

Kris Carers Limited

# Kris Carers Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Kris Carers Limited is a domiciliary care service based in Leicester. The service provides care and support to people living in their own homes. At the time of the inspection there were 54 people using the service.

### People's experience of using this service and what we found

There were risk management plans in place to help keep people safe. However, we found some areas of identified risk such as the risk of malnutrition did not have a risk assessment to ensure staff supported people safely. Risk assessments had not always been reviewed regularly or when people's needs changed.

There were quality checks in place to audit and review records and systems, however these were not always reliable and effective. For example, the quality monitoring checks had not identified gaps in the risk management plans for people and risks were not always identified.

We received feedback about poor communication with some staff due to language barriers. There was no system in place to assess staff English language proficiency and communication skills to ensure people's needs were fully met.

Care plans were detailed and provided staff with good guidance on how to support people safely.

There were systems and processes in place to safeguard people from potential harm. All the people we spoke with told us they felt safe when receiving care. Staff completed training about safeguarding people from harm and knew how to report abuse.

There were sufficient numbers of staff to meet people's needs safely. We saw on the staff rotas that staff had sufficient travel time. There were systems in place to monitor calls and to ensure staff stayed for the correct amount of time. The provider had followed their recruitment practices to ensure people employed were suitable to work at the service and support people.

Medicines were managed safely, and people told us they received their medicines as prescribed. There was a comprehensive medicines policy in place and staff competency was checked regularly to ensure they could administer medicines safely.

There were systems in place to prevent the spread of infection. Staff had access to sufficient PPE and people we spoke with said staff always wore their PPE when they provided care. Staff had completed training in relation to Infection control and Covid 19.

There were systems in place to ensure lessons were learned and improvements made when things went wrong.

There was a complaints procedure in place and improvements had been made to ensure all complaints were recorded and dealt with in line with the providers complaints policy.

Staff felt well supported by the registered manager and the management team. They described them as approachable and responsive. Staff, people using the services and relatives were encouraged to provide feedback which was analysed and acted upon to drive improvements.

The service worked in partnership with outside agencies.

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

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 31 May 2019). The service remains Requires Improvement. This service has been rated Requires Improvement for the last two consecutive inspections.

The provider completed an action plan after the last comprehensive inspection to show what they would do and by when, to make improvements.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We received concerns in relation to staff not wearing Personal Protective Equipment (PPE), staff not staying for the agreed time and poor communication with staff due to language barriers. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kris Carers Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow Up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

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

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Kris Carers Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and two experts by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 April 2021 and ended on 19 April 2021. We visited the office location on 14 April 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection as well as recent concerns that had been raised. We sought feedback from the local authority and other professionals who worked with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager who is also the registered provider, the finance manager, office and compliance executives. In addition, we had discussions with three care and support staff.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found and feedback received from people and relatives we spoke with. We looked at training data, policies and procedures, complaints and quality assurance records. We also examined staff rotas, safeguarding information and accident and incident information.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- We found a varied range of risk assessments in place to reduce potential risks to people. For example, moving and handling, falls, using a walking frame and the use of oxygen. However, these had not always been reviewed regularly or when people's needs changed.
- For example, in one person's care plan it was recorded that they had experienced an increase in falls due to their health condition. There was detailed guidance in the care plan for staff to follow to keep the person safe, but their risk assessment had not been reviewed or updated to reflect the changes.
- In another person's care plan, it recorded that they lacked motivation to eat and drink and were at risk of malnutrition. There was detailed guidance in the persons care plan about how to support them with their meals, but there was no risk assessment in place regarding the risk of malnutrition.
- People were happy with how risks were managed and told us they received safe care. One person said, "I feel safe. I've had no falls or bruises. The carers help me get up to the Zimmer frame. They help me shower and dress gently." A relative commented, "The carers do things correctly. [Family member] is hoisted, lifted and turned properly. Two people always do the moving. The carers are good and understand [family members] health condition."
- One staff member told us, "I went into the office and they showed me all the equipment I needed to use like the hoist. When we use the hoist there are always two staff members there to make sure it is safe."

Following our inspection, the provider informed us they had reviewed their risk management policy. For people deemed to be at high risk a review would occur monthly, for medium risk a review would occur 3 monthly and for lower risk a review would occur 6 monthly. In addition, the provider completed and sent us a copy of a risk assessment for malnutrition.

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

- People told us they felt safe with the staff and the care they received. One person told us, "I feel safe, they [meaning staff] ask you what you want, ask if you are ok, they take a general interest in you." Another said, "I feel absolutely safe. They are very caring, and I have a very good rapport. I wouldn't have anyone else. I'm lifted gently."
- Relatives also felt their family members were safe using the service. One commented, "The carers provide care for two of my family members. I am confident with the safety of the care provided. It is such peace of mind to know they are being cared for well, staff never try to hide or cover up things, they will contact me if there are any concerns."

- The provider had policies and procedures to keep people safe. Staff received training on safeguarding vulnerable adults at risk of abuse. They were aware of the signs of abuse and the procedure for raising concerns.
- The registered manager was aware of their responsibility for making safeguarding referrals and reporting concerns to the Care Quality Commission (CQC). Records showed that these were completed when required.

#### Staffing and recruitment

- Staff were recruited in line with the providers procedures. Staff records contained a full employment history and evidence of satisfactory references and a Disclosure and Barring Service check.
- People told us there were always enough staff to support them and everyone who needed support with moving told us there were always two staff. A relative said, "What gives me peace of mind is their flexibility. When it was snowing, and I couldn't get to visit my [family member] they arranged an extra visit." Everyone we spoke with confirmed they had never had a missed call.
- Some people told us staff didn't always stay for the whole length of the call. We asked the registered manager about this who told us they monitor the length of time staff attend calls. This is carried out monthly. If a staff member has not stayed for the correct amount of time, they are asked to attend an interview to discuss.
- Staff told us they had enough time to provide the care people needed. We looked at staff rotas and saw that they were given sufficient time to travel to each call. Any changes to the rotas was communicated to staff and people in a timely way.

