

NK Care Ltd

NK Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 6 December 2017. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

NK Care Limited is registered to provide personal care to people living with dementia, a learning disability or autistic spectrum disorder, mental health, older people, physical disability, sensory impairment and younger adults in their own homes. At the time of our inspection seven people were in receipt of care from the provider.

People who used the service and relatives told us, they were very happy with the care they received and felt safe. Detailed risk assessments had been completed that ensured that staff were aware of individual risks and how to reduce these, in order to protect people from harm. Staff were able to describe in detail the needs of people they supported and how to support people's safety from potential abuse or neglect. Medicines were safely administered. People told us, they were happy with the support they received with their medicines when required.

Environmental risks were assessed and any identified hazards to people who used the service and staff were reduced as far as possible. Staff were provided with the knowledge and equipment to reduce the risks of the spread of infections.

People told us, they were supported by regular consistent staff. There was a robust system for recruitment in place that ensured staff were suitable for the role for which they were employed.

People who used the service and relatives were very confident in the knowledge and skills of the staff team. The provider demonstrated a training programme was in place that would equip staff with the skills to deliver good care.

Staff supported people to access Health and social care professionals when required to support and maintain their health and wellbeing.

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. Staff demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and its relation to protecting people who used the service from unlawful restrictions. Records confirmed consent was sought for a variety of decisions in relation to the care people received. This confirmed people who used the service or their relatives had been consulted about and agreed to the care they received.

People told us, they were treated with dignity and respect by the staff who supported them. Care plans detailed how people liked or disliked their care to be delivered. Changes in people's needs were reviewed so

they continued to receive care which was responsive to each person's needs.

We saw extremely positive feedback about the service and the care people received. Any complaints received had been dealt with promptly and brought to a satisfactory conclusion.

All the people we spoke with were extremely complimentary about the leadership and management of the service. Audits, quality monitoring and feedback was obtained regularly that confirmed the quality of service being provided to people.

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 ●

This service was safe.

People felt safe with the support staff, who knew how to keep them safe in their own home and out in the community.

People were supported by staff who knew how to recognise and report any forms of abuse to keep people safe from harm.

People's needs were met by a sufficient number of staff. the provider recruited staff that were suitable to work with people in their own homes.

The provider had systems in place to record and monitor any accidents and incidents, so to try prevent reoccurrences.

Staff understood the importance and had the equipment to prevent the spread of infections when providing care for people.

Where people needed support with their medicines. Staff had been trained and had their competencies checked so people received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People felt staff were well trained and had the skills to deliver the support in the way they wanted.

People were supported to make their own decisions and to consent to their care. Staff had a good understanding of their responsibilities when people did not have the capacity to make decisions; the correct process was followed to ensure decisions were in people's best interests

People were supported to access health and social care professionals in order to maintain their health and wellbeing.

Staff assisted people to prepare food and drink of their choice when this was required.

Is the service caring?

Good ●

The service was caring.

People were supported to be involved in planning and reviewing their care and support.

People had built good trusting relationships with the staff that supported them.

Staff provided people with care that maintained their privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

People were supported received care based on their individual preferences and needs.

Staff knew and respected people's individual preferences and made any changes promptly if required. Staff identified people's changing needs and involved other professionals when required.

People's care plans were personalised and detailed people's chosen routines for staff to follow.

People knew how to raise concerns or complaints and were happy to approach the provider or manager their concerns.

People were supported to access fun and interesting things to do of their choice.

Is the service well-led?

Good ●

This service was well-led

People's opinions of the service they received had been sought. People we spoke with were complimentary about the care and support they received.

Systems were in place to ensure the quality of the service was effective and monitored regularly.

The provider and manager continually looked to develop and improve the quality of care delivered.

NK 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 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.

This inspection took place on 6 December 2017 by one inspector and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 6 December 2017. It ended with telephone calls to three people who used the service and their relatives on 11 December 2017. At the time of our inspection seven people were using the service. We visited the office location on 6 December 2017 to see the manager and office staff; and to review care, staff training, quality assurance records and policies and procedures. We sampled four people's care files and three staff recruitment files. We also spoke with two support workers, one senior support worker, the manager and the provider.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

During the planning and conducting of this inspection we took into consideration the information we received from the provider and management team. This included the statutory notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We looked at the feedback provided to us by people who used the service. We sought information about the service provided to people from the local authority. The local authority has responsibility for funding people who use domiciliary care services and monitoring their safety and quality.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and

improvements they planned to make. The provider returned the PIR to us and we took this into account when we made our judgements in this report.

