Kcare Nursing Agency Limited

Kcare

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

What life was like for people using this service:
• People and relatives told us the service was caring, well-led and respected their needs and preferences.
• People received safe, compassionate and good quality care.
• Staff were knowledgeable and experienced. They received appropriate training and support to ensure they could carry out their roles effectively.
• People's care was personalised to their individual needs.
• The service had good processes in place to measure, document, improve and evaluate the quality of care.
• The service met the characteristics for a rating of "good" in all key questions.
• More information about our inspection findings is in the full report.

Rating at last inspection:
• This is our first inspection of the service since their registration with us.

About the service:
• Kcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults, people with physical disabilities, sensory impairments, learning disabilities or dementia.
• The provider has three domiciliary care agencies within their registration.
• The service's office is based in Slough, and personal care is provided to people in surrounding areas.
• At the time of our inspection, 20 people used the service and there were 15 staff employed.

Why we inspected:
• This inspection was part of our routine scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
• We will continue to monitor the service to ensure that people receive safe, high quality care. Further inspections will be planned for future dates.

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.

Details are in our findings below.

Is the service effective?

Good

The service was effective.

Details are in our findings below.

Is the service caring?

Good

The service was caring.

Details are in our findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our findings below.

Kcare

Detailed findings

Background to this inspection

The inspection:
• We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:
• Our inspection was completed by three adult social care 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 care service. Our expert-by-experience had knowledge about personal care of adults within the community.

Service and service type:
• The 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. 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. At the time of our inspection, a manager was registered with us.
• Our inspection process commenced on 9 November and concluded on 17 November 2018. It included pre-inspection questionnaires to people, visiting the service's office and telephoning people who used the service and their relatives. We visited the office location on 17 November 2018 to see the registered manager and office staff, and to review care records and policies and procedures. We telephoned two people and two relatives on 16 November 2018.

Notice of inspection:
• Our inspection was announced.
• We gave the service 48 hours' notice of the inspection visit because it is small agency and the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

• Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).

• We ask the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

• We telephoned two people and two relatives on 16 November 2018 to gather their feedback.

• We spoke with the registered manager, a branch manager of the provider, two senior care coordinators and two care workers. We also spoke with an external quality assurance and service improvement consultant.

• We reviewed parts of seven people's care records, three personnel files, two medicines administration records and other records about the management of the service.

• After our inspection, we asked the registered manager to send us further documents and we received and reviewed this information. This evidence was included as part of our inspection.

Good

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

Systems and processes:
• People and relatives told us they felt the care was safe. One person said, "Yes I feel safe with the care worker." A relative explained, "when we were away for the weekend, my mother had an unexpected visitor. The care worker checked with us first to see if it was OK for her to visit my mother. She is really safe."
• Staff received training in protecting vulnerable adults from abuse and neglect. The employee handbook set out steps to take if an allegation of harm was raised by people, relatives or others.
• There was signage in the office regarding agencies to contact if a safeguarding referral was required. There was an appropriate policy in place for safeguarding people; some details required updating and we pointed this out to the registered manager.
• Staff were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety.
• All staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They told us they had received appropriate and effective training in this area and this was confirmed by examination of the provider's training matrix.

Assessing risk, safety monitoring and management:
• Staff understood where people required support to reduce the risk of avoidable harm. Records used to monitor those risks such as hydration, nutrition and pressure care were well maintained and were used to understand progress or risk.
• Where people experienced periods of distress or mental health problems, staff showed us they knew how to respond effectively. This was because they knew people's preferences and what approach worked to enable the person to relax or to feel better emotionally. Care plans provided useful information about, for ex-ample, depression and anxiety as general areas, although did not specify how these affected each individual person.
• We saw thorough risk assessments had been carried out of people's homes and staff told us changes had been made as a result of discussions with service users, relatives, care staff and managers that made the environment safer for all.