#### Using medicines safely

- People told us they received their medicines when they needed them. A relative said, "My [family member] always gets their medication on time. The carers always let me know when they are getting low so that I can re-order."
- Care plans provided clear detailed guidance for staff to follow about the level of support people needed and how they preferred to take their medicines.
- People were supported by staff trained in the safe management of medicines and they had their competency checked regularly. Staff confirmed they had received detailed medicine training. One commented, "Management check that we are able to carry this out safely before we are allowed to give medicines to people."
- We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

#### Preventing and controlling infection

- The infection prevention and control policy and procedure had been updated to include guidance regarding the COVID-19 pandemic. This took account of people's religious and cultural beliefs and included actions the provider needed to take in relation to Covid 19.
  - Staff had undertaken additional training in relation to COVID-19 and were aware of their responsibilities and actions taken to protect people from the spread of infection.
  - Staff had sufficient supplies of PPE and could access regular COVID-19 testing. People confirmed that staff wore PPE when they were carrying out personal care.
  - We were assured that the provider was meeting shielding and social distancing rules.
  - We were assured that the provider was using PPE effectively and safely.
  - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
  - We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- The service had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. The manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.
- Staff told us the management team were open and shared learning from incidents with them, such as staff training and revised measures to reduce risks to people.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last comprehensive inspection on 3 April 2019 the provider had failed to have a robust system in place to manage and respond to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) 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 16.

- People and relatives told us they would feel confident to make a complaint and felt sure that if they did so they would be taken seriously.
- People were given information about the service and how to complain when they first started to receive support from the service. Records showed that complaints were dealt with swiftly and in line with the providers complaints policy.
- The service used the learning from complaints to drive improvements at the service.

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

- There were quality monitoring checks in place to audit and review records and systems, however these were not always reliable and effective. For example, the quality monitoring checks had not identified gaps in the risk management plans for people and risks were not always identified.
- We received feedback about poor communication with some staff due to language barriers. One person told us, "The first carer that visited me I couldn't understand at all. I also could not get the carer to understand that I wanted help with making my bed." A second person commented, "They do what they are asked even though there are language difficulties. There is a lack of fluency and understanding which makes companionship difficult."
- There was no system in place to assess staff English language proficiency and communication skills to ensure people's needs could be fully met.
- There was a registered manager, who was also the registered provider. They were supported by a finance manager, a compliance executive and an office executive. It was clear they worked well together and had the same vision for the service.
- Unannounced spot checks were carried out on staff to ensure their training was followed to meet people's needs. Arrangements were in place to ensure staff training was up to date, they received feedback on their

performance and were kept informed of changes and updates through various meetings and regular communication.

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

- The management team and staff were motivated and compassionate about providing person-centred care for people. They had received numerous written compliments about the service. One compliment from a relative read, "[Family member] always tells me how the carers are friendly and helpful and how they spoil [family member]. I know I can trust them [meaning staff] to do their best which is a huge weight off my mind."
- People told us that staff often went over and above their roles. One person told us, "My carer does respect my wishes. I like to get up before they arrive. Once they came early so, we discussed it and now they will only come in if I have opened the blinds." A relative said, "They always go the extra mile, they wash, peel and slice fresh fruit and put it in a bowl for [family member]."
- Staff members spoke positively about working at the service. One staff member told us, "I am fully supported. The office is brilliant. They are always available if I have any concerns, just one phone call away. The manager is amazing."
- Staff felt valued and listened to. They told us that if people or relatives had praised them, the management would always pass this on to them and thank them for their work. One staff member said: "I am happy because we are treated well."

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

- There were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The service notified CQC of significant events appropriately. Policies and procedures were in place and were updated periodically to ensure information was current and supported best practice.
- Staff knew how to report concerns to management and felt confident they would be listened to. They also knew how to take concerns outside the service if they needed to, for example to the local authority and CQC.

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

- People's views about their care were sought during review meetings and through satisfaction surveys. The latest survey results from people and staff showed high rates of satisfaction. Office-based staff phoned people regularly during the pandemic and provided additional support when needed. The registered manager said feedback was being sought via telephone during the pandemic.
- Effective communication systems were in place to ensure people and staff were kept up to date with any changes and support systems. For example, staff made welfare calls to people to make them aware of how the service could help them, such as undertaking shopping if they were having to self-isolate. The registered manager informed us that people also called the main office for a chat which was encouraged.
- The provider had introduced a secure social media platform to enhance communication with the staff.

Continuous learning and improving care

- We saw a 'you said we did' poster that had been completed following the last satisfaction survey. This showed the areas people wanted to see improvements in the service. For example, people wanted more consistency of staff. The provider responded by undertaking a recruitment drive to employ more staff which would allow them to have a larger availability of staff to ensure more consistency. This showed that the

provider had listened to what people had said about the service and used the feedback to drive further improvement.

- There was evidence of learning from accidents, incidents and complaints to drive continuous improvement at the service. For example, there was an incident during the pandemic where a staff member (not on a care call) entered a person's home to use their facilities. In response the provider had put systems in place to ensure that only staff who were allocated to the care package entered the persons property.

Working in partnership with others

- Staff worked with other health and social care professionals to ensure people's needs were met.
- The management team had kept in contact; sharing information with external agencies including the local authority, the Clinical Commissioning Group and family members throughout the COVID-19 pandemic.