

Kitec Healthcare Services Limited

Kitec Healthcare Services

Inspection report

21-23 Mill Street

Bedford

Bedfordshire

MK40 3EU

Tel: 01234 910846

Website: www.kitechealthcare.co.uk

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Ratings

Overall rating for this service

Good



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?

Good



Overall summary

The inspection was announced and took place on 14 and 19 May 2015.

Kitec Healthcare Services provides personal care to people in their own homes. At the time of our inspection 15 people were receiving support from the service.

The service has a registered manager in post. 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.

People were kept safe from avoidable harm and abuse and were looked after by staff who had been provided with safeguarding training.

There were risk management plans in place to protect and promote people's safety.

Summary of findings

There were sufficient numbers of staff available to keep people safe and to meet their assessed needs. Safe recruitment practices were being followed.

There was a system in place to ensure that people received their medicines at the appropriate times by staff; however, Medication Administration Record (MAR) sheets were not maintained in line with best practice guidelines.

Staff had been provided with the appropriate training to carry out their roles and responsibilities and to support people.

People's consent to their care and support was sought in line with current guidance.

There were systems in place to support people to eat and drink and to access healthcare services if required.

Positive relationships had been developed between people and staff.

People were able to make decisions about their care and support needs and staff ensured their privacy and dignity were respected and promoted.

People received care that was appropriate to meet their assessed needs. Information on how to raise complaints or concerns was available to them.

There was a culture at the service which demonstrated openness and good leadership skills.

There was a process in place for monitoring staff practice and people's daily reports and medicine sheets, which was used to good effect.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There was inconsistency with the service's medicine recording practice.

There were arrangements in place to keep people safe from avoidable harm and abuse.

Risk managements were in place to protect and promote people's safety.

There were arrangements in place for responding to emergencies or untoward events.

People's needs were met safely by sufficient numbers of suitable staff.

Requires improvement



Is the service effective?

The service was effective

Staff were appropriately trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with current guidance.

Staff supported people to eat and drink and to maintain a balanced diet.

If required people were supported by staff with healthcare facilities.

Good



Is the service caring?

The service was caring

Staff developed positive and caring relationships with people.

People were supported by staff to express their views.

Information about people was stored appropriately and password protected.

People's privacy and dignity were promoted by staff.

Good



Is the service responsive?

The service was responsive

People received care that was appropriate to their needs

Information on how to raise a concern or complaint was available to people.

Good



Is the service well-led?

The service was well-led

There was an open empowering and inclusive culture at the service.

The leadership at the service was visible, which inspired staff to provide quality care to people.

Good



Kitec Healthcare Services

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.

The inspection of Kitec Healthcare Services took place on 14 and 19 May 2015 and was announced. We gave the manager 48 hours' notice to ensure they were available and we could access the required documents.

The inspection was carried out by one inspector. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the service and spoke with the local authority.

During our inspection we spoke with two people who used the service and the relatives of three people who used the service. We also spoke with the registered manager and two staff.

We reviewed five care records, three Medication Administration Record (MAR) sheets, three staff files and records relating to the management of the service.

Is the service safe?

Our findings

There were arrangements in place to assist people with their medicines and staff told us they had been provided with training on the safe handling of medicines. We saw evidence which confirmed this. The registered manager told us that the service was supporting three people with their medicines and the medicines were dispensed in blister packs to promote their safety.

We checked the Medication Administration Record (MAR) sheets for the three people and found that the sheets were fully completed with staff signatures. Amendments had been made to some sheets we looked at, which made the entries illegible. We found when medicines had been refused the code on the MAR sheet to reflect refusal was not always used. This meant there was inconsistency in the recording practice.

There were arrangements in place to keep people safe from avoidable harm and abuse. People said they felt safe when staff visited them and they did not experience any form of discrimination from staff. One person said, "I feel safe with the staff." A relative commented, "My family member has not given any indication that they are not safe and from what I have seen the general demeanour of staff is okay."

Staff told us they had been provided with safeguarding training and were aware of their responsibilities if they witnessed or suspected a person was at risk of harm or abuse. A staff member said, "I would report it to the manager." Training records seen confirmed that staff had been provided with safeguarding training.

The registered manager told us that people were provided with information to help them understand what keeping safe meant. She said, "I always make people aware of their rights, including family members on how to report incidents of abuse or poor practice." We saw evidence that people were given written information on the service's safeguarding procedure which included telephone numbers of outside agencies that they could contact if they did not feel able to raise their concern with the service directly.

There were risk management plans in place to protect and promote people's safety. The registered manager told us before care was provided to people risks to their safety were assessed and risk management plans were put in

place with their involvement. We saw evidence of risk assessments within the support plans we examined. These included risks associated with the environment, moving and handling, trips and falls.

