K2 Care Limited

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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

K2 Care Limited is registered to provide personal care to adults and children who live in their own homes in the Peterborough area. At the time of our inspection 32 people were receiving personal care from the service and there were 49 care staff employed.

This announced inspection took place on 13 October 2016.

At the last inspection on 21 and 22 January 2016 breaches of legal requirements were found. After the comprehensive inspection the provider wrote to us to say what they would do to meet the legal requirements in relation to improvements to care plans which had not been updated when changes in people's health and welfare had occurred; identified risks that had not been recorded and information about restraint had not been recorded or authorised. The provider sent us an action plan telling us how they would make the required improvements.

During this inspection we found that the provider had made the necessary improvements and all legal requirements were now being met.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 scheme is run.

People had their needs assessed and reviewed so that staff knew how to support them to maintain their independence. Peoples care plans contained person focussed information. The information was up to date and correct.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions. Children and adults were protected against unlawful restraint.

People were assisted to be as safe as possible because risk assessments had been completed for all assessed risks. Staff had the necessary information they needed to reduce people's risks and knew what to do in the event of the incident occurring.

The risk of harm for people was reduced because staff knew how to recognise and report abuse.

The provider's recruitment process was followed and this meant that people using the service received care from suitable staff. There was a sufficient number of staff to meet the needs of people receiving a service.

People's privacy and dignity was respected by staff and staff treated them with kindness. People were aware that there was a complaints procedure in place and felt confident to use it if they needed to.

Systems were in place to monitor and review the safety and quality of people's care and support. People said they had been contacted for their comments about the service provided.

Staff meetings and individual staff appraisals were completed regularly. Staff were supported by the office staff and the registered manager during the day and an out of hours system was in place for support in the evening.

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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.

Risks to people's safety and welfare were assessed and minimised effectively.

People were protected from harm because staff had an understanding of what might constitute harm and the procedures they should follow. There were enough staff to provide the necessary care and support for people.

Staff were following safe practices when they administered or recorded medicines. This meant that people received their medicines as prescribed.

The recruitment process had been followed to ensure that only suitable staff were employed to work with people in their own homes.

Is the service effective?

Good

The service was effective.

Children and adults were protected against unlawful restraint.

People's capacity under the Mental Capacity Act 2005 had been assessed to ensure decisions that were taken were in their best interest.

People received care from staff who were trained and supported to provide safe and appropriate care. Staff knew the people they cared for well and understood, and met their needs.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, caring and respectful.

People were involved in the decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care plans and reviews were up to date and accurate. This meant we could be assured that staff could provide and meet people's needs.

People's preferences were recorded and acted upon and their needs were responded to in a person-centred way.

People and their relatives knew who they could speak with if they had a concern or complaint. A complaints procedure was in place and the registered manager investigated and actioned any concerns or complaints.

Is the service well-led?

Good

The service was well led.

There were effective systems to monitor the ongoing quality of the service. This meant that any shortfalls in the service provided to people were identified and acted upon.

People were involved in the quality of the service being provided to them.

Staff felt supported by the registered manager and they understood their responsibilities in relation to their roles in the service.

K2 Care Limited

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 13 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We received feedback about the quality of the service provided from a representative of the local authority contracts monitoring team. We used this information as part of our inspection planning.

During the inspection we visited the agency office where we spoke with the registered manager, a director, a quality assurance staff member and one care co-ordinator. We spoke on the telephone with two members of care staff and four people who were using the agency.

We looked at six people's care records; audits; minutes of staff meetings and records in relation to the management of staff.

Good

Is the service safe?

Our findings

At the previous inspection in January 2016 we found that the provider was breaching one legal requirement in this area and was rated as requires improvement. We found at this inspection that the provider had made improvements because risks to people had been assessed and minimised.

There had been improvements in relation to the physical and health risks that people were exposed to. This was because the level of risk to people was managed effectively. Areas of risk that had been identified for people included being at risk of falls, risks when staff transferred people, when bathing, and safe eating and drinking. Records we looked at showed information in relation to how these risks had been managed. Staff said they were aware of what to do in the event of an incident occurring. One staff member said, "I know what to do if the hoist breaks down and who to ring." We saw that although risk assessments had been completed there was not always formally recorded information for staff as guidance on what they should do in the event of the risk occurring and people could be at risk as a result. However the registered manager said a new member of staff had been employed to review and update people's care plans and risk assessments on an ongoing basis.