Recruitment and staffing levels:
• People and staff told us staff generally arrived at the time specified in their care package. One person stated, "Occasionally they [staff] are late. If they are very late, the office will let me know." A relative told us staff were, "Near enough to time…they are not too bad."
• Staff told us they felt enough time was usually allocated to carry out planned tasks for each person, so that people received unhurried support in line with agreed care plans.
• When the amount of time allocated appeared too little, staff told us managers responded promptly and requested an increase in allocation of funding from social services. The additional funding provided further care hours for the person.
• The registered manager explained how safe staffing numbers were calculated. This was based on the

person's needs, or dependency and appropriate travel time for staff.
• We saw all staff had been recruited safely by the provider. Appropriate checks of new applicants were completed. This included checks of identity, criminal history checks, completion of references, full employment histories and face-to-face interviews.

Using medicines safely:
• Staff showed us they had a good knowledge of the need for safe administration of medication. We saw they had received appropriate training. This included theoretical and practical training, and competency checks.
• Not everyone who used the service required assistance with medicines. Where they did, people were provided appropriate support with their medicines. This included prompting to take medicines or administering the medicines to the person.
• A relative told us, "They give her [the person] medication from the blister pack; they leave the packaging so I can see that it has been given." A person commented, "They [staff] get my tablets for me and give them to me."
• Medicines records we reviewed contained appropriate information and were satisfactorily completed.
• We suggested that the service documents the times for administration of medicines, rather than using "morning" or "evening". The managers agreed and told us they would implement this during the next month.

Preventing and controlling infection:
• People were protected against infections.
• Staff were trained in infection prevention and control and had access to personal protective equipment like disposable gloves and aprons.
• Staff received information and competency checks for effective hand hygiene.
• The service did not have a designated member of staff responsible to act as a 'champion' or 'lead' for infection control. We spoke to the registered manager about this. They were receptive of our feedback and provided reassurance they would make arrangements to ensure this happened.

Learning lessons when things go wrong:
• The provider had an accident and incident policy, which we reviewed. This clearly set out the requirements for reporting people's incidents, as well as staff or relative accidents. The policy contained various forms that could be used to document and incidents or accidents.
• We reviewed incident and accident reporting for 2018. There was one accident recorded for a staff member. When we challenged the registered manager about this, they explained that incidents like skin tears or bruises were recorded in another way. This contradicted the provider's own policy requirements.
• Therefore, as part of our inspection we were not able to establish how many incidents or accidents were sustained by people. Information about any injuries were recorded in people's daily care records. The registered manager agreed that the reporting and recording of accidents and incidents required improvement.
• We recommend that the service reviews the reporting, recording and management of people's accidents and incidents.

Good

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law:
• Assessments of people's needs we saw were comprehensive, expected outcomes were identified, and care and support regularly reviewed.
• Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience:
• People and relatives told us staff were skilled. A relative stated, "The lead carer is very good. She makes sure all the others know what to do."
• Staff we spoke with were competent, knowledgeable, and skilled and felt supported by managers to develop.
• Staff undertook online training in areas such as manual handling, safeguarding and the Mental Capacity Act 2005, diabetes care, dementia care, infection control, first aid, and safe medicines management. They told us they valued this and it helped them improve the quality of the care they provided.
• We saw staff were encouraged to complete the Care Certificate and they told us they had been encouraged by managers to undertake further social care qualifications.
• Staff had completed an appropriate induction to the service. Each time they were introduced to a new person, they were given comprehensive information and met the person with a manager who knew them.
• We saw staff had regular supervision and appraisals, which they told us they found useful. They described spot checks, supervision in people's homes, and 'office supervisions'. Each of these were seen to be helpful and were recorded in detail. Staff gave examples of positive changes to care resulting from each of them.
• 'Office supervisions' and appraisals explored personal and professional staff development, job roles, training, and people's needs and care planning.

Eating, drinking and a balanced diet:
• Care plans we saw showed us people had choice and access to sufficient food and drink throughout the day. We saw managers checked staff practise and ensured snacks were always available.
• Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.

Healthcare support:
• Where people required support from healthcare professionals we saw this was arranged and staff followed guidance provided by such professionals.
People and relatives told us staff supported them to lead healthy lifestyles. Comments included, • "On two occasions I was not well. They [staff] called 999 and waited until the ambulance arrived", "Last Thursday, the carer texted me as she thought my mother had a urinary tract infection. The GP has met the carer and there is a good liaison between them" and "A lady [care worker] took me to doctor in her car about a month ago. I

am getting better now."

