

Kris Carers Limited

# Kris Carers Ltd

## Inspection report

Peepul Centre  
Orchardson Avenue  
Leicester  
Leicestershire  
LE4 6DP

Tel: 01162436483

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Kris Carers Ltd is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our inspection there were 42 people using the service.

Not everyone who used the service received 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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### Right Support:

People and relatives were mostly satisfied with the service, and some said it had improved. The provider had new systems in place to check the care and support provided was of good quality. Some changes were needed to the service's registered service user bands to ensure people's needs could always be met.

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.

### Right Care:

Staff provided safe care and knew how to protect people from harm. They followed people's care plans and risk assessments which were personalised. Some improvements were needed to medicines records.

People and relatives made many positive comments about the caring nature of the staff. Staff were safely recruited. They told us they enjoyed working for the service and were well-supported by the registered manager and other senior staff.

### Right Culture:

People and relatives said managers and staff listened to them and made changes where necessary. They had the opportunity to complete quality assurance surveys which were used to improve the service.

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 Inadequate (published 28 November 2022). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 28 November 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 11, 12 and 26 October 2022. Breaches of legal requirements were found and a Warning Notice served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook this focused inspection to confirm the provider now met legal requirements.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

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

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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors and an Expert 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 homes.

#### 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

We gave the service 48 hours' notice of the inspection. This was because we wanted to be sure there would be people available to speak with us. Inspection activity started on 23 May 2023 when we visited the location's office. On 23 and 24 May 2023 we made telephone calls to people and relatives to get their views on the service

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the

service does well and improvements they plan to make.

During the inspection

We spoke with 5 people who used the service and 5 relatives about their experience of the care provided. We spoke with the registered manager, director of finance, administrator, care co-ordinator, care manager and two care workers. We reviewed a range of records including 4 people's care records and medication records. We looked at 4 staff files in relation to recruitment, training, and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

# 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 inadequate. At this inspection the rating has changed to requires improvement. 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.

### Using medicines safely

At our last inspection the provider had failed to ensure systems and processes were in place to demonstrate people's medicines were managed safely. This was a breach of regulation 12 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.

- Systems and processes to support people safely with their medicines had improved. Staff had recent training in medicines administration. However, further improvements were required.
- Prescribed creams were now included within people's care plans. Staff continued to record in people's daily notes they had applied creams. However, medicines administration records (MARs) did not include prescribed creams and therefore were not signed as being applied by staff. The registered manager confirmed they would include prescribed creams on MARs and advise staff to sign once the cream had been applied.
- One person's assessment mistakenly listed their 'medical conditions' in the space where their 'current medication' should be. The registered manager said they would address this to ensure assessments were completed correctly in future.
- At the time of our inspection people who required support with their medicines were not prescribed medicine to be taken 'as required'. The service had an 'as required' medicines policy which they sent us following our inspection. This would be used if they did provide a service for people on 'as required' medicines.
- People's care records had been updated to include a copy of information provided by the supplying pharmacist, which included the name of the medicine, the dosage and time of administration. This information accompanied the MARs which staff signed when they administered the medicine from the dosset box prepared and supplied by the pharmacist.
- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicine. Where support was required, care plans provided guidance for staff as to how the person preferred to take their medicine. For example, a person told us, "Staff put my tablets out for me from a blister pack onto a plate or little pot as I cannot open the pack myself."

### Staffing and recruitment

At our last inspection the provider had failed to recruit staff safely. This was a breach of regulation 19 of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Recruitment checks didn't always include a written record of why a staff member might have gaps in their employment history. The service amended their application form during our inspection to ensure one was always provided.
- The provider had improved processes in place to ensure staff were safely recruited. These included a system to ensure staff had the right to work in the UK and had up to date Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Most people and relatives were satisfied with their care workers. A person said, "[Care worker] is great to be honest, we have built up a good relationship, I am very happy with them, they have never not been able to come, I absolutely feel safe with them." A relative told us, "My [family member] is very happy and has a good on-going relationship with the carers."
- The majority of people we spoke with said care workers were punctual and let them know if they were going to be late. A person told us, "Times are usually okay, they always let [person] know of changes and have never not turned up." The provider monitored call times and took action if a care worker was late to ensure people had the care they needed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect people from potential abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2018.

Enough improvement had been made and the provider was no longer in breach of Regulation 13.