Staff told us that risk assessments were written using the appropriate health professionals for advice. For example if a person had problems with swallowing or choking there would be information from the speech and language therapist (SALT) about what to do if they did choke. Another member of staff told us there were appropriate risk assessments, for example in relation to moving and transferring. They told us that where people were transferred using a hoist there were always two staff to ensure the risk of a fall would be minimised. We saw that a process was in place to ensure risks were reviewed regularly. Staff confirmed that the reviews took place and information in people's records was updated where necessary.

The registered manager had a policy on the management of medication. At the last inspection some medicines recorded within peoples care plans were spelt incorrectly. During this inspection we saw that medicines detailed in the care plans we checked were correctly spelt. Staff told us that they had received training in the administration of medicines and that their competency was assessed by senior staff. One staff member said, "I have completed medication training last month [September] and my competency was checked by a team leader."

We checked the medication administration records (MARs) of five people and they showed that people had been administered with their prescribed medicines. One person told us, "They [staff] give me my tablets [medicine] morning, lunch time and night time. They [staff] get it right and I just take them. I know what I take."

People told us that they felt safe. One person said, "I feel safe. I have one carer and I trust her." Another person said, "I feel safe with them [staff]. They've been all right with me and look after me." The registered manager said all staff had received training in safeguarding people from harm, including refresher training where necessary. Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed when incidents of harm occurred. Staff told us they would

contact the office if they were worried or had any concerns about the safety of people. One member of staff said, "[If they saw bruising] I would ask what happened, ring the office and log it. I can report to the social services adults team to make sure everything is reported." People were kept as safe as possible because the registered manager was aware of their responsibilities in protecting people from harm. There had been no safeguarding concerns since the last inspection.

The registered manager and evidence from staff files showed the process of recruitment for staff. Information on recruitment files showed pre-employment checks had been undertaken. Other documents provided by staff included recent photographic identity and their fitness to work with people using the service. The records showed a valid certificate from the Disclosure and Barring Service (DBS), which carries out a criminal record and barring checks on individuals. The registered manager said that some staff commenced work before their DBS check had been received. They undertook training and worked to observe care only with a more senior staff member until the DBS had been checked and validated. DBS checks for staff were updated every three years and there was evidence on staff files where that had been completed.

There was a sufficient number of staff available to meet the needs of people who were receiving a service. People told us that they had regular staff and this ensured continuity of care and allowed a positive relationship to develop. One person said, "I always have two [staff] to lift me, bedtime and in the morning. One comes at lunchtime." The person went on to say that there were never times when one member of staff assisted them to transfer, there were always two. We asked staff what happened in the event of staff sickness or holiday. One member of staff said, "We let the team leader or office [staff] know if we're not well. They will ring other carers who are free and ask them to go in [to provide care for people]." The staff we spoke with said holidays were always covered in advance.

People told us and records showed that there had been no missed calls from the service. A staff member told us there was a new log in system for some people using the service, which provided evidence that calls had been made and for the length of time staff should be with the person. This meant that people could be assured they would receive the care to meet their needs.

There were 49 staff employed by K2 Care Limited at the time of the inspection, and 32 people who used the service. The registered manager said that they ensured staff availability before they agreed to provide care to any new people. Staff told us they were usually given sufficient time to care for people and meet their needs. One staff member told us the time provided by the local authority packages of care was not always sufficient. They told us, "It takes a long time when dealing with [assisting] people who are confused. We log it [the time] and report it to the [registered] manager. We continue to log the time we care for the person. The [registered] manager then gets back to the social worker and they come out and assess [the time needed to assist the person]. Some increases [of time allocation for assisting people] are quick but sometimes it can be longer depending on the social worker."

Good

Is the service effective?

Our findings

At the previous inspection in January 2016 we found that the provider was breaching one legal requirement in this area and was rated as requires improvement. We found at this inspection that the provider had made improvements because the policy on restraint of children had been updated and staff understood their responsibilities in relation to restraint.

The registered manager stated that no staff restrained any person they provided care to. We checked the care plan of one child that showed how family members now assisted staff at mealtimes to help with the child's spontaneous arm movements. We saw that the child's family and the local authority had been involved with the service in discussions about the plan of care for the child. Evidence on file showed that staff had read, agreed, and understood the care plan.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

The registered manager and all staff had an understanding of the MCA. The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests and in the least restrictive manner. All the people we spoke with were able to make their own decisions. The registered manager and staff said there was no-one who was not able to make decisions about their care needs or who would require a specific assessment under the MCA in relation to best interest decisions.

