

Karva Care Services Limited

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Inspection report

1506-1508 Coventry Road
Equipoint Business Centre, Yardley
Birmingham
West Midlands
B25 8AD

Tel: 07963516914
Website: www.karvacare.co.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

We undertook this announced inspection 16 and 17 November 2016. The provider had been given 48 hours' notice of the visit. This was the first inspection of this service. Karva Care is registered to provide personal care to adults who live in their own homes in the community. At the time of the inspection they were providing personal care to 25 people who had various support needs including living with dementia and high levels of physical disability.

There was 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.

We found people received a service that was based on their personal needs and wishes. People's needs had been assessed before they started receiving care and people we spoke with told us they had been involved in developing their care plans. Changes in people's needs were not noted in their care records in a timely manner. Risks people might experience with their care and their environments had been identified and were managed well.

The service only supported a small number of people with their medicines. We found that people's medicines were managed safely. We saw that people were supported to be as independent as possible to take their own medicines. Where support was required, all processes for recording and managing medicines safely were followed.

We found the service employed enough staff to meet the needs of the people being supported. People who used the service were happy with the numbers of staff that supported them and knew them well.

People were supported by staff who have been assessed as suitable to support them safely. We found that staff were trained and supported to undertake additional training as necessary. Staff knew how to recognise and respond to abuse correctly.

Staff told us they felt well supported and received regular supervision. Staff spoke highly of the management and support they received. People and staff knew how to make a complaint and felt confident that it would be dealt with well. People were encouraged to give their views about the quality of the care provided to help drive up standards. There were no formal systems in place to monitor and ensure that the service was effective and improving, and the registered manager had a limited understanding of the Mental Capacity Act.

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 ●

We found that the service was safe.

People were protected by staff who understood what abuse was and what to do about it.

Peoples were supported by sufficient staff who knew them well.

People received their medicines safely.

Is the service effective?

Good ●

The service was not always well led.

The registered manager did not have an effective system in place to ensure that the quality of the service continuously improved.

The registered manager had not always kept themselves up to date in relation to current guidance.

People, relatives and staff all thought that the service was well managed and had confidence in the leadership.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who consistently showed kindness and care.

People felt listened to and were given choices.

Staff told us they promoted peoples dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised to their needs, and reflected their wishes.

People and their relatives felt they could complain if needed and that they would be listened to.

Is the service well-led?

The service was not always well led.

The registered manager did not have an effective system in place to ensure that the quality of the service continuously improved.

The registered manager had not always kept themselves up to date in relation to current guidance.

People, relatives and staff all thought that the service was well managed and had confidence in the leadership.

Requires Improvement 

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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 took place on 16 and 17 November 2016. The provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to be sure that someone would be available to meet with us during the inspection. The inspection team consisted of one inspector. On the first day of the inspection we visited four people in their homes as they had given us consent to do this. On the second day we spend time in the office. After the inspection we spoke with people who used the service on the telephone.

We looked at the information we held about the provider and this service, such as incidents, deaths or injuries to people receiving care, including any safeguarding matters. We refer to these as notifications and the registered provider is required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the service. The local authority was responsible for monitoring the quality and funding for some people who used the service. The local authority shared some information with us during the inspection which we used to inform our judgement.

We spoke with four people who used the service and three relatives. We spoke with the registered manager and two senior members of staff, plus four care staff. We looked at the records of four people and three staff records. We also sampled many of the providers own records including those about complaints, accidents and quality assurance.

Is the service safe?

Our findings

People we spoke with told us they felt safe. Comments included, "I am really safe here with the [staff]." We visited some people in their homes and observed that they appeared comfortable, calm and happy with the care staff who had come to support them. A relative told us, "I'm very satisfied with the care they provide, [my relative] is looked after properly, even when I'm not here." A member of staff told us, "People are pretty safe." People told us they knew the staff who came to provide their care and felt that staff would take appropriate action if they were at risk of harm.