In addition we asked various organisations who funded and monitored the care people received, such as the local authority. We also sought information from Healthwatch, who are an independent consumer champion, which promotes the views and experiences of people who use health and social care.

Is the service safe?

Our findings

All the people and their relatives told us they felt confident staff supported and cared for people safely. One person told us, "I feel absolutely safe with the staff support." A relative told us, "If I had any doubts about the safety of my [relative] using this service I wouldn't use them."

Staff we spoke with knew how to keep people safe and what to look for that may indicate potential abuse. Staff were aware of their responsibility to report abuse and protect people from the risk of abuse and harm.

The provider and the manager described how before a new person received a service their needs and any risks were identified before they received any care. We saw risk assessments had been completed in connection to people's physical and mental health. Detailed guidelines in regards to meeting people's physical and mental health needs had then been produced for staff to follow in order to keep people safe. For example staff told us they had written guidance to follow because one person had particularly sensitive skin, so it was essential the water temperature had to be warm not hot to avoid scalding them. Staff were required to use a thermometer to check and keep the person safe. We saw environmental changes and risks in people's homes had been assessed to help keep the person and staff supporting for them safe.

The provider had an on-call system which meant staff could call for advice and support from senior staff at any time [including out of hours and weekends], if guidance was needed to keep people safe. One staff member gave us an example of how the manager and provider had responded immediately to an incident to ensure both the person and staff were kept safe from harm. This had included the provider and the manager visiting the person's home to review and discuss the incident to prevent a similar occurrence. Any accidents or incidents were recorded and reviewed by the manager and provider to ensure lessons were learnt.

The provider had risk assessed where staff that were required to work alone and supplied all staff with personal safety alarms. Which if triggered alerted the staff at the office, so staff requiring assistance could receive this in an emergency. Staff told us this helped them feel safe.

The manager demonstrated the provider's electronic system, which recorded when staff arrived and left a person's home. Therefore office staff were able to monitor the length of time, the staff member spent with the person. If the staff were delayed or had not arrived at the person's home at the specified time the system sent out an alert, so the manager was able to actively monitor the care delivery and keep people safe. People we spoke with confirmed staff spent the allocated times with them and did not feel rushed. One person said, "The staff are fantastic they cannot do enough for you."

Staff we spoke with had a good understanding of infection control and how to keep people safe. One staff member told us, "There are always gloves and aprons available in the office for us to use." In the Provider Information Return [PIR] the manager had written, "All staff are trained and spot checked on infection control best practice." The provider told us, "We have two types of uniform for staff to wear tunics for staff when performing personal care tasks and polo shirts if staff are supporting people in the community,

depending on their needs." The provider told us, they felt it was necessary for good infection control prevention.

The manager ensured there was enough staff to care for people in a safe way. The manager did this by taking into account people's individual needs and matching these with the staff who had the skills required to meet them. For example we saw some staff had previous experience of assisting people who required support with their mental health and wellbeing. One person told us how experienced staff had helped them build the courage and confidence to leave their property. Which they had not been able to do for a considerable amount of time. People told us they had a small group of regular staff with other staff covering at times too. People consistently described they knew their regular staff well and their care calls were never missed.

The manager had procedures in place to assure themselves that only staff suitable to provide care and support to people in their homes were selected and recruited. The recruitment process included literacy and numeracy tests for staff to ensure they had the skills to work with people. Staff told us they had completed all the required recruitment checks and were interviewed before they commenced their employment. Staff records confirmed this and showed the required checks had been completed. For example, Disclosure and Barring Service (DBS) checks had been carried out. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from being employed. The provider and manager regularly checked with the people using the service whether they were happy with the staff allocated to them. We saw where a person had asked for a change in staffing this had been respected.

Where people needed support with medicines, this had been assessed and was recorded in their care plan. We saw there were procedures for supporting people to take their medicines safely. Staff told us they were confident supporting people with their medicines and their competency was regularly checked by senior staff. In addition to regularly checking staff's medicine competencies, people's medicine records were also checked. These practices helped to identify there were no gaps or errors in people's medicine records or on the electronic system, which could highlight people had not received the planned support with their medicines as prescribed. These practices supported the manager to be assured staff practices were effective in supporting people safely with their medicines and identified where staff needed any further training.

