Kcare Nursing Agency Limited

Kcare Nursing Agency

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 3 and 5 February 2016. This was an announced inspection as KCare Nursing Agency is a domiciliary care service (DCS) and we needed to be sure someone would be at the office. The service does not offer nursing support to people in their own homes. A DCS is a provision that offers specific hours of care and support to a person in their own home. At the time of the inspection the provision was providing a service to 36 people.

At the time of the inspection a registered manager was 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.

Staff knew how to keep people safe by reporting concerns promptly through a procedure that was taught as part of the induction process and further followed through in the staff handbook. Systems and processes were in place to recruit staff that were suitable to work in the service and to protect people against the risk of abuse. There were sufficient numbers of suitably trained and experienced staff to ensure people's needs were met. Staff were matched to meet people's needs as per experience, knowledge, age and interest.

People using the service were generally happy with the support and care provided. Time keeping was raised by some people as a concern. People and where appropriate their relatives confirmed they were fully involved in the planning and review of their care. Care plans focussed on the individual and recorded their personal preferences well. They reflected people's needs, and detailed risks that were specific to the person, with guidance on how to manage them effectively. We found that the new documents contained detailed specific guidance and were person centred in their writing style.
People were supported with their medicines by suitably trained, qualified and competency checked staff. Medicines were managed safely and securely. We were unable to find the protocols for PRN (as required) medicines; this was raised with the registered manager, who forwarded us a document evidencing new guidelines.

People who could not make specific decisions for themselves had their legal rights protected. People's care plans showed that when decisions had been made about their care, where they lacked capacity, these had been made in the person's best interests.
People received care and support from staff who had exceptional skills and knowledge to care for them. All staff received comprehensive induction, training and support from experienced external consultants. Training was tailor made to meet the needs of the people with the trainer completing a needs analysis for all people using the service bi-annually. This ensured training delivered was in line with people's needs. In addition the trainer assessed each staff member on level of competency, developing a plan for future goals.

The quality of the service was monitored regularly by the provider, and external consultants. A thorough quality assurance audit was completed annually with an action plan being generated, that further informed

the business plan for the following year. The registered manager advised shorter audits were completed monthly. Feedback was encouraged from people, visitors and stakeholders and used to improve and make changes to the service. We found evidence of compliments and complaints that illustrated transparency in management.

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.

People were safeguarded from abuse and staff understood how to report any concerns they had.

The provider had a strong recruitment procedure in place. People were kept safe with the current staffing ratios, and the teaming of staff to people's needs. Medicines were managed safely, with no recorded medicine errors.

Is the service effective?

Good

The service was effective.

People and their relatives were involved in making decisions about their care. Where people did not have capacity to make decisions, support was sought from family members and healthcare professionals in line with legal requirements and safeguards.

People received timely support from appropriate health care professionals.

Staff received regular supervision, spot and competency checks as well as updated training and appraisals.

Is the service caring?

Good

The service was caring.

Staff worked in a caring, patient and respectful way, involving people in decisions where possible. They respected people's dignity and privacy.

Staff knew people's individual needs and preferences well. They gave explanations of what they were doing when providing support.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's needs and were reviewed regularly. People's views were listened to and detailed in the care plan.

There was a system to manage complaints and people and relatives felt confident to make a complaint if necessary.

People and their relatives were asked for their views on the service and they felt confident to approach the management with concerns.

The service was responsive to people's changing needs, making necessary adaptations to the operation of the service.

Is the service well-led?

Good

The service was well-led. Staff, relatives and professionals found the management approachable and open.

Effective processes were in place to monitor the quality of the service. Audits identified where improvements were required and action was taken to improve the service.

External professionals were involved appropriately in the delivery of the service.

Staff were made to feel a valued part of the team with incentives being offered to maintain staff retention.