There were plans for responding to emergencies or untoward events. Staff told us they were aware of the emergency telephone number and office number to contact the registered manager in case of an emergency. A staff member said, "The manager is always on call, you can contact her for advice anytime of the day or night. She would always pick up the call." Another staff member said, "We have been provided with training on what to do if we experience an emergency. If I found someone on the floor I would call an ambulance then contact the manager." We saw evidence that the emergency telephone number was included in the information pack that was given to people when they started to use the service.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People and relatives told us there was consistency with the staff who visited them. One person said, "I have the same staff who visit me and they turn up on time." Another person commented, "I have three regular staff who visit me. If they are stuck in traffic they phone to let me know. If I have to wait it's usually about five minutes."

The registered manager told us that decisions about staffing levels were based on people's needs and dependency levels. Each staff member was allocated a certain number of people to care for. This meant that staff provided support specifically to those people to ensure consistency with staffing. One support worker said, "We always stay our allocated time. If we finish our work early we will stay and have a chat until it is time to leave." Another support worker commented that they had time for travelling included in their rota so they were rarely late.

There were arrangements in place to ensure safe recruitment practices were followed. Staff told us they had been through a robust recruitment process before they started work at the service. They were able to describe the service's recruitment process. The registered manager said, "We never let anyone commence work until all the checks have been completed. It's important to get the right people." In the recruitment files we looked at we found that satisfactory Disclosure and Barring Service (DBS) certificates and two references had been obtained, as well as proof of identity.

Is the service safe?

We recommend that in line with best practice guidance Medication Administration Record (MAR) sheets should be appropriately maintained.

Is the service effective?

Our findings

People and their relatives told us that staff were appropriately trained to carry out their roles and responsibilities. One person said, “They know what they are doing.” Another person commented, “The staff are skilled, you cannot fault them.”

Staff told us they had recently been employed by the service and had been provided with essential training during their induction, which consisted of health and safety, food hygiene/handling, safe handling of medicines, moving and handling, safeguarding, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They told us the training consisted of five days; after which they worked alongside the registered manager until they felt confident to work alone. We saw copies of training certificates in staff files, along with copies of competency tests which were completed during their induction training. We also saw evidence that staff had been provided with face to face supervision, which included spot checks. None of the staff had been working at the service for more than one year. Therefore, they had not yet been appraised.

There was a system in place to ensure that people were cared for by staff who were compatible with them. People told us they were supported by staff who understood their needs. A relative said, “My family member gets the same carer all the time. She is aware of his needs and we would not want anyone different you can’t fault her.” Another relative commented, “My family member has the same carer, who understands her needs and have built up a good rapport with her. The carer has helped her to get rid of her inhibitions and build up her confidence.”

The registered manager said when a new care package was received compatibility with the individual needs and the service needs were looked at. She told us that initially she delivered the care herself. This was to make sure she understood the person’s diverse needs and how they wished to be supported. It also enabled her to identify which member of staff would be best suited to support the individual. Requests from people to be matched with staff from the same ethnic background were considered providing the personnel were available.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005

(MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Staff told us they had been provided with training and demonstrated a good understanding of MCA and DoLS. A staff member said, “We always assume that people have capacity until proven otherwise.” There was no one using the service at the time of our inspection being deprived of their liberty unlawfully.

People’s consent to provide care and support was sought. A person said, “The carer always seeks my permission and explains what they are going to do.” Staff told us that they sought people’s permission before providing assistance. A staff member said, “I always ask the clients if it is okay to assist them and explain what I am going to do.” The registered manager said that people signed the support plan as a form of an agreement to be supported. We saw support plans had been signed by the person receiving care or a family member.

People were supported by staff to eat and drink and to maintain a balanced diet. They told us that staff supported them to prepare snacks and meals of their choice. Staff told us that people had frozen meals which required heating up in the microwave or oven. A staff member said, “I provide people with microwave meals of their choice. One of my clients likes to have a cooked breakfast which consists of fried plantains and eggs which I prepare.” Another staff member commented, “I support my client to make sandwiches and snacks. They usually choose what they wish to eat.”

People had access to healthcare services to maintain good health. Relatives told us that they supported their family members with healthcare appointments when required. A relative said, “The manager is quite good if she thinks my family member is not their usual self she would contact me and suggest I make arrangements for them to see the doctor. She is also very observant if she sees any redness or rashes she will report it.” The relative also commented that the registered manager had provided them with advice on the use of certain aids and equipment. The registered manager said that at the time of our inspection the service was supporting one person with regular hospital appointments. We saw evidence of this in the person’s support plan.

Is the service caring?

Our findings

Staff developed positive and caring relationships with people who described staff as kind, caring, responsive and non-judgemental. One person said, “I have gained three friends.” A relative said, “I see the staff as part of the family. Nothing is too much trouble for them to do for you.”

