Broadway
London
SW19 1NE

Tel: 02081543009
Website: www.krcare.co.uk






Date of inspection visit:
31 May 2022

Date of publication:
05 July 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

K&R CARE is a domiciliary care agency providing personal care to people living in their own homes. The service has provided personal care to four people since they became active in November 2021. At the time of our inspection two people were receiving a home care service from this provider. The Care Quality Commission (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

People receiving a home care service and community social care professionals who work with this provider all told us they were satisfied with the standard of care and support they or their clients received from K&R CARE. For example, one person said, "This is the best care agency I have ever used. I would recommend this excellent agency to anyone", while a community professional remarked, "My clients and their families are very happy with support they receive from this domiciliary care agency".

However, we found evidence during our inspection of a breach of regulations. The provider will need to make improvements.

The service was not always well-managed. This was because the provider did not always operate their quality monitoring systems effectively. We found a large number of errors on electronic medicine's records where the providers governance systems had failed to identify and/or take appropriate action to address these omissions. Nonetheless, people did receive their prescribed medicines as and when they should.

People were kept safe and protected against the risk of avoidable harm and abuse. People received continuity of care from a small group of dedicated staff who were familiar with their personal needs and wishes, and whose fitness to work in adult social care had been thoroughly assessed. Staff followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19. The provider had measures in place to mitigate the risks associated with COVID-19 related staff workforce pressures.

People received consistently good-quality care at home from staff who had the right mix of knowledge, skills and support to deliver it. Assessments of people's support needs and wishes were carried out before they started receiving any care at home support from this agency. Where staff were responsible for assisting people to eat and drink, peoples dietary needs and wishes were met. People were supported to stay healthy and well, and to access relevant community health and social care services as and when required. 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.

People were treated equally and had their human rights and diversity respected, including their cultural and spiritual needs and wishes. Staff treated people with dignity and upheld their right to privacy. People

typically described staff as "kind". People were supported to maintain their independent living skills and do as much for themselves as they were willing and capable of doing so safely.

People's care plans were person-centred, which helped staff provide them with the individualised home care and support they needed. Staff ensured they communicated and shared information with people in a way they could easily understand. People were encouraged to make decisions about the care and support they received at home and staff respected their informed choices. The provider had systems in place to manage complaints. At the time of our inspection, no one was receiving end of life care.

People receiving a care at home service, their relatives and staff were all complimentary about the way the registered manager/owner and her deputy manager led the agency, and how approachable they both were. The quality and safety of the service people received was routinely monitored by the registered manager and they recognised the importance of learning lessons when things went wrong. The registered manager promoted an open and inclusive culture which sought the views of people receiving a care at home service, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 3 September 2021 and this is their first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a single breach in relation to how this provider operated their oversight and scrutiny systems and record keeping at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

K&R CARE

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 carried out by an inspector.

Service and service type

K&R CARE is a domiciliary care agency. It provides personal care to people living in their own homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in their offices to support the inspection.

Inspection activity started on 31 May 2022 and ended on 6 June 2022. We visited the provider's offices on 31 May 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with us which we used to plan our inspection. This included email feedback we received from two external local authority social care professionals and three carers about their experiences of working with or for this relatively new provider.

We also looked at information the provider sent us in their provider information return (PIR). PIR is a document providers' are required to complete and send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person about their experiences of using this service and with the providers registered manager/owner and the deputy manager/head of business support.

Records we looked as part of this inspection included, two people's care plans, five staff files in relation to their recruitment, training and supervision, and multiple electronic medicines administration record (MAR) sheets. A variety of other records relating to the overall management and governance of the service were also read.

After we visited the providers offices we continued to seek clarification from them to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to their Statement of Purpose, Service users guide, staff handbook, whistle-blowing policy and staff duty rosters for the month of May 2022.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- We were assured people received their medicines as prescribed, but were not assured medicines records were always appropriately maintained by staff. Medicines audits carried out by the registered manager showed us people received their medicines as prescribed however, we found a number of omissions on electronic Medicines Administration Records (MAR) sheets where staff had failed to sign and date when they had administered people's prescribed medicines.

We discussed this recording issue with the provider at the time of our inspection who agreed to remind staff about their responsibility to always keep accurate e-medicines records and refresh staff's safe management of medicines training. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

- Where staff were responsible for helping people manage their medicines, people told us they received their medicines on time. One person said, "My carers are very good at reminding me to take my medicines on time and never fail to prompt me."
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered and managed.
- Staff received medicines training as part of their induction. The registered manager told us they would refresh all staffs medicine's training in light of the recording omission's described above and would ensure their competency to handle medicines safely would be reassessed at least every 12 months in line with recognised best practice and their medicine's policy.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse and neglect.
- People told us they felt safe with the carers who regularly visited them at home and were confident any safeguarding issues they might raise with the provider would be taken seriously and appropriately dealt with. One person said, "The carers really do make sure I'm well looked after and protected."
- The provider had easy to follow safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when workers pass on information concerning perceived wrongdoing, typically witnessed at work.
- Staff received safeguarding adults training as part of their induction. Staff knew how to recognise and respond to abuse they might encounter, including how to correctly report it. For example, one member of staff told us, "Yes, I am very confident the managers in the office will take all the right steps to ensure any safeguarding concerns that come to their attention are dealt with appropriately."