Is the service effective?

Our findings

All of the people who used the service and their relatives told us, they were confident with the knowledge and skills of the staff team and how this supported effective delivery of the care they received. One person told us, "Absolutely they [staff] have the right skills; they are very good at their jobs."

Staff told us they received regular and relevant training that enabled them to deliver care to people who used the service. A staff member told us, "We have both classroom based and on-line training, I've worked in care for some years and would say the training here is one of the best." In the PIR the manager had stated, "Staff will receive three full days training to include shadowing before they attend a client on their own. As well as classroom training we have invested in a large amount of learning material, including induction to care at the office and also E-learning will be provided before a new member of staff visits a client to deliver a service, they will be fully briefed and be familiar with that client's needs and their care plan, they will have been introduced to the client before the member of staff attend solo". The provider explained they considered each person's needs who they supported and personalised training the staff member, who was going to support them accordingly. We saw in the office there was a variety of training and professional journals available for staff to use to ensure they kept up-to date with best practice.

As part of the new staff induction process staff were expected to complete the care certificate. The care certificate is a set of standards that social care and health workers use in their daily working life. We saw where necessary staff had been trained to use specialist equipment in people's homes. For example lifting equipment and adaptations were available, so the person could stay as independent as possible and continue to live in their own home.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA for people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA. At the time of our inspection the provider had not needed to make any applications to the Court of Protection.

The provider and staff were following the MCA. Staff we spoke with understood the principles of the Mental Capacity 2005 (MCA) and how this may affect people they supported. People who used the service and relatives we spoke with confirmed to us, staff obtained their consent before they supported them. One person told us, "Staff always ask me before they do anything for me."

Where people required support with meals, preparation and cooking. We saw this was reflected in their care

plans, which also confirmed people's likes, dislikes choices of meals and how staff could deliver their individual care and support. This approach assisted staff to have up to date information that supported people's own choices.

The care plans we looked at contained detailed and comprehensive information about people's individual health needs. Staff told us care plans provided them about how to support people's specific conditions, their medical needs as well as promoting positive outcomes for their individual health and wellbeing. We saw people had been supported to access appropriate health and social care professionals as required. For example, we saw how staff had worked alongside members of the community mental health team to build a person's confidence, so they were now able to access their local community. We saw feedback comments from health and social professionals included, "I am very pleased with the progress [person's name] has made since working with NK care services."

Is the service caring?

Our findings

All the people and relatives we spoke to were happy and complimentary about the care they received. One person told us, "I receive smashing care the best I've had for seventeen years". Another person commented, "They [staff] are exceptional." People we spoke with were equally complementary about the provider and the manager. One person described the provider and the manager as "Fantastic, really caring, both very approachable."

All the staff we spoke with described their commitment and the importance of delivering good quality care to people who used the service. One staff member said, "It is a very good company. It's small enough to be very person centred. The manager and provider always keeps us up to date with all people's needs. The care records are very easy to understand and clear on how to look after people, what is expected at each call and the information about people. The electronic system is full of up-to date information so that really helps."

Staff we spoke with understood how some people's day to day preferences and wishes were linked to their cultural, religion and values. People's care plans considered their physical, emotional and spiritual needs. Care plans provided clear guidance for staff to follow, so people were supported in ways which took their individual needs into account. This included people's physical and sensory needs. People's care plans had regularly been reviewed and their views on the care they received had been sought. People who used the service and relatives told us they were involved in day to day decisions about their care and support. One person told us, "They [staff] know how I like things done and when."

Care plans detailed people's routines and life histories. One person told us, the staff members understood what had happened to them prior to starting to use the service, so was able to talk to them and reassure them when they became anxious. They told us it was important to be able to trust the staff members who visited them in their own home. The provider and the manager showed their commitment to being accessible to people using the service. In the PIR the manager stated, "We use named care staff, this enables clients and families to build relationships and trust with a regular, familiar member of staff. The care manager will also make herself known to each clients and visit at least once per month to check that they are happy and the service is what they expect and needs are being met."

We saw the provider had explored different ways of helping people to communicate and express their wishes. For example, the provider showed us a series of communication cards, they used to help a person let staff know what they wanted as they had verbal communication difficulties. They told us they had helped the person concerned become less frustrated and anxious.

