

Kris Carers Limited

# Kris Carers Ltd

## Inspection report

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Date of inspection visit:  
02 April 2019  
03 April 2019

Date of publication:  
31 May 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Kris Carers Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 38 people were using the service and all received personal care.

People's experience of using this service:

- The governance system used to monitor quality of service remained fragmented and there were failings as a result of this.
- The registered manager, who is also the provider, was not open and transparent in relation to complaints and concerns in line with the Duty of Candour.
- People told us the service was not well managed. The registered manager was not always available or responsive and there was an over reliance on the office staff to manage the service on a day to day basis.
- Staff supported people with their medicines, but records were not always completed to confirm this.
- Staff recruitment procedure was not always followed to protect people from unsuitable staff.
- There were enough staff to support people. However, staff were not always reliable or on time to meet people's needs.
- The system to ensure staff were trained for their role was not sufficiently robust. Training was not monitored, and some staff training was overdue in areas such as mental capacity and safeguarding people from abuse. Staff were supported individually, and their practices were checked.
- People not confident that their complaint would be addressed. Records showed the complaint procedure was not followed and improvements were limited.
- People's care files showed risk were assessed and managed in a safe way.
- People told us they felt safe and protected from discrimination. Staff knew what abuse looked like and the action they should take.
- People were not always involved in the reviewing of their care to ensure they received person centred and responsive care as their needs changed.
- People's dietary needs were assessed. Staff prepared meals and drinks where required.
- People were supported to access health care services as required.
- People's rights to make their own decisions were respected. Mental capacity assessments were completed as required. Staff sought consent before care was provided.
- People's diverse needs were met.
- People's wishes about their end of life was not always documented.
- People were supported by kind and caring staff.
- People's privacy and dignity was protected. People's independence was promoted by staff.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published June 2018).

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection. At that inspection the domains of safe, effective, responsive and well led were rated as requires improvement.

Enforcement: Action we told provider to take (refer to end of full report).

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector and an Expert by Experience conducted this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** This is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people.

The service had a manager registered with the Care Quality Commission who is also the provider. This means that they 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 48 hours' notice of the inspection visit because the manager is often out of the office. We needed to be sure that they would be in.

#### What we did:

We reviewed information we had received about the service. This included notifications that the provider had sent us. A notification is information about important events which the provider is required to send us by law. We contacted the local authority commissioner involved in people's packages of care and Healthwatch; an independent champion for people who use social care services for their views about the quality of care provided. We used all this information to plan our inspection.

The inspection site visit activity started on 2 April 2019 and ended on 3 April 2019. We visited the office location on both days to see the registered manager, the care assessor, a care coordinator and finance

manager and office staff team; and to review care records and policies and procedures. Our expert by experience made telephone calls to four people and relatives of five people who were unable to speak with us directly. We also made calls to a relative and three care staff.

We reviewed a range of records. This included four people's care records including their daily care logs and medicines records. We looked at four staff recruitment files. We looked at various records in relation to staff training and records relating to how the provider assessed and monitored the quality of service provided.

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

- At the last inspection we found staff did not always complete the medicine administration records (MAR) when people were supported with their medicines.
- At this inspection there were some improvements however further improvements were required.
- Records showed staff had been trained. Staff told us their practice was checked before they supported people with their medicines.
- A sample of the MARs we looked at had missing signatures and no information to show whether the person had been supported with the medicines; or declined and the actions taken. The registered manager assured us they would support the office staff team to address this.
- People told us staff supported them with their medicines. A relative said, "I know they are taking their medicines at the right times."
- Care plans had information about the medicines people were prescribed and the level of support they needed.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe and they were given information about how to raise a safeguarding concern. One person said, "I am very happy with my care. I feel very safe with all of my carers; in fact, it's like having my friends visit."
- The safeguarding policy was in place. Staff were trained in this area. Staff knew what abuse looked like and the action they should take.
- The service had reported safeguarding concerns to relevant authorities. However, this was not always the case. We found two incidents had been documented. One related to an unexplained bruise which had been reported to the local safeguarding authority and GP advice had been sought. The care coordinator notified the relevant authorities when it was highlighted the procedures had not been followed.