Staff we spoke with displayed a good understanding of safeguarding procedures. They demonstrated a good knowledge of the signs of abuse and what to do if they suspected someone was being abused. They knew how to report their concerns to the registered manager and the appropriate external agencies. Staff told us that they had received training in safeguarding to support their understanding. Records we looked at confirmed this. The registered manager had a good understanding of their responsibilities in maintaining the safety of people. They had acted appropriately in relation to any concerns they had received in relation to people's safety which included any incidents of potential abuse or serious injury.

People had risk assessments and support plans in place that ensured they received appropriate care which helped to protect them from the risk of harm. These were individual to each person, and were regularly reviewed. We noted that people's homes had been risk assessed to make sure that staff and the people they supported were safe from any risks presented by the environment. Staff we spoke with knew about people's individual risks and actions they would take to keep people safe while not restricting their freedom. The registered manager and staff told us that they had access to an 'on call' manager at all times to give them prompt support and guidance if they felt a person was at risk of harm.

Records confirmed that there were procedures in place to record when accidents and incidents had occurred. No accidents or incidents had been recorded at the time of our inspection. The registered manager told us of the steps they would take if accidents happened. They were aware of the need to take action in response to adverse events and reduce the likelihood of similar incidents happening again in the future.

Due to the nature of the service, people received an agreed number of support hours from staff. We found that there were sufficient numbers of adequately trained staff to provide the level of care and support that had been agreed. People told us that staff did not rush when they supported them. People also said that staff usually visited them on time and notified them if they were delayed. One person said, "The carers are generally on time. Usually we are called and told if they are running late." The registered manager told us the service ensured that only a small number of regular staff went to people's homes to provide care, which meant that people were usually supported by staff who knew them. Staff confirmed that they had been introduced to people before they started offering them support.

We spoke with staff about their recruitment to the service and they told us that suitable checks had been completed before they were employed and a review of staff recruitment records confirmed this. Disclosure

and Barring Service (DBS) checks were carried out for all the staff. The registered manager also requested and checked references of the staffs' characters and their suitability to work with the people who used the service. One member of staff told us, "We employ good staff to keep people safe, we are supported really well with any safeguarding or any concerns." The registered manager had made sure that people were supported by staff that were safe to work with them.

People's medicines were managed safely. One person told us they were supported to administer their medicines independently. This person told us, "The staff just watch me taking my medication." We saw detailed risk assessments relating to people and their medication.

Staff said they supported people to have their medicines from monitored dosage systems (blister packs) to minimise the risk of errors. The blister packs were delivered to people's homes directly from a community pharmacy. Records showed that all staff had received training in administering medication and had checks by the registered manager to ensure they were competent to administer them safely. One member of staff said, "I have had the medication training and we get observed doing the medication." Where medicines were prescribed to be administered on an 'as required' basis, there were instructions for staff which provided information about the person's symptoms and conditions which would mean that the medication should be administered.

All information was recorded on the pharmacy produced Medicine Administration Records (MAR) charts and any errors were reported as incidents to the registered manager who had a system in place to make sure the likelihood of the same error happening again was reduced. Senior staff told us that the registered manager carried out regular audits of the MAR charts to ensure that people received their medicines as prescribed. We saw a sample of these audits that confirmed this.

Is the service effective?

Our findings

People felt staff were competent in their roles and provided good care and support. People told us, "I've had the carers for a couple of years now and I find them good." and "The [registered manager] wants the best service possible, she really cares about it." Relatives also said that staff knew how to do their jobs well, they said, "These carers are alright, they help [my relative] with all the care and [my relative] is clean and comfortable." and "We are happy with the carers."

Staff had the skills and knowledge to meet people's needs. Staff told us that they had received an induction when they began their job, which included the care certificate which is a nationally recognised induction programme for new staff. One carer said, "We have shadowing for about a week or more if you need it." Staff also said they had on-going training and supervision. A member of staff said, "I get supervision and we have spot checks about once a month." Another carer told us, "I think the company is good with the training, you do get opportunities." We looked at the records of the training staff had received and saw that there was an effective system in place to make sure staff had up to date knowledge to support people well. We found the registered manager checked that staff had received training and took action when necessary.

