

Karia Befriending Care Agency Limited

Karia Care Services

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

About the service

Karia Care Services is a domiciliary care agency providing personal care to adults in their own homes. Not everyone who used the service received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection, the service was providing personal care to 5 people in their own homes.

People's experience of the service and what we found

Systems were in place to protect people from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks.

There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place. Medicines were managed in a safe way. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them.

Assessments were carried out of people's needs prior to the provision of care to determine if their needs could be met at the service. Staff were supported through training and supervision to gain knowledge and skills to help them in their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us staff were caring and that they treated people with respect. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

Care plans were in place for people which set out how to meet their needs in a person-centred way. Systems were in place for dealing with complaints, and complaints had been dealt with accordingly.

Quality assurance and monitoring systems were in place to help drive improvements at the service. Staff told us there was an open and positive culture at the service. People were supported to express their views. The provider was aware of their legal obligations and worked with other agencies to develop best practice and share knowledge.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published on 22 April 2022) and there were breaches of regulation 9 (person-centred care), regulation 12 (safe care and treatment), regulation 17 (good governance), regulation 18 (staffing), and regulation 19 (fit and proper persons employed).

The provider completed an action plan after the last inspection to show what they would do to improve. At this inspection we found the provider demonstrated that improvements have been made.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Karia Care Services on our website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating and when the service was last inspected.

We carried out an announced comprehensive inspection of this service on 28 April 2022 and breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve regulation 9 (person-centred care), regulation 12 (safe care and treatment), regulation 17 (good governance), regulation 18 (staffing), and regulation 19 (fit and proper persons employed).

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Karia Care Services

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We sought feedback from the local authority and professionals who work with the service. We reviewed the action plan the provider sent us. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 3 people's care records and risk assessments and 2 people's medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including audits, staff training, satisfaction surveys, policies and procedures. We also spoke with the registered manager and care co-ordinator.

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. We looked at training data and quality assurance records. We also looked at 3 people's electronic call monitoring data. We spoke with the registered manager, nominated individual, senior care worker, care co-ordinator and a care worker, 1 person who used the service and 2 relatives by telephone about their experience of the care provided.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm; Learning lessons when things go wrong; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection systems and processes to safeguard people from the risk of abuse were not operated effectively. We looked at safeguarding incidents that had occurred and found limited information available to ascertain what actions the provider had taken in relations to learning from lessons following incidents.
- Risks associated with incidents had not been analysed to identify trends to help reduce the risk of recurrence.
- Risk assessments were not always in place where people had certain health conditions. For example, some people had diabetes or epilepsy and there were no risk assessments in place about how to manage these conditions in a safe way.
- At this inspection, detailed risk assessments were in place for people with health conditions, including diabetes. Where necessary support was sought from healthcare professionals. These set out how to support people with these conditions in a safe way, for example, ensuring people with diabetes had regular foot checks and monitoring of glucose levels where appropriate. Records confirmed that relevant checks were carried out and that health conditions were managed in conjunction with other health professionals including GPs.
- Care plans and risk assessments were in place for supporting people with their skin integrity. For example, where people used pressure relieving mattresses, the setting for the mattress was included in the assessment and mattresses were checked daily to ensure they were at the correct setting.
- A relative told us their family member is safe and they could talk to staff. One relative said, "They always ask my [family member] how they are doing and know exactly they need to do, [family member] is well looked after."
- Staff demonstrated knowledge of the safeguarding processes in place to keep people safe. 1 staff member told us, "If I saw someone being abused, I will report it to the care co-ordinator or the manager."
- The provider had systems to ensure lessons were learnt from any incidents to ensure the safety of people who lived in the home. Incident and accident records showed that issues were addressed quickly, recorded

and investigated to find the cause. There was evidence of actions taken to mitigate future risks. For example, in relation to an unwitnessed fall there were immediate actions outlined for staff to undertake. Learning lessons from accidents and incidents was shared with the staff team through meetings and 1-2-1 supervision meeting.

- Where safeguarding incidents had occurred, the manager had submitted the required CQC notification and safeguarding alerts without any delay and had worked in tandem with the local authority to resolve any concerns they had.

Staffing and recruitment

At our last inspection the provider systems were either not in place or robust enough to demonstrate safe recruitment. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At our last inspection pre-employment checks had not been completed in full. We saw for 1 staff, only had 1 employment references which was not in their job application, and the other reference had not been requested. This meant there was a risk the service may not get an accurate picture of staff character and conduct.
- At this last inspection we saw 3 recruitment files and checked their employment references which was inline with their job application. This meant the provider was seeking to employ only staff who were suitable to work in a care setting.
- Staff recruitment and induction training processes promoted safety. Pre-employment checks for staff such as completion of application forms, interviews, proof of identity, criminal record checks and their right to work in the UK had been carried out.
- Systems were in place to minimise risks of late or missed calls. Systems were in place to monitor staff time keeping. Staff were sent rotas in advance and bank staff were available in case of emergencies. One person commented, "They [staff] are punctual and we had chosen the service because they [staff] could come early in the morning."