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 liber-ty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

• Staff gave us examples of how people, and others, were involved in decisions about their care and showed us they knew what they needed to do to make sure decisions were taken in people's best interests.
• We saw people had "essential mental capacity Act information" forms in their care plans. How-ever, these had very little detail on them and did not offer clear descriptions of conversations with people and relatives about decisions such as the right to refuse treatment.
• We recommend that the service reviews the content of people's care documentation pertaining to mental capacity.
• Forms for lasting power of attorney were included in care plans where necessary, and staff showed us they understood what this meant.

Good

Is the service caring?

Our findings

The service involved people in their care and treated them with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported:
• People and relatives felt the service was caring. A relative stated, "They [staff] are lovely with her [the person]. They will hold her hand, and tell her she looks nice."
• Staff spoke about people with kindness and compassion.
• Each person had some life history and wishes briefly recorded in care plans. Managers and staff told us they used this to get to know people and to build positive relationships with them.
• Staff we spoke with knew people's preferences and used this knowledge to care for them in the way they wanted.
• Where people were unable to communicate their needs and choices, staff told us they observed body language, eye contact and gestures and used careful non-verbal communication with people to make themselves understood. Where there were differences in language, relatives often acted as 'interpreters'.

Supporting people to express their views and be involved in making decisions about their care:
• Staff told us they supported people to make decisions about their care and knew when people needed help and support from their relatives. Where necessary, they sought external professional help to support decision-making for people.
• We asked people and relatives how the service promoted and maintained their independence. We received positive feedback. One person told us, "They [staff] try to [keep me independent]." A relative said, "There is not much that my mother can do. But they [staff] will ask her what colour clothes she wants to wear, and ask if she wants to wear a necklace. They will encourage her to eat, but if she doesn't want to they will make up [a high calorie drink] for her instead." Another person stated, "Well mostly, in the morning, they [staff] tell me to get up after I have had my tablets."

Respecting and promoting people's privacy, dignity and independence:
• Staff we spoke with showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
• People's right to privacy and confidentiality was respected.
• People were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted.
• Staff gave us examples of working well with relatives to provide care in an integrated way, for example with relatives carrying out some tasks.

Good

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care:
• All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
• The care documentation clearly showed that the service identified and record communication impairments, and steps were implemented to ensure information was provided to people in a way they could understand it. Care documentation explained what communication aids, such as glasses and hearing aids, people required as part of their daily lives.
• Staff showed us they knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, care plans had very clear details around how a person preferred to be supported with personal care and tasks necessary to obtain desired outcomes, and actions carried out were recorded by staff and available to managers.
• We saw from care plans and in talking with staff that people were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
• People's needs were identified, including those related to protected equality characteristics such as age, disability, race and gender, and their choices and preferences were regularly reviewed.

Improving care quality in response to complaints or concerns:
• There was an appropriate complaints management system in place.
• Staff knew how to provide feedback to the management team about their experiences.
• Staff knew how to make complaints, if they needed to. They told us they believed they would be listened to and acted upon in an open and transparent way by management, who would use any complaints received as an opportunity to improve the service.
• We saw a complaint made by a relative had been looked at promptly and carefully by managers and a clear action plan put in place to prevent similar issues arising again.
People knew how to make complaints. One said, "I complained once or twice a long time ago… maybe over a year ago. I didn't like the carer [and] they didn't send them again." A relative said, "Not needed to [make a complaint]. If there is anything I need to raise, I will text the main carer or she will text me."

End of life care and support:
• No one received end of life care at the time of our inspection.

Good

Is the service well-led?

Our findings

Leadership and management assured person-centred, high quality care and a fair and open culture.