Kcare Nursing Agency

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 3 and 5 February 2016 and was completed by one inspector. This was a comprehensive announced inspection. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

Prior to the inspection the local authority care commissioners were contacted to obtain feedback from them in relation to the service. We referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service.

During the inspection we spoke with four members of staff, including the registered manager, the case manager and two support staff. We spoke with six people who were supported by the DCS (Domiciliary Care Service) staff.

Care plans, health records and additional documentation relevant to support mechanisms were seen for five people. In addition a sample of records relating to the management of the service, for example staff records, complaints, quality assurance assessments and audits were viewed. Staff recruitment and supervision records for five of the regular staff team were looked at.

Good

Is the service safe?

Our findings

People were being kept safe, by robust recruitment procedures. This included obtaining references for staff in relation to their character and behaviour in previous employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. A vigorous system had been implemented by management to ensure staff were able to carry out their duties both safely and effectively. This included declaration of health and fitness, a documented interview process, reference character checks, gaps in employment explained – all of which were obtained and qualified prior to employment being offered. Copies of recent photographs were obtained for all staff. These were then retained on file and used to create evidence of identification for staff to carry with them whilst on duty.

People were kept safe with the use of appropriate risk assessments that were reviewed frequently. These aimed at enabling people to remain as independent as possible with risks managed through support from staff.

Staff supported people with the administration of medicines who were unable to do this independently. These were signed off on a medication administration record (MAR) sheet. Regular audits of the MAR sheets were carried out by the management. Staff were also given the responsibility to ensure that medicines were administered appropriately by colleagues (where applicable) raising any concerns immediately with the registered manager or on call manager. This was an effective way of safe medicine management. The registered manager told us that staff had reported when medicines had not been correctly administered or had been missed, allowing this to be discussed with the staff who were responsible. Competency checks were carried out on all staff prior to them being signed off as proficient in the administration of medicines. This was reviewed immediately if a concern was raised.

We found the records of 'as required' (PRN) medicines did not provide sufficient information on when these should be administered. Reference was made to a PRN protocol however this could not be found. This is a document that gives guidance to staff on what action to take prior to offering a person PRN medicines. This is to ensure that medicines are only given when absolutely necessary. Staff were able to describe when PRN medicines should be administered, therefore reducing the immediate risk of not having the guidelines in place. Whilst most people had capacity to inform staff when they required medicines to be administered, some relied on staff or family member members to make this decision, principally for pain relief medicines. The registered manager recognised that the document needed to be in place. We were sent evidence illustrating this had been implemented across the service.

People using the service told us they felt they were kept safe. One person reported "oh definitely safe. I know I can trust them." We found that staff had a comprehensive understanding of safeguarding and whistleblowing procedures. They understood the types and signs of potential abuse. Training records showed all staff had undertaken training in safeguarding people against abuse, and that this was refreshed on a regular basis. A copy of the local authorities safeguarding protocols and the services procedures were available for staff as well as guidance should these be required at the office. Details were given of external

agencies that should be contacted in circumstances where the staff thought that either the manager or the organisation were involved in the abuse. This included the police, local authority, safeguarding team or the Care Quality Commission. One member of staff when asked about reporting abuse stated "I'd report it without hesitation." Staff were confident to raise concerns and felt that management would effectively deal with these.

Incident and accidents were monitored. Information Technology (IT) systems were in place for trends to be identified, which would then alert the manager to complete written guidance to prevent the likelihood of similar incidents occurring.

Good

Is the service effective?

Our findings

People were cared for by a team of staff who underwent a comprehensive induction process. This included completion of mandatory training and additional training that would be supportive to their role. For example, some staff received training in percutaneous endoscopic gastrostomy (PEG) feeding. This is when a person requires a tube to be inserted directly into their stomach to enable them to have food fed to them internally. In addition, before commencing work new staff shadow experienced staff until they felt confident to work independently. The training matrix showed that 100% of all required and suggested training had been completed or booked. An IT system was used by the service that alerted the registered manager in advance to when training was due to expire. This was effective in ensuring that staff knowledge and skills were continually updated. Evidence of training illustrated that the care certificate standards were covered as part of the induction process. Staff were required to complete a work booklet that was then marked to illustrate knowledge and understanding of the care sector in relation to the standards.