Using medicines safely

- People were supported to receive their medicines safely.
- Information regarding the support people needed with their medicines was recorded within their care plans. This information was clear, up to date and accessible to staff.
- Staff had been trained in medicine administration and followed the provider's medicines policy.
- Medicines Administration Records (MAR) were completed appropriately. They were signed by staff and contained no gaps.
- Records showed staff had been assessed for their competency to ensure they were able to manage and administer medicines in a safe way. The provider also carried out spot checks to ensure medicines were managed appropriately.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had completed infection control training and had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce cross infection risks.

- People told us that staff wore PPE, which included masks, aprons and gloves. They told us staff frequently washed their hands and/or used hand sanitising gel. A relative told us, "Yes, the staff wear gloves and apron."

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection, the provider did not always carry out appropriate assessments to ensure the service could meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection, we found people's needs were not appropriately assessed before they were admitted to the service. The provider did not have robust assessments in place to ensure that the service could meet the needs of people prior to offering to care for them at their service. This meant people were at risk of receiving care from staff who did not fully understand their health conditions or preferences in how care was delivered.
- We also found in our last inspection, care plans did not detail the person's preferences, for example when they liked to have a shower, or what time staff need to visit the person. The lack of detail about the person's routine in the care plan meant there was a risk that if a new care worker started providing care, they may not have all the information to meet the person's needs and wishes.
- At this inspection, people had an initial assessment prior to them receiving a service. Before people started using the service, the registered manager or the care co-ordinator carried out an assessment of their needs. This reviewed the support people needed, and if the service could provide this support. The assessment took into consideration people's protected characteristics, like human rights and communication. Relevant guidance was followed such as positive behaviour support guidance on how to support people who are communicating a need, expressing feelings or an emotional reaction.
- Assessments involved people and their representatives such as family and social and health care professionals. Assessments focused on what each person hoped to achieve by using the service. These plans reflected people's needs, including aspects of their life, which were important to them.

Staff support: induction, training, skills and experience

At our last inspection, the provider did not ensure that staff received the appropriate training, support, supervision and appraisal as necessary to enable them to carry out their duties. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection staff did not receive support from the provider. The provider had a supervision policy. However, the provider told us they had no formal guidance on timeframes for when staff should receive supervision and appraisal of their work. 6 staff were recruited since the organisation started November 2019, and we saw three employees received only three supervision at the time of our inspection.
- At this inspection, staff received regular supervisions and support. A member of staff told us, "Yes, I have supervision. The manager is very supportive, and I can talk to them about anything." Records confirmed that regular supervision of staff had taken place.
- Staff had completed induction training in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager and care co-ordinator also completed spot checks. Spot checks covered areas including timeliness, moving and handling, medication competency, communication and care notes.
- The provider had a clear overview of the training needs of all staff. They had a spreadsheet which detailed the training staff had received. Records showed training provided included safeguarding, moving and handling, and infection control.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required.
- People's dietary needs were known and met. This included their likes, dislikes and any known food intolerances or allergies.
- Information identifying health care professionals involved in people's care, and their contact details were contained within people's records. For example, their doctor or pharmacy. Staff alerted health care professionals where they had concerns about people's health and well-being.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People's capacity to make informed decisions were considered. People had confirmed and signed an agreement consenting to their care and support from Karia Care Services.
- Staff understanding about the MCA informed the way they supported people. This included the importance of seeking consent before offering help. Staff comments included: "I will communicate with the service user and explain what care I'm about to carry out and make sure they would be okay for me to

continue."

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported.
- The registered manager and care co-ordinator knew people's day to day needs and had developed good relationships with people and their family members.
- One service user spoke highly of the staff, and said, "The staff are very friendly. We always have a chat, I trust them."
- The service recognised people's diversity and promoted this in their policies, which highlighted the importance of treating everyone as individuals. People's autonomy, privacy and dignity was respected and upheld by staff who had received training in equality and diversity.
- People received kind and compassionate care. Staff understood and responded to people's individual needs. People's care records included sections that recorded their cultural and religious needs, their sexuality and relationships that were important to them.

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

- People were supported to express their views and make decisions about their care.
- People were involved in all decisions about their care. One relative told us, "Staff always ask [family member] what they want to wear, or whether they need anything before they leave."
- Care plans were reviewed regularly. People receiving care was able to be involved with their care planning through regular meetings. This meant that people were involved in deciding their care.
- At the time of the inspection the service was small, and the registered manager and care co-ordinator sought direct feedback regularly. The registered manager told us they would endeavour to maintain this personal interaction should the service grow. They felt it would be possible to do so through phone calls and spot checks. This meant people would be able to provide their views on the service regularly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- Staff understood the importance of helping to maintain people's privacy and dignity. They provided examples of when they did this which included when supporting people with washing, dressing and continence care.
- The provider ensured people's confidentiality was respected at all times. Staff received training in data protection. Any records containing people's personal information were secured and each staff member had their own login details to any information stored electronically. Staff understood how to maintain