Learning lessons when things go wrong:

- Accidents and incidents reporting procedure was not always followed. For example, the electronic care notes showed care staff had reported a person had sustained an injury was caused by hot water. There was no incident report or investigation. There was no referral to the safeguarding authority or a statutory notification sent to the Care Quality Commission.

Assessing risk, safety monitoring and management:

- Risk assessments were in place to reduce the risk to people. This included environmental and individual risks assessments.

- Care plans provided staff with clear guidance in order to reduce risk including the safe use of equipment.
- People told us staff met their care needs in a safe way. A relative told us staff made sure their family member had the emergency pendant alarm on them, so they could call for assistance in an emergency. This showed assistive technology was used to keep people safe.
- A staff member described how they encouraged a person to dress themselves and assisted them when needed to promote their independence.

#### Staffing

- People and relatives told us there were enough staff to meet their needs. One person said, "I am very happy with all aspects of my care, they come when they should; I have the same [staff] every day and I feel very safe with [them]."
- However, concerns were expressed that staff were not always reliable or on time. One person said, "I know [my care call] should be before 9am but it's usually after 10am and I never get told if the carers are running late."
- A relative said, "We have no problems with the carers, but the timings of the calls are just terrible." Other relatives expressed similar concerns.
- Staff told us they worked in geographical areas and they had adequate travel times between visits. The staff rotas viewed confirmed this.
- Staff told us they looked after the same people to promote continuity of care and they informed the office if they were running late.
- We shared the feedback with the care coordinator and the registered manager. There was no record to show that people were informed when staff were due to be late. The registered manager assured us they would look to address these issues.

#### Staff recruitment:

- Safe staff recruitment procedures were not always followed. For example, staff had been appointed and started their induction training before completing an application form.
- When we shared our findings with the care coordinator and the registered manager. They told us staff did not work on their own until all checks were in place. The care coordinator assured us they would monitor the recruitment process to ensure all relevant paperwork was completed before staff were appointed.
- Records showed checks were carried out on all new staff such as a Disclosure and Barring Service (DBS) check and references obtained. DBS checks helps employers make safer recruitment decisions.

#### Preventing and controlling infection:

- Staff were trained and followed infection control procedures. They had access to disposable gloves and aprons when they were supported people with personal care needs and to preparing meals.
- A person said, "It's the first thing the [staff] do is wash hands and put their gloves on."
- Staff practices were checked during the unannounced spot checks.



# 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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience:

- There was no system in place to ensure staff were trained for their role. For example, the assessor had responsibility to assess people's needs and carry out spot checks to monitor staff practices. However, the assessor had not completed an induction to ensure they had the skills required to assess people's needs and carry out spot checks on staff practices. Records showed they had completed training in medication administration and moving and handling. The assessor told us they worked alongside the care coordinator, but their competency and practice had not been checked.
- The training records confirmed care staff had received an induction and training to equip them with the skills they needed. However, training had not been monitored as some staff training was overdue.
- Staff told us training delivered was face to face, practical where equipment was used and e-learning. Staff learning needs were catered for.
- People and relatives were confident that staff were trained to meet people's care needs.
- Staff received support through individual and group supervisions. Staff meetings were used to discuss staff work and inform them of any changes and updates.

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 with appropriate legal authority.

- We checked whether the service was working within the principles of the MCA and found that no one was being deprived of their liberty.
- The registered manager and staff were trained in MCA although some staff training was overdue. The registered manager did not fully understand their responsibilities and staff were unsure what action they needed to take when people's capacity fluctuated. This supported the feedback we received from a commissioner.
- People told us staff sought their consent before they were supported.
- Staff told us they encouraged people to make decisions about their day to day care. A staff member said, "I always ask before I help them and offer to support them if they are struggling".
- Care plans included the decisions people had made about their care and they had signed to confirm their consent to receive personal care and support.

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

- People's needs were assessed before the service began to provide support.
- Assessments of people's needs were detailed and included the support required in relation to their diverse culture, likes, dislikes and personal preferences.
- People and relatives told us they were involved in the care planning and confirmed they received the support that was agreed.