Staff understood people's needs and they were able to tell us about aspects of people's care. Staff ensured that the care provided was only with the person's consent, and the people we spoke with agreed that was the case. We saw details in care plans which contained a consent record. This was about areas such as consenting to the service, consulting other professionals, wounds being recorded and information to be shared by other professionals. The forms had been completed and signed by the person. One member of staff said, "I am going to complete the training [MCA and DoLS] on line, but I understand [MCA] and know I ask people what they want. Communication is important and I tell them who I am and why I am there." Another member of staff said, "The people I help all have capacity. It's about asking the clients how they want us to help them, to tell us what they need. It's making sure you give choice of things like food, clothes, where they want to go. It's in their care plans and I go by that [in relation to people's best interests]."

Staff told us they received a range of training that supported them with their roles, such as safeguarding people from the risk of harm, moving and repositioning, dementia, catheter care, first aid and medication administration. Staff told us the training was online but moving and handling and basic life support were completed face to face. A matrix seen during the inspection showed that the training for current staff was up to date or had dates by which staff had to have completed their training online.

People told us that the staff were able to provide the care they needed in a way that was competent and

professional. One person said, "They're [staff] trained well. They know what they're doing. They [senior staff] come and do spot checks [to ensure staff are following the policies and procedures of the service] and I'm asked too." Information on files showed staff had attended an induction training programme, which provided all the mandatory training expected by the provider. Staff confirmed that their competency was assessed through observations in areas such as medicine administration and moving and repositioning people.

Staff told us they had completed training in communication. One staff member said, "We communicate every step. We tell them what is happening and offer choices. For example we write things down for people who are hard of hearing, we spend more time with people who can be confused and give them plenty of time to think about what we've said before we do anything."

Staff told us that they had been supported by training, team meetings, spot checks and appraisals. One staff member said, "I have appraisals, which take place in the office and there are spot checks every 12 weeks or so. They [senior staff completing spot check] watch us, talk to the client and family [of the person using the service]. If there are problems it is reported and addressed."

People were supported by staff who ensured that they could see a range of healthcare professionals when it was required. These included GP's, district nurses and emergency services. One member of staff told us about the medical needs of one person they cared for and what they would do in the event of an emergency for that person. It was clear there were procedures in place to protect the person. This meant that people were supported with their healthcare needs.

Two people told us they had frozen meals delivered and staff heated them up. They told us the staff always offered them a choice of meal. One person said, "I have frozen meals now, I'm not used to that. I pick out what food I want to eat and they [staff] cook it." Another person said, "They [staff] come at dinner time and they get me what I like for each dinner. Today I want chips and gravy and they'll get it for me." Staff told us they left extra drinks during warm weather to make sure people had enough fluid available. One staff member told us about one person and said, "Mostly there are ready meals and I check the times for cooking. I stay and watch that they [person] eat the food. If they don't eat I tell the office [staff] and if necessary ring the GP."

Good

Is the service caring?

Our findings

People told us that the staff were caring and kind. One person said, "The carers [staff] are nice. They're polite." We observed how staff talked with the people they were caring for and this was excellent. People were encouraged to do as much for themselves as possible and were treated with kindness and respect by staff. One person told us that the staff helped when necessary, but let the person try to do what could to maintain their independence. They said, "I do what I can. They [staff] help with [washing] hair and my back. The rest I do myself. I call them after I've done [what I can] and they [staff] help me dry and get dressed." One staff member said, "The best thing [about the job] is seeing people, caring for people and talking to them."

Staff understood and were aware how people could be discriminated against and how they would ensure people were treated fairly. The registered manager said that usually male carers provided care to males and female carers to females, but if someone wanted a carer of the opposite sex then the service would try to provide that. One person told us they understood the cultural background of the carers and that, "Women [staff] can't touch men [when providing personal care]," but they were quite happy with that.

People said that they (or a relative) had been involved in developing and reviewing their care. They said that they had talked to staff, provided information and made decisions about the care that they wanted. Staff were able to tell us about the people they were caring for and how they supported those people in their own homes. One person said, "I was involved in my care plan and risk assessments." People told us that they had a good relationship with the staff who provided their care. One person told us, "They [staff] help me wash and dress. I had a shower yesterday but can have one any time."

Staff told us how they ensured people's privacy and dignity through closing the curtains, keeping doors closed and covering people when providing personal care. They told us how they involved people in their everyday decisions about their care and how they provided choices to them. People told us that staff treated them with respect. One person said, "They [staff] always keep me respectable. If my [relative] is here they shut the door, but I don't want [have] it shut [at any other time]."