confidentiality. Information was protected in line with General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, the provider did have arrangement in place to ensure people received care that was person-centred. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection care records did not always capture all the needs people had or all the actions staff should take to meet people's needs. This meant staff would not have the guidance and information needed to provide people with person-centred care. For example, staff did not have guidance on how to support people to manage their health conditions.
- At this inspection, enough improvements had been made. Care plans referred to people's daily routines and detailed how people needed to be supported. For example, there were guidelines in place advising staff on how to support people with eating and drinking, medical conditions, personal care tasks and with tasks within their homes.
- The registered manager and care co-ordinator assessed people's care needs. This included what they would like to gain from the service and their desired outcomes. A person-centred care and support plan was devised from the assessment and agreed with people, and their relatives where appropriate.
- People's needs were identified, and their choices and preferences were recorded and well known by staff. There was a password protected application that staff used on their phone so they could access people's care plans and records that they could read. Staff told us they were informed about people's needs and any changes. A staff member told us, "Everything is online, we will get notification of any changes to a [person] I will read about it. If anything is changed, it will get updated."
- Staff had a very good understanding of people's care and support needs. They were able to tell us in detail about each person's individual needs and wishes and how people liked to be supported. For example, a member of staff told us how they supported a person with eating and drinking safely and another staff member told us how they supported people with their medical care needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were recorded in their care plans. Where people had specific needs around communication, the provider allocated staff who had the necessary skills and knowledge to communicate with and work with them.

Improving care quality in response to complaints or concerns

- People and relatives were able to complain should they need to. The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us they would follow their policy should they receive a complaint and would view it positively as a means by which to improve the service.
- Records showed that when a complaint was raised it was investigated by the registered manager and responded to appropriately. A relative knew who they could complain to if they wished to. A relative told us, "I have the office number and would talk to [registered manager] if I had a complaint."

End of life care and support

- There were systems in place to discuss, record and support people's end of life care needs. People could choose if they wished to discuss their end-of-life care wishes with support from their relatives. Their individual preferences were recorded in their care plans. These included advance care plans, which contained information about how the person would want their end of care needs, wishes and preferences to be met and any information about funeral arrangements.
- Where appropriate, people also had Do Not Attempt Cardiopulmonary Resuscitation forms that they had signed where they were able to give consent or that been agreed in consultation with their relatives and health professionals.

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.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection, the provider had failed to ensure systems and processes were established and operated effectively at all times to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection, the systems in place to audit the quality of the service were not robust or sufficient to alert the provider of concerns and issues within the service. Audits had not picked up significant shortfalls in practices in relation to risk assessment, medicines management, meeting people's health needs, training, capacity and consent, care planning, and record keeping.
- At this inspection the provider has complied with all previous breaches of regulation. The pace of improvement clearly demonstrated the providers commitment to ensuring people received support based on transparency, respect and inclusivity. Since then, a new experienced manager had been appointed to lead the service.
- During our inspection, we noted a robust system to monitor, assess and drive improvements to their service. These included medicines management audits, care plan and risk assessments audits, infection control audits, staff dependency tools and incident and accidents. Where actions had been identified this informed an action plan.
- The provider also had an external auditor who completed an annual audit check on the service. Where any concerns were found, an action plan was produced, and concerns addressed.
- The registered manager and staff undertook regular training to help drive learning and continuous improvements at the service. The registered manager also had regular meetings with people to seek their views about how the service could improve.
- The registered manager was aware of their duty of candour responsibility. The registered manager had been open and transparent with people when incidents occurred where the duty of candour applied. A complaints procedure was in place to address concerns raised by relevant persons and the accidents and

incidents procedure detailed how the provider would review and learn from any incidents that occurred.

- The registered manager was clear about their role and responsibilities. The registered manager understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.
- Spot checks of staff practice were completed regularly to monitor the quality of care provided to people.
- The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- Staff were supported by the registered manager to provide good quality care. The registered manager worked alongside staff in the delivery of people's care, and provided supervision and appraisal of staff, which included guidance and feedback as to the quality of care they provided.
- Staff confirmed they were happy working for the service. One staff member said, "The registered manager is open, very caring and they listen to us."
- The provider maintained a record of compliments received. For example, one relative had written, "I would be grateful if you could let all the carers that cared for [family member] know how grateful we are for the care they [staff] provided. I would especially like to thank [staff] for their kindness and dedication to looking after my [family member] and would be grateful if you could pass on my special thanks to [staff]."

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- The registered manager ensured equality and diversity matters were explored. People's care records noted their responses to questions regarding their gender, sexuality, religion, ethnicity and nationality and any needs arising from people's responses.
- The provider sought feedback to improve the service. People, relatives and staff were asked to complete feedback and the provider used this feedback and to continuously develop the service.
- Staff received regular supervision and there were virtual staff meetings which covered priorities such as training, PPE, and safeguarding.
- Staff told us they were happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.

Working in partnership with others

- The registered manager told us they had good working relationships with other agencies, including health care agencies and the local authority. They attended a forum for care providers run by the local authority which gave the opportunity to share and develop best practice.
- The provider had good links with community-based health services where needed to meet people's needs. For example, GPs, local authorities, district nurse, occupational therapists, and other health care professionals. This was underpinned by a policy or relevant information being shared with appropriate services within the community or elsewhere.