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

- People and relatives were happy with the support staff offered regarding food preparation. One person told us staff prepared meals and drinks of their choice. A relative told us staff made sure a snack and a drink was left with their family member before they left.
- Care plans had information about people's dietary requirements and preferences.
- Staff were trained in food safety and were aware of people's dietary requirements such as cultural diets and the level of support they needed. A staff member said, "I offer [choices] by showing the food they would like to eat."

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

- People told us staff worked flexibly when needed so people to attend health appointments.
- Staff knew people well and would recognise when their health was of concern. A staff member said, "I would know if [name] is not well. I would contact office, tell them what's happening, and I would call the GP or 111."
- Care plans had information about people's medical conditions. Records showed staff had sought advice and made referrals to health care professionals when needed.

# 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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- People were not always involved in the development and reviewing of their care. Our findings supported the feedback we received from a commissioner who was supporting the service to make improvements.
- Staff told us they encouraged and supported people to be involved in every decision possible.
- Care plans reflected people's preferences, likes and dislikes and routines. People knew they could read the notes written by staff at each visit.
- People were supported by their relative or an advocate where possible to help them speak up about their care.

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

- People told us staff treated them well and listened to them.
- Relatives comments included, "Carers are kind and compassionate" and "I can't fault the carers; they are kind, respectful and nothing is too much trouble for any one of them; they [staff] work so hard."
- People and relatives spoke positively about the relationships they had developed with staff. A relative said, "[Staff] are great with [family members] and they are kind, caring and chatty."

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was always respected by staff. One person said, "My dignity is maintained at all times. I am covered when I am being helped with my personal care; the curtains in the bedroom are also kept closed till we have finished."
- People told us staff encouraged them to do what they could for themselves to maintain their independence.
- A staff member said, "I would give them a soapy flannel, so they can wash their face."
- Staff maintained people's confidentiality. All records with confidential personal information were handled and stored securely in line with the provider's confidentiality policy.

## Is the service responsive?

### Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Improving care quality in response to complaints or concerns:

- People and relatives knew how to make a complaint. A relative said, "[Family members] will call the office and [staff] are always very helpful"
- However, not everyone felt confident that their complaint was taken seriously. One person said, "I've stopped making complaints as it was a waste of time" and "the manager is not accessible, so staff sort out most of the problems between themselves."
- A relative said, "There's no point in trying to complain as you can't get through to the office to tell them what is wrong. I always tell the carers if something is wrong and hope they let the manager know."
- The provider's complaint procedure was given to people when they started to use the service. It described how complaints would be addressed the timescales and the contact details of advocacy support if people needed help to make a complaint.
- The service had received 11 complaints in the last 12 months. These included late calls, staff not staying the full duration of calls and poor communication.
- Records showed the complaint procedure was not followed. For example, the investigation and any correspondence sent to the complaint with the outcome and actions taken was not documented.
- The feedback we received from people and relatives during this inspection showed that improvements were limited as the same issues were raised in relation to poor communication and lateness.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Receiving and acting on complaints.

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

- People did not always receive person centred care because staff were not always reliable or on time.
- People could not recall being asked if they were happy with the care and support provided.
- Staff ensured people's rights were upheld and that they were not discriminated against in any way. They recognised people's diverse needs.
- People received the care and support from staff in the way they preferred. One person told us they were supported by only female staff as per their request. A relative said, "[Staff] have been flexible and will provide care at short notice."
- Staff knew the people they looked after well and provided support to meet their diverse needs. A staff member told us they supported a person to wear their culturally appropriate outfit of choice.
- The provider ensured information was easy for people to understand. Care plans for people's communication needs had pictures (if required) and key words that helped them understand what was written. This meant the service complied with the Accessible Information Standard, which ensures people with a disability or sensory loss can access and understand information they are given.

End of life care and support:

- The provider had a policy in place for supporting people with end of life care.
- No one was in receipt of end of life care at the time of our inspection.
- Records showed people had not been given the opportunity to express how they wished to be cared for at the end of life. We shared our findings with the registered manager to address.