We were told that the external trainer would assess staff competence, producing a report for management. In addition the external trainer would visit people with the registered manager bi-annually to ensure the training was reflective of their needs. If specific changes or alterations needed to be made to the training, then these were implemented. This allowed the trainer and the registered manager to be confident staff were able to put into practice the learnt theory, as well as be offered bespoke training that effectively reflected people's needs. The effectiveness was further verified through spot checks, meetings, staff discussion forums and supervisions.

Staff received regular supervision. This provided both the staff and the relevant line manager the opportunity to discuss their job role in relation to areas they needed support or improvement, as well as areas where they excelled. This was then used positively to improve both personal practice and the practice of the service as a whole. Annual appraisals were carried out. Staff told us they found both the supervision and appraisal process useful. One member of staff said, "We have the chance to raise issues, and get help." In addition all staff had quarterly spot checks completed of their work, this was used to inform the supervision process, and act as a supplementary measure of the competence of staff. Reflective practice was encouraged and discussed at length with all field staff.

People's rights to make their own decisions, were protected. Staff had received training in the Mental Capacity Act 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the metal 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.

Care plans contained written evidence of the importance of seeking consent by asking people before doing something and giving appropriate explanations. These stated to give the person the choice before completing a task. The registered manager was in the process of rolling out new care plan paperwork which changed the terminology of the document to read "I would like to be supported…" This reinforced the

person centred approach that was to be used when working with people. Staff were able to give examples of how choice was offered. One member of staff told us how they provided support to a person 24 hours a day, seven days a week, and how if the person does not want to be assisted with a task they give the person space until they are ready. Staff were able to describe examples of best interest's decisions, for example whether a person should be transferred using a hoist, if they did not have the capacity to make the decision. They could tell us who had been involved in best interest meetings and the importance of involving people who knew the person well to help make a decision. This was further evidenced within the care files for the relevant people.

Care plans clearly indicated where people needed support with food and drink, and how this support was to be carried out by staff. People told us that before staff left they would ensure that a drink and a snack was left in close proximity. This meant that staff ensured people had access to hydration and nutrition when they were alone.

Each person had a nutritional profile and health information in place. If a person had dietary requirements for medical, cultural or religious reasons, these were catered for, as required dependent on the support package. Where necessary documents were prepared and used through multi agency working with the local speech and language therapist (SALT), dietitian and occupational therapist (OT) which meant a thoroughly comprehensive care plan had been prepared.

Good

Is the service caring?

Our findings

People were visited by consistent members of staff, who had been chosen based on their knowledge and skill base related to the person's needs. We were told that the staff knowledge and specialism was matched to people's needs as were hobbies and interest. This meant that people were able to talk to staff about things that were important to them, developing a relationship. The registered manager told us that when a person did not build a rapport with a member of staff, a replacement was sought to ensure correct professional connection could be developed. One example of effective pairing was a person who had a specific interest in computing. Staff chosen to work with this person had expertise and a good understanding of IT. This meant that they could help the person with using their new IT equipment, and setting this up to function in a way that was effective to meet their specific needs. Further this could be used as a basis for communication whilst assisting the person with their care needs. This meant that the person was more relaxed during receipt of personal care and the job appeared less task focused.

People were involved in decisions related to their care. We were told by the registered manager, that whilst the initial assessment was used as a fundamental component to inform the care plan, subsequent meetings with people ensured that this remained up to date. People reiterated this point. Care plans were reviewed with the individual where possible, during reviews, and earlier if their needs were noticeably different or changing.