- The registered manager understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies, ensure they were fully investigated, and appropriate action taken promptly to minimise the risk of similar incidents reoccurring.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's care plans contained up to date person-centred risk assessments and management plans that covered their personal and health care needs.
- Assessments were regularly reviewed and updated as people's needs changed.
- People told us staff knew how to prevent and manage risks they might face.
- Staff demonstrated a good understanding of the risks people might face and the action they needed to take to prevent or minimise those risks. Staff told us their employer had given them electronic handheld devices which enabled them to easily access all the information they needed to know about the people they supported including, what risks they might face and how to manage those risks.

Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- People told us they received continuity of care from a small group of dedicated staff who were punctual and familiar with their needs and wishes. One person said, "My carers always come on time and more often than not I get the same people who know how I like things done."
- The provider had measures in place to mitigate the risks associated with COVID-19 related staff pressures. The service had no staff vacancies and continued to experience relatively low rates of staff turnover. This meant they had enough permanent staff to meet the personal care needs of all the people they supported.
- Staffs suitability and fitness for their role as care workers care had been thoroughly assessed as part of the providers pre-employment checks they carried out in respect of all prospective new employees. These checks included proof of prospective new staffs identity, previous employment, their character, and right to work in the UK. Peoples employment was also subject to a satisfactory Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff. A member of staff told us, "It is our responsibility to carry out COVID-19 tests each week and report our results with proof."
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider regularly monitored accidents and incidents. Systems were in place to record and investigate any accidents and incidents involving people using the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received personal care at home from staff who had the right mix of skills, knowledge, and support to deliver it safely and effectively.
- Staffs training included a comprehensive induction, which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- The providers training matrix documented all the mandatory training staff were required to complete and when they would be required to refresh their existing knowledge and skills. This training included, safeguarding adults, infection prevention and control, food hygiene, moving and handling and health and safety.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was routinely refreshed to ensure it remained relevant. For example, one member of staff told us, "The induction I received when I first joined taught me everything I needed to know about the job and I've had to complete a lot more online and in-person practical training since."
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular supervision meetings with the registered manager. The registered manager told us they planned to ensure all staff had their work performance appraised at least every 12 months in accordance with recognised best practice and their own staff supervision policy.

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

- People received personal care at home that was planned and delivered in line with their individual assessed needs and wishes.
- Care plans were based on assessments carried out by the provider and various community health and social care professionals prior to people using the service.
- Staff were aware of people's individual support needs and preferences.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- Where staff were responsible for assisting people to eat and drink, staff monitored their food and drink intake to ensure these individuals continued to eat and drink adequate amounts.
- Care plans included information about people's nutritional needs. Nutritional management plans were regularly updated and food and fluid charts were appropriately maintained for people assessed as being at risk of malnutrition and/or dehydration.

- People who received assistance to eat and drink told us they were satisfied with the choice and quality of the meals and drinks staff offered them.

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

- People were supported to stay healthy and well.
- People's care plans detailed their health care needs and conditions and the action staff needed to take to keep people fit and well.
- People told us they were confident staff would call the doctor or emergency services if they were required.
- Systems were in place for staff to alert the office if they became concerned for a person's health. Staff said the registered manager supported them effectively to take the appropriate action and ensure the persons safety.

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.

- People consented to the care and support they received from staff. People told us staff always asked for their consent before providing them with any personal care.
- Managers and staff understood their responsibilities regarding the MCA and Deprivation of Liberty Safeguards (DoLS) within the context of care at home provision and had received MCA and DoLS training.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. A community professional said, "I have met and observed the work of several carers from this agency and can say they provide highly dignified care that respects my clients' wishes."
- Care plans included information about people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with. One person told us, "Staff respect my independence and let me do things I can still do on my own."

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

- People had their human rights and diversity respected and were treated with compassion by staff.
- People told us staff were "kind" and treated them with respect. One person said, "My carers are lovely and totally respect me. They often chat with me and ask if there's anything else they can do for me." A community professional also remarked, "The managers in the office are very passionate about their work, as are the carers."
- Care plans contained detailed information about people's spiritual and cultural needs.
- Staff knew how to protect people from discriminatory behaviours and practices. Where people expressed a preference to have staff support them who they had things in common with, such as gender, language, culture, religion and/or social interests, the registered manager told us they would always take this into account in the matching process.