# 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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At the last inspection the provider was required to ensure the system to monitor the quality of service was fully implemented. The provider's policies and procedures were basic and did not reflect the good practice and were not always followed.
- Following that inspection, the register manager sent us an action plan outlining their plans to make improvements.
- At this inspection we found there had been some improvements however, further improvements were required. A central log was in place to monitor falls, incidents and accidents.
- A relative said, "Spot checks are done by [staff] from the office." Records showed unannounced spot checks on staff were being used to check staff practices.
- The provider's policies and procedures had been updated, reflected best practice and were available to staff. However, procedures were not always followed such as the accident and incident reporting procedure, safeguarding procedure, staff recruitment procedure, and records of any investigations and complaints were not kept as described in the provider's action plan.
- The provider's action plan was not fully addressed. For example, it was identified that audits would be carried out on people's care plans every three months and thereafter, every six months to make sure information was accurate and up to date.
- The registered manager told us care plans had been audited. However, no records were kept of when the audits had been completed and if any shortfalls were found.
- Staff files had been audited but the issues we found had not been identified. We shared our findings with the registered manager.
- People told us communication with the office staff needed to improve. For example, people were not informed when staff were due to arrive later than the agreed time.
- During this inspection visit we saw the registered manager auditing three people's care plans. They had identified a person had a new risk assessment completed in August 2018, but the care plan had not been updated to reflect the new needs and how staff were to support the person. This meant the person's care was not managed and they had been at risk of receiving unsafe or inappropriate care since August 2018.
- People were not at the heart of the service provided. Risks were not always kept under review and people were not involved in the review of their care. The completed daily care logs which included the medicines administration records (MAR) completed by staff in February and March 2019 had been returned to the office. However, they were yet to be checked. Delays in auditing these records showed people's care was not managed or monitored.

- A robust system was not in place to ensure staff training was monitored and kept up to date. The registered manager's training information was marked as completed and not dated. The training needs of some staff were overdue and were last trained in the year 2014 for some topics. The registered manager was aware of this but had no plans to address this.
- The registered manager had not ensured the office staff had not received the relevant training to do their job, which required them to have an insight on how to assess risks to people and practical training to be able to check staff practices when conducting unannounced spot checks.
- The feedback we received about the management of the service from people, relatives and commissioner was consistent. They told us the service was not well managed. One person said, "It's not well managed as I never get told anything; no one from the office ever rings to check if all is ok. If it wasn't for the wonderful [care staff] I don't know what we would do because the management don't care."

This is evidence of a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Good governance.

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

- The service had a registered manager, who is also the registered provider.
- Since the last inspection the registered manager sent notifications were to the Care Quality Commission (CQC) and relevant authorities as required.
- Duty of candour requirements were not clearly understood by the registered manager if anything went wrong in providing personal care. The registered manager was not always open and transparent in relation to complaints and concerns as there was no written record of investigations, a written apology and explanation of events to the complainant.
- Office staff and care staff understood their responsibilities and the need to report issues to the office. However, the registered manager was not always aware of what the issues were and relied on the office staff to manage the service on a day to day.
- The provider had displayed the rating from the last inspection, both within the service and on their website, which is a legal requirement.

Working in partnership with others:

- A commissioner told us they continued to work with the office staff. They told us staff were quick to learn. They told us improvements made included the detailed information in the risk assessments and instructions in the care plans for staff to follow and recording of staff supervisions and spot checks. Our findings during this inspection visit confirmed this.
- The registered manager was not registered with any professional body or association to expand their knowledge and skills of running a service like this and to help benefit people who used the service.

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

- The provider had received ten percent of the surveys sent to people using the service in September 2018. The responses were mostly positive, and the comments included "All nice carers" and "The staff we have are all good. We normally have [staff name] - very niche and happy go lucky."
- Staff views were sought about developing the service through supervisions, meetings and day to day conversations with the office staff.

Continuous learning and improving care:

- The registered manager and office staff kept the care staff informed about changes to people's care as

required. Any changes planned within the service were shared through staff meetings.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The provider did not have a robust system to manage and respond to complaints. Regulation 16.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality monitoring systems, processes and procedures were not effective. This is a continued breach of Regulation 17 (1) (2).

**The enforcement action we took:**

We issued a Warning Notice.