The service was caring towards the people it supported. People told us, "They are very caring". One person said, "I am treated like a human". People reported that they were treated with dignity and care, and that their human rights were always protected. One person said "They make time to talk with me. They don't just rush in and out". However, two of the people we spoke with stated timekeeping had been an issue with staff, although this had improved recently. Whilst staff were caring in the delivery of support, people felt that the historical issues related to timekeeping had caused problems. Irrespective of this, when people were asked if they would recommend KCare Nursing, we were told, "Without a shadow of doubt".

People's views were respected at all times. People told us that they were asked how they wished to be addressed, and staff always ensured their wishes were adhered to. The service's policy was for staff to wear uniform and carry an identity (ID) badge at all times. However, some people did not wish staff to attend their home in uniform. In such circumstances, the service had agreed with people that staff could attend wearing smart casual clothing, carrying their ID badges on their person, but not on display. People stated that this made them feel respected, as their wishes were adhered to and more importantly understood. We were told management discussed the reasons why this was being requested in a sensitive way, and ensured the care plan clearly stated no uniform.

It was evident that staff had read the care and support plans for the people whom they provided support to, staff were asked to add comments of any changes they thought were necessary and sign to say they had read them. A list was retained on the computerised system that highlighted who was involved in each individuals care. These staff ensured they documented any changes or information of importance on the person's file that may be of relevance. All records were kept securely in a computerised system, with

restricted access. However, hard copies were kept in people's homes and as a backup should the computer system fail.

Good

Is the service responsive?

Our findings

People had their needs assessed prior to support being offered to them. This often involved family members at the request of people, as well as other professionals involved in the person's care. This initial assessment would provide sufficient information to allow a care plan to be developed. Risk assessments were completed during the initial assessment stage as a baseline measurement and then reviewed as required.

Care plans focussed on the individual and were found to be person centred. They contained information such as, the person's past life history, their hobbies, likes and dislikes, how they liked things done and how they communicated their everyday care needs. Care plans were amended as required and were always signed to say they had been reviewed. The registered manager was in the process of rolling out a new care plan format that used language that was person centred and written from the person's perspective rather than for the person. This was highly detailed and provided step by step guidance for staff when working with each individual with statements such as "I would like…"

People told us they were involved in their reviews. These were held either informally or formally with feedback being sought through personal visits by management, telephone consultation or written feedback on the care plan and staff support. If after a visit staff reported changes in a person's health needs, the service ensured an immediate responsive review of the person's health and support needs. All daily records were reviewed by the management team to ensure they remained up to date with people's care needs. People reported that the service provided a high level of care that was catered to changing needs.

We found the service was responsive to changing needs of a person. For example, when working with someone who had been in hospital for a significant period of time and was described as "bed bound" according to health care records. The service worked with the person to develop their mobility skills, having found that the person was fully mobile and independent prior to their extensive hospital stay. This responsive piece of work took a number of years to achieve, however the person was now able to complete many personal care tasks with minimal support. Further they were now in a position to mobilise with walking aids. The label of "bed bound" had been removed giving the person a new lease of life and significant confidence and motivation to achieve other goals and aspirations. In a similar case, management were seeking a full review of a person's health care needs, specifically in relation to the use of hoists, to enable the person to be moved from their bed during the daytime. This was described as providing the person with a "quality of life". The service had been asked to provide all support and care to the person in bed. However working with the person, the service felt that the person could benefit greatly from having their health needs reviewed.

People were encouraged to engage in activities to prevent the possibility of isolation. The registered manager had formulated a comprehensive list of local free amenities and services that people could engage with when not receiving support. One person told us, "He [the registered manager] keeps talking to me about doing things in the community… he's trying to prevent me from being alone… I'm too old now". Other people confirmed that they had been provided with a list of organisations that could provide additional support free of charge. Staff would encourage people to engage in activities to allow community

involvement and prevent the possibility of social isolation.