All the staff we spoke with emphasised that the registered manager was always available for guidance and support. Comments included; "I do feel supported to do the job I do, [the registered manager] will come out and show us how to deliver the care if we need that," and, "Communication is good within this service." There were details of people's specific needs in relation to their health and support in their care plans which staff could consult when necessary. This meant people received care from staff who were skilled and knowledgeable about their support needs.

The Mental Capacity Act 2005 Act 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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working in the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people could consent to their care, we saw that they were always asked for their consent about how they wanted to be supported. Staff told us they asked for people's consent on a day to day basis. We observed that staff did this consistently. The records we sampled showed that people were involved in planning and consenting to their care. The registered manager told us that they always involved relatives if people did not have capacity to make sure that people were at the centre of their care. One relative said, "[The person] does not have capacity and everything is discussed with me." This meant that people were included in decisions about how they wanted to be supported as much as possible.

Where people had very limited capacity we noted that formal capacity assessments had not been held. In

discussions, with the registered manager, we found that they had limited awareness of the requirements of the formal aspects of the Mental Capacity Act. We spoke with the registered manager and made them aware of the national guidance in relation to the Act.

People were supported to eat the food and drink that they or their family had provided. Staff were able to describe the actions they would take should someone not be eating or drinking sufficiently. Care plans included further guidance for staff about the support each person required and what they liked to eat. These actions supported people to have food and drink of their choice.

Most people organised their own on-going health support and staff supported some people when needed. The registered manager and staff told us that if they had concerns about a person's wellbeing that they called a manager for guidance, and the appropriate health support would be organised. We saw that the service worked with other professionals and agencies in order to meet people's support and health care requirements when necessary.

Is the service caring?

Our findings

People told us staff were always helpful, respectful and kind. Comments from people included, "The carers are caring people and good natured, they treat me like a person," and, "They are very conscientious and caring. The carers do a good job." All the relatives we spoke with said that they were very happy with the care, and that they felt the care was good. One relative told us, "They are doing a good job, they are nice and kind, and there are no problems." We saw people's records contained detailed information about people's needs and preferences, so staff had clear guidance about what was important to people and how to support them.

Staff told us that where possible they supported the same people. Staff and management recognised the importance of developing relationships with people and getting to know them well. We saw that there were clear records of how people wanted to be addressed by staff and how they liked their care to be given. We observed staff addressing people by their preferred names and supporting people in line with their wishes. People told us they were involved in their own care and made decisions about what their carers did. Staff we spoke with had a good knowledge of people they cared for and could describe how they enjoyed supporting people in line with their individual preferences. Staff knew about things that mattered to the people they supported. Staff told us, and we saw, that they gave people choices and involved them in making decisions about their care and daily lives.

Staff spoke very respectfully and kindly about the people they supported. One staff member said, "The staff are beyond reproach, we are all happy with the company." When discussing people who used the service, both staff and the registered manager expressed their views about the people they supported very kindly and respectfully.

People were supported by staff who understood the importance of respecting people's dignity and privacy. One relative said, "I have no concerns about the manner of the carers, they treat [the person] with respect and care." The relative went on to give examples of how the carers cover the person when delivering personal care and ensure doors and curtains closed to respect the person's dignity and privacy. Another relative said, "They always shut the doors and do the care in private, they are very respectful." People and relatives consistently told us that staff were respectful and kind.

Is the service responsive?

Our findings

People and their relatives had been approached to provide information about people's lifestyle choices and what they had enjoyed before joining the service. People consistently told us that staff knew their preferences and choices. Staff demonstrated a good knowledge of the people they supported, their care needs and their wishes. Staff we spoke with said they read people's care plans, which they felt provided good information about their preferences and how they liked to be supported. Relatives told us that they were included in the care planning process. These documents and this process supported staff to provide care which was specific to each person and responded to people's needs.

