

Kris Carers Limited

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Inspection report

Peepul Centre
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Tel: 01162436483

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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

About the service

Kris Carers is a domiciliary care agency, providing personal care to people living in their own homes. At the time of our inspection 69 people were using the service who all received support with personal care.

People's experience of using this service and what we found

People and relatives told us that staff were not always on time for their visits. The service was aware of this through their quality monitoring processes and had put several measures in place to address this.

People received safe, planned care. The registered manager had systems and processes in place to safeguard people from harm and abuse. Staff understood the importance of reporting accidents and incidents. The registered manager monitored and reviewed these and took appropriate action to reduce any risks.

Peoples' medicines were managed safely and administered by trained and competency checked staff.

People were protected from the risk of infection, staff took part in regular testing for COVID-19 and people confirmed staff always wore the required personal protective equipment (PPE) when visiting.

Staff had completed mandatory induction training prior to delivering services to people and the registered manager had identified and sourced additional training for staff when this had been required.

People's care plans identified their eating and drinking needs and specialised dietary requirements were highlighted for staff to follow. People food and fluid intake was monitored when appropriate.

The registered manager understood the importance of monitoring the quality performance of the service. There were systems and processes in place which regularly provided this information including the monitoring of call times, medication and care record audits. This information was monitored and actioned appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was requires improvement (published 15 May 2021).

Why we inspected

The inspection was prompted in part due to concerns received about medicines and meeting people's nutritional and hydration needs. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Kris Carers Ltd

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 one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 19 October 2021 and ended on 25 October 2021. We visited the office location on 20 October 2021. We made phone calls to people, relatives and staff on 21, 22 and 25 October 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, finance manager, office executives and care assistants.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and visit time data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The majority of people told us they received their visits at the planned time, however a small proportion of people and relatives told us that staff were at times late, this caused them inconvenience as they did not always know the time the staff would arrive. The service was aware of this through their quality monitoring processes and was implementing strategies to improve this.
- The provider told us that they contacted people if their staff member was going to be delayed, however there had been occasions this had not happened, the provider was committed to making improvements. Most people received their care on time and were satisfied with the care they received.
- The provider had recently reviewed and updated their recruitment practices. The new comprehensive process followed safe recruitment processes to ensure people were suitable for their roles.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- Staff understood the provider's whistleblowing procedures. Whistleblowing is when staff report suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone is neglecting their duties, including if anyone's health and safety is in danger.
- People and relatives told us they felt safe with the care provided and that staff knew them well. One person told us, "[staff] are very good they help me with showering and to get dressed, I can't lift my arms up, they take their time" and a relative told us "The staff are patient and caring".

Assessing risk, safety monitoring and management

- Risks to people were assessed, and measures were taken to mitigate risk. This ensured people received care and support in a consistent and safe way. For example, one person with diabetes had clear, detailed information in their care plan which identified the risks associated with their diabetes, and the action staff should take in the event of the person becoming unwell.
- We identified one person whose risk assessment needed updating to reflect the care staff were providing. We raised this with the registered manager who promptly sent us a risk assessment which addressed this.
- The registered manager had contingency plans in place to address events which may disrupt service delivery. This included an assessment of each person's needs and any associated risks this information would support the service in developing plans if unplanned events such as a staffing crisis or adverse weather conditions occurred.

- Environmental risks had been assessed. This ensured staff were aware of any risks when they were carrying out their visits to people.

Using medicines safely

- Peoples prescribed medicines were managed safely. Staff received training in the administration of medicines during their induction and undertook annual refresher training. Staff competence was regularly checked, which included direct observation of their practice, to ensure medicines were administered safely.
- Audits of medicine records had been carried out on a monthly basis. The audits were effective in identifying errors and the actions that were required to prevent a repeat error.

Preventing and controlling infection

- Staff received training in relation to infection prevention and control. Staff told us how they managed risks in relation to COVID-19; such as how they took part in regular testing and wore personal protective equipment (PPE) when visiting people. People confirmed that staff always wore the required PPE when visiting them.
- The service had an infection control policy in place which detailed the actions staff were required to follow. Staff confirmed the registered manager always ensured they had an adequate supply of PPE.

Learning lessons when things go wrong

- Accidents and incidents were reported correctly by staff to the registered manager, these were reviewed, and actions were taken to reduce any further risks.
- The registered manager shared the outcomes of audits with the staff, so appropriate action was taken to ensure people's safety and mitigate any risk. For example, the registered manager had identified that improvements were required to the detail recorded in people's care diaries. This had been addressed with staff in a recent staff meeting.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager ensured people's needs were assessed to establish what care and support they needed before delivering a service to them.
- Assessments covered people's mobility, physical and mental health, nutrition and medicines. The input of professionals was sought where required. Care plans were developed based on people's needs and involved people and their relatives where appropriate.

Staff support: induction, training, skills and experience

- Staff had completed mandatory induction training prior to delivering services to people and they had regular refresher courses to maintain their skills and knowledge. One staff member told us, "I have completed lots of training, its ongoing, its good training."
- Staff told us they felt supported by the registered manager and the office team. Staff had regular supervision's and staff meetings. This meant important information was shared with the staff team, who then had the opportunity to discuss this as a group and suggest any improvements to the service.

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

- People's care plans clearly detailed their eating and drinking needs and when people had specialised dietary requirements or preferences this was highlighted for staff to follow. One person told us "[Staff] make sandwiches for me to have later, they know what I like"
- People's food and fluid intake was monitored when appropriate. A recent audit had identified that there were gaps in one person's meal recording charts. The registered manager had recorded that they would discuss this at the upcoming staff meeting and would continue to monitor to ensure this.