There was a complaints procedure and information on how to make a complaint was provided to people when they took on services from KCare nursing agency. People and their relatives told us they were aware of how to make a complaint. We reviewed the complaints log and noted that complaints had been appropriately dealt with. A full investigation was carried out, with the complainant being told of the outcome. People and their relatives were confident that the service would correctly deal with a complaint. One person stated, "I'd go to the manager if I had a complaint – not that I have one".

The registered manager told us they had recently introduced drivers to two locations where support was provided and had minimal public transport for staff. This had reduced the number of late calls being made to people, as well as staff feeling safe when lone working during late visits. Staff reported this made them feel safe and valued as employees, as well as responding appropriately to the needs of people.

Good

Is the service well-led?

Our findings

There was an honest and open culture in the service. Staff showed an awareness of the values and aims of the service. For example, they spoke about giving the best care and respecting people. One staff member said, "We always give it our best." The registered manager held meetings with the office team weekly. This therefore meant that complex cases, new referrals and any operational issues were dealt with promptly and efficiently. Office staff told us that they were able to raise any concerns or seek guidance from management at any time. We saw evidence of the professional but relaxed atmosphere within the office. We observed staff approach the registered manager and seek guidance; this was done in both a relaxed manner as well as seriously when discussing concerns or changes to plans.

Staff told us the registered manager was open and approachable and created a positive culture but was not afraid to speak to staff if they did not perform to the standards expected. Staff reported that the registered manager conducted frequent spot checks, as well as general observations, in conjunction with others within the management team. Staff felt that this was useful, as it not only highlighted areas for further development for staff but also areas of development within the service.

We found there to be good management and leadership. The registered manager was supported by a strong management team and external consultants. This included professionals who were asked to provide their expertise in the relative fields of training, quality assurance and delivery of care. Quality assurance audits were completed quarterly by a consultant who measured the service in accordance with targets as set by the local authority. Feedback was sought from stakeholders, people, and staff to quantify this audit. This information was then used by the registered manager to create an action plan to address any adaptations required. In addition the service sought consultation from a senior practitioner within the NHS to complete a comprehensive audit of all documentation and practice annually. This information with the quarterly audit was used to inform and develop a business plan for the following year for the agency. Targets were detailed within this document along with how these were to be achieved.

Evidence of working in partnership with the external professionals in supporting people was found to be of great importance in delivery of care. The registered manager chose to be involved in communication with district nurses, GPs, occupational therapists, speech and language therapists and specialist teams when developing plans for more complex cases. Emails, meeting minutes and care plans evidenced the support provided by professionals as well as the feedback the agency received in relation to the positive implementation of their guidance.

We looked at records of complaints and found that in one incident a person had stated they were unhappy regarding the hours offered. The registered manager had considered the concerns raised and responded to them appropriately. The registered manager was aware of the new regulation Duty of Candour (Regulation 20 of the Health and Social Care Act 2008 Regulations 2015) and the importance of transparency. This was reflected in how investigations were carried out and the reporting of outcomes of investigations within a suitable timeframe. People using the service, staff, relatives or other professionals had the opportunity to raise any concerns or complaints with the registered manager at any time. People told us that they were

confident in raising concerns and how these were dealt with by the registered manager.

We found that the communication within the service was good. The service would send out emails to staff with any amended policies, updates in service agreements, as well as newsletters. This was an excellent way of communicating any changes related to operations, as well as reminding people of upcoming training, social events and new staff appointments. The service was looking at developing a similar newsletter for people and their relatives. Team meetings were held monthly and allowed field staff the opportunity to convene with others and raise any concerns related to care and plans in a collective forum. The registered manager had introduced an effective way of retaining staff. This included recognising staff skills through employee of the month being named in each team meeting. Vouchers being offered to staff that "refer a friend" and are successful in completing their probationary period. The registered manager had also agreed discounts at specific stores for staff. Staff reported this was not only a financial incentive, but allowed them to feel valued by the service.