People and relatives told us staff supported them in a dignified way that protected their privacy. One person told us, "The staff, are so mindful of my dignity, especially when they help me with my personal care." A staff member described how when they assisted people with their personal care they always ensured the curtains were closed and the doors shut." If relatives are visiting I always ask them to leave the room."

People's care records included information about people's needs were stored securely in the provider's

office. There were on-going arrangements in place for all care records to be stored and accessed via a computer where they were password protected wherever necessary so only staff that needed to access the information could do this. However the provider also had a system [where if people gave their consent], their relative could access the electronic system so they could see what care had been provided to their family member so they were fully informed.

Is the service responsive?

Our findings

People we spoke with told us, they received care and support based on what they needed and in the way they preferred. One person said, "The staff are very good, friendly, positive and understand my needs." Another person told us, "I am absolutely astonished by them [staff] they are exceptionally good."

People we spoke with described how when they first made enquiries about using the service they were visited by the provider and the manager to undertake an assessment of their needs. The provider spoke to us of how they wanted their service to be truly "person centred" as so wanted to grow their service slowly and carefully. This was so the provider could give people a tailor made excellent service. People confirmed they received a very good service which met their expectations. The service provided consisted of delivering personal care, everyday practical support and mental health and wellbeing support.

Staff we spoke with told us when they reported changes in people's needs and abilities to the manager and staff in the office; they undertook a review straight away. The use of the electronic system meant any changes could be up-dated and communicated to staff with immediate effect, so people could receive the care and support of their choosing. In the PIR the manager stated, "We update families on any concerns we may have regularly by email or text. We also invite family members to log onto our electronic system to read our daily note on their relatives." A relative we spoke with told us, they found this way of informing them "Really useful, when [relative's name] needs something they [staff] listen. If ever we text or email them [manager or provider] they always get back to us."

We saw in people's care plans their end of life wishes had been considered and recorded so staff knew what to do in the event of someone's death.

We looked at the provider's complaints procedure and found any complaint received had been responded to promptly and resolved to the satisfaction of the complainant. All the people we spoke with told us, they had been given instructions of how to raise a complaint should they need to when they started using the service.

Is the service well-led?

Our findings

At the time of our inspection there was a manager in post from September 2017 and they had just started the process to become registered with the Care Quality Commission. 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.

All the people and their relatives we spoke with were very positive about the way the service was managed and run. One person commented, "They [manager and the provider] are brilliant." Another person said, "They are the best service provider I've ever had. I can't fault them."

The provider had encouraged people who used the service, relatives and staff to share any opinions and concerns about the service to help them improve. Quality feedback questionnaires had been sent out to people and their replies analysed to see if any improvements could be made. For example all of the responses received rated the service as either excellent or very good. We saw comments such as, "Really happy. Thank you for all your hard work."

Staff we spoke with described their working environment and culture of the provider as "Lovely, really person centred." Staff told us, the provider was very approachable and took a "hands on approach". They told us, the provider was usually was present in the office during the week, so could call in if they wanted to discuss anything with them. In the PIR the manager had written, "We have a provider that is office based and very involved day to day with the running of the business. The standards are set by the provider and they make weekly checks to ensure that the standards are met. The manager is friendly and approachable and wants to ensure that all staff are included and not excluded for whatever reason."

During out of hours staff were supported by an on-call system if ever they needed support or advice from a senior manager. These measures all helped to make sure staff were well led and had the knowledge and systems they needed to care for people in a safe and effective way. The provider told us, they had instigated a staff reward scheme to encourage and recognise good working practices.

Staff told us, they were able to access the equipment they required, such as disposable gloves and aprons. The provider told us, they provided staff with either tunics or sweatshirts depending on the type of support they gave to people, as they felt sweatshirts were more appropriate if staff were supporting people in social settings.

The provider had systems in place to monitor the quality of care people received. Staff understood how their roles contributed to providing a quality service by following policy and procedures, the completion of training and upholding the values of the service. Senior staff members completed quality checks on staff practice and care records. The manager and the provider had full oversight of all quality checking systems. The manager and the provider undertook quality checks and they shared the outcomes of these in various pieces of documentation including minutes of meetings which they shared with the management and staff

team. We saw the quality checking systems were used to drive through continual drive through improvements to the quality of the services offered. The provider told us, "We started to take on more care packages since October 2017 growing the business slowly and carefully to ensure we give a quality person centred service. We want to attract the staff with the best skills to be a bespoke service for all people in the community with a variety of needs."