We saw that people were given details and information about the service in the form of a small booklet. This explained what support they could expect to receive from the service and who to contact if they felt they were not being supported in line with their wishes. This helped people to be more involved in planning and developing how their care was provided.

Changes to how people needed to be supported were not always recorded in each person's care records in a timely manner. We saw that two people had significantly different care and support needs than described in their care records. Care staff however knew what each person's current needs were and were supporting them accordingly. We brought this to the attention of the registered manager who was aware of the actual support needs and told us that they would amend the care records as soon as possible. This action would ensure that all staff had access to guidance and information about how to provide care and support in line with each person's latest needs and wishes.

One relative told us about how the service had quickly responded to a change in care and support needs when the circumstances of the family required extra support. The relative was very complimentary about how well and kindly the service had responded to the request for the support. This indicated that the service was responsive to people's changing needs.

The service had a complaints process that relatives and staff were aware of however since the service became registered no formal complaints had been received. People we spoke with knew how to make a complaint about the service. One person told us "If we wanted to complain we would be listened to I'm sure. [The registered manager] always gets back to us." Staff confirmed that they could speak to the registered manager and felt confident they would deal with any concerns promptly. A member of staff told us, "If there is a complaint the manager goes out and deals with it straight away." People could be sure their concerns would be listened to and acted on.

Is the service well-led?

Our findings

Quality assurance within the service was not robust. We found that while the provider did not have a formal quality assurance system in place, and some checks were undertaken randomly. Not having a robust quality assurance process meant that some areas of the service were at risk of not being regularly reviewed and did not promote a culture of continual improvement and reflection. For example, we found that while care records had been reviewed on a regular basis they had not been updated when people's needs changed. We also noted that the registered manager did not always record when they had conducted checks such as observations of staff practices. This prevented an analysis of data for trends and the identification of poor practices and threats to the quality of the service. The registered manager recognised that this was an area that the service needed to develop further.

The registered manager had not kept themselves up to date with some legal aspects of best practice in the care sector. In discussions it was clear that the registered manager had limited knowledge of their formal responsibilities in relation to the Mental Capacity Act. This meant that some people may not have had their rights protected in line with the principles of the Act.

The registered manager was involved with the delivery of care on a daily basis and they used this as an opportunity to review the care people received and to identify how it could be improved. We saw that the registered manager used survey questionnaires given to people which helped them express their views about the quality of care they received. We saw the results of a recent survey and noted that all the responses were positive. The registered manager told us that any negative responses would have been looked at individually and appropriate action taken.

People told us they felt the service was run well and they found the registered manager to be very good. We found that the registered manager had a detailed understanding of the support needs of the people who used the service. All the staff we spoke with told us they enjoyed their work. One member of staff said, "It's a good company and the manager is very approachable." Staff and relatives we spoke with told us they were able to contact the office when they needed to and they confirmed that they received prompt responses and support in a timely manner. Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and a review of records showed they had notified us appropriately when necessary. Staff were aware of, and we saw that the provider had put a whistle blowing procedure in place. This meant that staff knew what to do if they had concerns about people and their well-being and the registered manager had not acted upon those concerns in a satisfactory manner.

Staff told us they felt supported in their role. We saw that spot checks were undertaken to assure the registered manager that care was delivered in the right way and that risks to people's health and well-being were minimised. A member of staff told us, "We have spot checks, it supports you. They happen every four

weeks or so, but you never know when the manager is going to come." During our inspection we saw a manager undertaking an unannounced spot check. These made sure that staff were performing their roles as expected and that people were receiving good quality care. Although there was no formal record kept of these checks, everyone we spoke with said they had taken place and action had been taken when necessary to improve the care people received.

There was a clear leadership structure which staff understood. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly and that communication within the service was good. This had enabled staff to voice their opinions and contribute towards the continual development of the service,