Plan to promote person-centred, high-quality care and good outcomes for people:
• The service had a clear statement of purpose which set out the aims, objectives and ethos for care. Phrases in the statement of purpose included, "We are passionate about caring", "we work to the highest standards" and "Our service users are individuals." The document clearly set out the strategies they used for their clear, credible vision. For example, the service was unique amongst domiciliary care agencies because they provided basic mental health care training to all our care workers. This meant the service could care for people with some mental health conditions.
• A satisfactory business continuity plan was in place. This would ensure that people's care could continue, where possible, if unforeseeable events occurred such as severe weather. The registered manager told is people's care delivery was assured during poor weather in December 2017 and January 2018.
• 'Spot checks' involved managers checking staff practice. Managers checked staff were punctual, dressed in their correct uniform, had identification, carried out care according to people's plans, were vigilant for hazards, ensured safe hygiene, were suited to the person, filled in daily records, and asked people if they were happy with the care they received.
• Supervision in people's homes also focused on the contexts and environment of care delivery, and issues such as safety and particular aspects of care such as medicines management.
• There was a daily task schedule in the office which laid out responsibilities for the service's staff. This included a day by day, hour by hour description of tasks for all branches. For example, on Monday morning at 8.30am office staff were to look at sourcing new staff via job websites and social media outlets. The registered manager told us this approach meant there was an "always on" approach to recruitment, which prevented or minimised any staff vacancies.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:
• People and relatives told us they had met the management team. One person said, "Oh yes, they [managers] come in with the new girls [staff]." A relative stated, "[Staff member] runs the office in Slough. I haven't met the main gentleman [registered manager] yet." Another person told us, "The carer brought in [the registered manager] from the office. He was checking up [on the care]."
• There was a clear organisational structure. The registered manager worked across three locations, but was actively recruiting for a new branch manager for the Slough location. Staff told us they knew who their line manager was and which team member to speak to when needed. Staff also explained that managers were approachable and provided advice when needed.
• Staff roles were clearly set out in their job descriptions. At the site visit, senior care coordinators were knowledgeable about their functions and contribution to the service's goals.

Engaging and involving people using the service, the public and staff:
• The service measured the quality of the care using people's feedback. A "client survey" was conducted during June 2018. 25 surveys were sent, and there were six responses. Domains tested included friendliness,

competency of staff, uniform/appearance, communication with people, punctuality, care monitoring, encouraging independence and complaints management. Overall, people recommended the service to others. The responses to the questions were all positive. There were no issues raised in the question responses. There was an analysis with the results from the 2017 survey. This showed trends and themes in the quality of care.
• The provider created an action plan for improvement based on people's feedback. There were target dates for improvement. Areas for continued improvement included punctuality, communication and better person-centred care plans. Actions already completed included covering communication techniques in staff induction and more visits to people's homes by the management team.
• Staff were recognised and rewarded. There were regular team meetings which provided the opportunity for managers to provide updates, as well as for staff to raise and discuss any issues. "Carer of the month" was introduced, and staff photos were placed on the wall in the office. The registered manager explained the congratulations and reward staff received when they were the selected care worker.
• There was a positive workplace culture at the service. Staff worked well together, and there was a shared spirit of providing a good quality service to people.
• The registered manager was fit and proper to run the service. The registered manager had a good knowledge of the service, knew the strengths and areas for improvement. The registered manager was approachable and demonstrated a clear passion for the high-quality care to be delivered.
• People felt their feedback mattered. One stated, "I am happy with the agency. They listen." Another person told us, "They [the service] having recently introduced sending an email with the list of the carers who are coming in [each week]. This is a very useful thing."

Continuous learning and improving care:
• There was a robust quality assurance programme in place. The provider employed an external consultant to undertake impartial, thorough audits of the service. Two reports from 2018 we viewed demonstrated areas that the service could improve. This included management of documentation and communication between care workers and office staff. The provider recognised their own areas for improvement and had an appropriate action plan in place to address short-comings. For example, to improve care documentation the provider implemented computer-based recording and was replacing paper-based records. This had increased the frequency of people's care records being updated.
• We saw managers carried out annual "service user quality checks" and "home care reviews". These checked issues such as the effectiveness of the delivery of the service overall, health and welfare of people, respect for the person, compliance with care plans, and the knowledge, skills and competence of staff.

Working in partnership with others:
• The service had a good reputation in the local community. They had connected with other organisations that could benefit people who used the service.
• The registered manager explained they formulated a list of voluntary and charity services that could promote social inclusion and prevent social isolation of older adults living in their own homes. An example was one person who had not left their house for several years. The service organised some volunteers to come to the person and play chess. Staff we spoke with told us this had a positive influence on the person's emotional wellbeing.
• The service was using best practice guidance in their care.