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

- People were encouraged to make decisions about the care and support they received and had their choices respected.
- People told us they had regular opportunities to express their views and were encouraged to be active participants in helping to plan the package of care they received. For example, people had the chance to make decisions about their care at regular care plan review meetings and home monitoring visits, which the registered manager carried out monthly.
- Staff also told us they supported people on a daily basis to make informed decisions about their care.
- People were consulted and agreed to the contents of their care plan. People had signed their care plan to show they agreed to it.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was tailored to meet their individual needs and wishes.
- People told us the care at home they or their clients received was person centred. One person said, "My carers respect my choices and know what I need." A community professional added, "The outcome of a recent review for my client concluded K&R CARE was meeting their needs. The carers treat my client as an individual and always fairly."
- People had up to date person-centred care plans. The plans included detailed information about people's personal and physical health care needs, daily routines and tasks they wanted completed, and how they preferred for this to be delivered.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans reflected people's social interests, cultural needs and spiritual wishes, and whether or not they were at risk of social isolation at home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their care plan.
- The provider was aware of their responsibility to meet the AIS. The registered manager told us they could provide people with information about the service in accessible formats as and when required. For example, the service users guide, and the providers complaints procedure could be made available in a variety of different formats, including large print, audio and different language versions.

Improving care quality in response to complaints or concerns

- The provider managed complaints well.
- People were given a copy of the provider's complaints procedure when they first started using the service. People told us the process was easy to follow as it was how they could raise any concerns they might have about the agency and the action they could expect the provider to take in response to their complaint.

End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- The provider had an end of life policy and people's care plans had a section they could record their end of

life care and support needs and wishes, if they wanted to.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Requires Improvement

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The provider had well-established governance and monitoring systems in place, but these were not always operated effectively. This was because these systems had failed to identify and/or take appropriate action to address large numbers of omissions on e-medicines records where staff had not always signed for medicines they had administered on behalf of people they supported.

We found no evidence that people had been harmed as a direct result of all the management oversight and scrutiny failure described above however, the provider's governance systems were not being operated effectively enough to minimise the risks associated with them. This placed people at risk of harm and represents a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The established quality monitoring systems the provider did operate effectively included; monthly checks conducted by the registered manager whereby they would observe staff working practices during a scheduled call. A member of staff told us, "[Name of registered manager] regularly sees us working to check if we are wearing our uniform, personal protective equipment, identity badge and we're arriving on time and basically doing all the things we should be."
- The provider had also introduced an electronic call monitoring (ECM) system. The system logged the exact time staff started and finished their scheduled visits and automatically flagged up when staff were late, left early or missed a call, which helped the provider monitor staffs time keeping during their scheduled visits. A member of staff gave us a good example of how the registered manager had analysed the data produced by ECM to increase the duration of one person's morning call to ensure staff had enough time to complete all the tasks they were supposed to. A member of staff said, "The client is so much happier we [staff] can now do all the tasks we said we would; and staff are happier because we don't feel so rushed and aren't constantly running late for our next call."
- People receiving a care at home service, community social care professionals and staff working for the provider all spoke positively about the way the agency was now managed. One person told us, "I like the manager (registered) who often comes to see me to ask how I'm doing", while a member of staff said, "I think the service is managed well. Communication from the office managers, such as instructions and advise, is always clear and straight to the point."

- The managers understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received consistently good-quality care from staff who had the right mix of knowledge and skills to perform their roles and responsibilities well.
- The registered manager/owner had a clear vision that she shared by staff. The registered manager told us they routinely used in-person and virtual meetings, training and various electronic communication systems to continually remind staff about the organisation's underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

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

- The registered manager promoted an open and inclusive culture which sought the views of people receiving a service, their relatives, community professionals and staff working for the agency. A community professional told us, "The registered manager is very approachable and a good listener."
- The provider used a range of methods to gather views about what the agency did well or might do better. For example, people had ongoing opportunities to share their views about the agency through regular telephone and in-person home monitoring visit contact, and were encouraged to complete satisfaction feedback surveys. Most of the feedback the provider had received from people in its first active year of operation has been positive.
- The provider also valued and listened to the views of staff. Staff stayed in touch with the registered manager through regular telephone, social media and email contact. One member of staff told us, "We're always speaking to the manager [registered] and often see her when we're on a visit, during supervision meetings and on video calls. She [registered manager] is always easy to get hold of and easy to talk with." A second member of staff remarked, "The [registered manager] treats us with respect and I feel appreciated by both the managers."

Working in partnership with others

- The provider worked in partnership with various community health and social care professionals and external agencies, including the relevant Local Authorities.
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use the service were not protected against the risk of receiving poor quality or unsafe care because the providers oversight systems were not always effectively managed and records they were expected to keep were not always appropriately maintained.</p> <p>Regulation 17(2)(a)(c)</p>