Staff told us people’s requests on how they wished to be supported were carried out. They were knowledgeable about people’s likes, dislikes and preferences. A staff member described to us how they supported an individual to promote their social and cultural needs.

People told us they were supported to express their views and to be involved in making decisions about their care and support. One person said, “They know how I like things to be done and they do it. I like combing my own hair and they allow me to.” A second person commented, “They listen to me and respect my wishes.”

The registered manager told us that she provided hands on care. Therefore, she was able to have face to face discussions with people to ascertain if they were happy with the support they were receiving. She said, “We listen to people and act on their wishes.”

The registered manger told us that if required, people were supported to obtain the services of an advocate. We saw evidence that a person had been able to access support

from an advocate. Information on how to access the services of an advocate was included in the information pack that was given to people when they started to use the service.

The registered manager told us people were reassured that information about them was treated confidentially. She said, “Information about the clients is shared on a need to know basis. Staff are given training on confidentiality and are told under no circumstances should a person’s confidentiality be breached.” She also commented that people were advised to keep their folders in a safe place. We saw files at the service were stored in a locked cabinet and electronic information was password protected.

People and relatives told us that staff promoted their privacy and dignity by ensuring curtains and doors were closed when assisting with personal care. A relative said, “The staff make sure that the bedroom door is closed and they do not rush my family member.” Staff said when assisting people with personal care they ensured they were not exposed.

Staff told us where people wished to maintain their independence this was encouraged. For example, some people would request to wash areas of their body that they could reach such as, their hands, and face. The registered manager told us that staff were provided with training on how to promote people’s privacy and dignity and she regularly observed their practice to make sure they were promoting people’s privacy and dignity.

Is the service responsive?

Our findings

People received care that was appropriate to their needs. A person commented, "I am very happy with the care I receive from my carer she does not go out the door until I am settled." A relative commented that they were 100% happy with the care their family member received. The person said, "The carer goes above and beyond her duty."

Relatives said they had been involved in planning their family members' care. They said the support plans reflected how their family member wished to be supported.

Staff and the registered manager were knowledgeable about the people they supported. They told us that people were able to say how they wished to be supported. We saw evidence in the support plans we looked at that people's needs had been assessed prior to them receiving support from the service. The plans were written in a personalised manner and outlined how the assessed needs were to be met. They included information on people's personal histories, preferences and strengths.

There were arrangements in place for people to have their individual needs regularly assessed, recorded and

reviewed. The registered manager told us that people's care needs were reviewed six weeks after receiving a service then six monthly or as and when their needs changed.

If people's needs changed this would prompt a review of the support plan. She said, "I provide personal care myself. If I observe a change in a person's condition, I review the care plan with the involvement of the person, their family member and social worker." We saw evidence that a person's care plan had been reviewed and additional support was provided.

People were supported to follow their interests and avoid social isolation. A relative said, "My mother's carer has been taking her shopping and for coffees twice a week. This has made such a difference to her confidence."

People were made aware of how to raise a complaint or concern. A person said, "I know how to raise a complaint but I have not had the need to." A relative commented, "We have been given information on how to raise a complaint; however, we have nothing to complain about." The registered manager told us that she viewed complaints as an opportunity to improve on the quality of the care provided. The service had a complaints record but at the time of the inspection none had been received.

Is the service well-led?

Our findings

The service promoted a culture that was open, inclusive and empowering. People said the registered manager and the staff team were approachable. A relative commented that the registered manager provided hands on care. The person commented, “She always asks if there is anything else she can do to improve on my family member’s care.” Another relative said, “When we had a new carer, we were asked if we were satisfied with the care provided. I would recommend Kitec to anybody. The manager is very family orientated.”

Staff told us they worked closely with the registered manager and that she was open and transparent. They said they were encouraged to express their views and opinions to improve on the care provided. A staff member said, “The manager is approachable and supports us.”

The day to day culture of the service was kept under regular review. For example, the registered manager told us that the service’s values were discussed with staff during supervision. She said, “We are an enabling service and I work alongside staff and carry out spot checks to make sure they are implementing the service’s values.” She also said that there was good communication between the staff team and herself. Staff spoken with confirmed this.

The leadership at the service was visible. Staff told us they felt supported by the registered manager as she worked closely with them to provide people with a quality service. They said the registered manager made them feel relaxed and was accessible and committed to people who used the service.

There was a registered manager at the service. People described the registered manager and the staff team as ‘very helpful and nice.’ A relative said, “I don’t think we can get anybody better to provide care. The manager understands her responsibilities and provides us with good advice.”

The registered manager was aware of her responsibilities to send us information about important events which the service was required to send us by law.

There were quality assurance systems in place. The registered manager told us that the service had a system of audits, and reviews which were used to obtain feedback and monitor performance. We saw there was a process in place for improving on the quality of the care provided. For example, staff practice and people’s daily reports and medicine sheets were regularly monitored.