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

- The registered manager worked with other agencies to reduce the risks they had identified. For example, a person's mobility needs had changed. The registered manager had ensured an occupational therapist had been contacted for advice and they had updated the person's risk assessment based on the advice and information provided.
- Staff worked with other agencies to ensure effective joint working. A relative told us how staff had gathered information from the district nurse to ensure they had as much knowledge as possible about the person they were supporting.

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.

- We saw a person had mental capacity assessments and best interest decisions completed in line with best practice, these had involved people with the legal authority to do so on behalf of the person.
- Where relatives held Lasting Power of Attorney (LPA) for people, which meant they were legally able to make decisions on people's behalf, the registered manager had checked the LPA was in place.
- Staff had received training on the Mental Capacity Act, staff told us how they promoted people to make their own choices and decisions. People told us that staff always sought their consent prior to carrying out any support.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that staff were kind and caring. One person told us, "I love every minute with them, we have a laugh and a joke, they are very good"
- Care plans contained information on people's life history and personal relationships, and the support staff needed to provide to ensure people's individual needs were met.
- Staff had received training in Equality and Diversity. They understood the importance of respecting people's lifestyle choices. One person told us "I was brought up in Victorian times, [staff member] understands I like things done in a certain way"

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

- People and their relatives had contributed to their care planning where appropriate. Care plans provided staff with information on the person's views, preferences and decisions.
- The registered manager had ensured people had regular opportunities to provide feedback on the care they received through telephone calls and reviews. People's records showed us that changes had been made to people's care plans following feedback the service had received.

Respecting and promoting people's privacy, dignity and independence

- People received care which promoted their independence. Staff told us how they promoted independence. One staff member told us "I let people have their freedom, I don't take over, I read their care plans to make sure they are safe and work out what people can do for themselves."
- Care plans included people's choices and routines. A person told us, "I like to stay independent, I make my own drinks in a flask. If I am not feeling well [staff] will then do it for me."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

- Most people's care plans had been reviewed when their needs had changed. However, one relative told us they had not received a review of their relative's care since their discharge from hospital. We raised this with the registered manager who arranged for this to be immediately carried out.
- People received personalised care during their visits that was individual to their needs and preferences. People's care plans detailed their routines and the support they required in each visit. We could see from people's care records that this was followed.

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 detailed in their care plans and any support required to ensure these were met.
- Alternative formats were available on request such as large print, we asked about this and were assured that relevant support would be provided if other alternatives were required

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed the complaints the service had received, we found this had been investigated and actions had been taken to reduce the reoccurrence of the issue raised.
- People and their relatives told us they knew how to complain and were regularly given opportunity to raise any concerns. We received mixed opinion on how the service responded when concerns had been raised. One relative told us how they had not received a call back from the service when they had raised concerns. We raised this with the registered manager who promptly contacted the relative and took action to resolve the issues raised.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection.
- Staff had received training in end of life care and the service had care planning tools in place to use should this be required.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive person centred approach to the delivery of people's care, this was demonstrated by people's progress and outcomes they were achieving. For example one person told us "I have dry skin, [staff] cream my legs very well they are much better now" another told us "It's the little things they do that really help me, they turn my bed back and plump the pillows to get the bed ready for me"
- Staff felt supported in their roles. Staff told us "The manager and office staff are good, they always listen and help"

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager and office team had identified areas that required improvement and had created a quality improvement plan. We reviewed the progress of the plan and could see progress had been made in relation to recruitment practices and the documentation the service uses.
- The registered manager had identified areas that required improvement in relation to care note recording. We saw evidence that this had been addressed with staff in a recent staff meeting, the registered manager continued to monitor this issue.
- The registered manager understood the duty of candour and understood the importance of being open and honest if things went wrong, we saw evidence that this happened.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider monitored the differences between peoples planned and actual visit times and duration. The provider had identified they were unable to deliver visits at some of the people's preferred call times, they had encountered issues in recruiting staff which was related to the pressures of COVID-19, however if people's preferred call times were moved this was then reflected throughout the rest of their day as the provider ensured call times were evenly spaced out.
- The registered manager understood the importance of monitoring the quality performance of the service. There were systems and processes in place which regularly provided this information which included medication and care record audits. This information was monitored and actioned appropriately.
- The registered manager and staff were clear about their roles and responsibilities. There was a clear

process that staff followed if something went wrong. The service operated an on-call system which meant staff and people could seek advice outside of the office's opening hours.

- The registered manager identified risks when assessing people prior to them receiving a service. The registered manager had taken action to source additional staff training which reduced the risk to both the person and the staff allocated to support them.
- The registered manager had a supervision and spot check schedule in place to ensure staff had a regular one to one meetings and direct observations of the care they provided.

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

- The registered manager gathered feedback about the quality of the service through surveys, visits and telephone calls to people and their relatives. The feedback received was then analysed and used to drive improvements in the service.
- Staff meetings took place regularly, we reviewed the minutes of these meetings and could see that staff were kept up to date with regular information and updates relating to the government guidance in relation to COVID-19 and the outcomes from service audits that had been carried out.

Working in partnership with others

- The service worked in partnership with other professionals such as occupational therapists and district nurses to support people to access healthcare when they needed it which had improved people's outcomes.