People were able to speak up on their own behalf or were supported by a relative who would speak up for them if it was necessary. The registered manager provided information that showed that, if necessary, an independent advocate would be sought to help anyone if they wanted it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

At the previous inspection in January 2016 we found that the provider was breaching one legal requirement in this area and was rated as requires improvement. We found at this inspection that the provider had made improvements in care plan documentation.

Improvements had been made because the care needs of people whose files we looked at had been reviewed after the last inspection and new care plans had been written. These care plans had the necessary information to ensure staff could provide the appropriate care and individual needs for people. For example such as the times of visits, maintaining people's mouth care, people's abilities, who administered medication (i.e. the family or staff of the service) and any equipment necessary for safe moving and transferring. There was sufficient detail as guidance for staff to ensure people's care and wellbeing needs were met. The registered manager said a new member of staff had been employed to review and update people's care plans on an ongoing basis.

One staff member said, "If there is a new client we go out and do the first assessment with the family on the first visit." People told us they discussed their care needs with staff and one person said, "Every now and then they [office staff] come to ask me about my care." There was evidence in the care records to confirm that people were included in their reviews of care. In another person's care plan there was information about how two members of care staff should support them with moving and transferring. People and staff confirmed that there were always two staff to complete the transfers.

People told us they felt the service provided by K2 Care Limited was flexible and responded to their changing needs. One person told us that if they required a visit earlier than usual because of a doctor's appointment for example, the service made every effort to accommodate the earlier visit.

The provider had a system where any care calls that were late or missed were recorded on the computer system and checked by staff in the office. We looked at the computer system and there was evidence that some people's care calls had been delayed but no calls missed. People told us the staff were reliable and no-one recalled a missed call.

We saw details of the provider's complaints procedure in people's individual files. People knew the telephone numbers of the office and the out of hours details. One person said, "I have no complaints. The service is quite good. There is a [complaints] form in my folder [that could be completed] but if I wasn't happy I would ring up [the office staff]." Information in the questionnaires sent by the service to people in the community showed that one person had commented that they had made a complaint but it had been dealt with effectively. We checked the complaint and found the service had addressed the issue to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

During the last inspection we found that no additional quality audits in relation to areas such as care plans and risk assessments had been completed. At this inspection we found that audits had been completed in relation to care plans, risk assessments and medication management. The audits had been signed by two managers and a date recorded to review the sustainability of any improvements made. This meant that there was a process in place to ensure the health and mitigate the risks for people.

The registered manager told us they monitored the quality of the service provided so that people could be confident their needs would be met. They told us that there was a system of spot checks to observe the care provided by staff up to six times a year. Staff and people confirmed that was the case.

The registered manager also told us that there was a quality assurance system in place. Every six months, ten percent of the service users were sent a questionnaire to complete. During June 2016 six surveys were sent out and all six had been returned. One person we spoke with confirmed they had been sent a questionnaire, which they returned. The surveys we saw had set questions and there was additional space for comments and feedback to be recorded. There had been no issues raised and this was confirmed when we looked at the questionnaires.

People made positive comments about the service and said they would recommend the service to others. One person said that the staff in the office were able to give them the information they needed. Another person said, "They [office staff] make a good job of it."

There was a registered manager in post at the time of the inspection and they were supported by office and care staff. Staff were aware of their responsibilities within the service and told us they understood how to raise concerns through the whistleblowing policy in the service. Staff said they enjoyed their work and felt the registered manager and staff in the office listened to them. One member of staff said, "The managers are very approachable. They give carers support and know what's going on." Another member of staff said, "They [managers] are good. They take issues [like risk assessments] and take action to put things right."

We saw evidence that staff meetings were held and had taken place in June 2016. Staff said the meetings were useful and informative. One member of staff said, "The carers get together with a manager and talk about the people [they provide care to], any concerns or equipment we need. [Where necessary] information is given to the social worker or the family." Another member of staff said, "They [team meetings] are about monthly or every six weeks. We discuss everything to make sure we give the best quality [of care] to keep the client happy. We also discuss if we need any [further] training such as dementia training." There was evidence that staff had been provided with dementia training, which meant the provider listened to staff.

Providers of health and social care are required to inform the Care Quality Commission (CQC) of certain events that happen in or affect the service being provided. The registered manager had an understanding of their role and responsibilities such as supporting staff, providing training and notifying the CQC when

required. They were aware of when a notification was required to be sent to CQC but there had been no events in or affecting the service to date.