- People and relatives said the service provided safe care. A person said, "I feel very safe, they are nice people all of the time, I feel confident with the staff, no sign of any form of abuse ever." A relative told us, "We feel very safe, the carers are good, they do a good job, no accidents or incidents."
- The service had a new system in place to reduce the risk of missed calls. If for any reason a call was missed managers were alerted so a replacement member of staff could be sent out.
- Staff were trained in safeguarding and knew what to do if they had concerns about the welfare of any of the people using the service. Care workers knew how to report safeguarding concerns to managers and to the local authority and CQC as necessary. Records showed safeguarding concerns had been reported when required.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure care records were of good quality. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care records provided clear guidance and instructions for staff to enable them to provide safe care. People and relatives said care workers followed these and used equipment safely. A relative told us a care worker showed their family member how to use a walking frame safely which was 'very helpful'.
- Potential risks to people's health and wellbeing were assessed and kept under review. For example, staff had information on how to use equipment to move people at risk of skin damage safely, and how to re-position people who were cared for in bed, and adjust the height of their bed to its lowest position, to



reduce potential harm should they fall from bed.

- Care records provided information and guidance to enable staff to support people safely and promote independence. For example, the positioning of equipment to enable people to transfer from their bed into a motorised wheelchair, so they could move around independently within their home and in the community.
- Environmental risks linked to people's homes were considered as part of the assessment process, for example, potential trip hazards and whether smoke alarms were installed.

Preventing and controlling infection

- Staff were trained in infection control, coronavirus control and awareness, and basic food hygiene. The service had good supplies of personal protective clothing and equipment and care workers said these were always available to them.
- People and relatives said care workers wore personal protective clothing. A person said, "Staff wear a uniform, gloves, masks and aprons."

Learning lessons when things go wrong

- People and relatives told us when there were issues with their care managers addressed these and made improvements. A person said, "I only complained once a long time ago and it was sorted."
- The service complaint tracker showed that concerns raised were recorded and action taken to resolve them. For example, a relative wanted care workers to allow their family member more independence at mealtimes. This was addressed with the care worker being advised to prompt the person before doing things for them.

# 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.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure consent was gained in line with the Mental Capacity Act. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 Mental Capacity Act (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.

We checked whether the service was working within the principles of the MCA.

- Most people and relatives said staff always asked for consent before providing care. A person said, "[Care worker] always asks for my consent before they do anything." A relative said, "[Care workers] always ask for [family member's] consent before [providing personal care]."
- People's care plans were discussed with people, and their relatives where applicable. This ensured they were involved in key decisions and consented to receiving care and support. People signed their consent to the service being provided and had their mental capacity considered. At the time of our inspection no-one using the service had any restrictions on their liberty.
- All staff were trained in the MCA and followed the provider's policies and procedures. Staff told us they always asked for consent before carrying out any care and support tasks. A care worker said, "I ask then [before providing care], if they refuse, I ask in a different way or a bit later. If they still refuse I call the office for advice. I would never provide care without getting the person's permission first."

Staff support: induction, training, skills and experience

- Most people and relatives said staff were well-trained and competent. They said care workers used equipment safely, were adaptive to people's needs, and had a professional approach. A relative told us how care workers worked effectively with their family member who was living with dementia.
- Staff training was up to date and the provider used a training matrix to monitor when further training was needed. Staff had a full induction and did not work alone until they were judged competent to do so.
- If staff needed specific training to meet people's particular needs this was provided. For example, staff were trained in allergen awareness, catheterisation, and diabetes, as people needed staff who understood these needs.
- The provider used supervision, competency checks, and team meetings to develop staff and discuss their practice. Staff said they were satisfied with their training which enabled them to carry out their roles effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- Care workers provided drinks and snacks for some people and assisted others with their meals. Care workers were trained in diet and nutrition and basic food hygiene.
- People's dietary needs were assessed, allergies and dietary requirements noted, and care plans put in place where necessary. Care plans set out people's like and dislikes and the support they needed to have their meals and snacks.
- If people had any difficulty eating and drinking care workers followed their risk assessments to ensure they provided safe and effective support. For example, they cut up one person's food into bite-sized pieces to make it easier for them to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff assessed and monitored people's health conditions. If they had concerns about people's health, they referred them to their GPs or to the community nurse/therapist team who look after people who need clinical care in the community.
- Care plans showed staff followed health care professionals' instructions where necessary, for example supporting people to apply creams when required.
- Since we last inspected staff had completed health and social care protocol training. This meant that with the right oversight and training they were able to support people with some tasks traditionally carried out by nurses, for example, using topical medication, inhalers, or eye drops.

# 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 requires improvement. 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.

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

At our last inspection poor quality governance and oversight at the service meant care was not high quality. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service mainly supported older persons some of whom had needs relating to dementia and their physical and mental health. However, it was also registered to support people with learning disabilities or autistic spectrum disorder; people who misuse drugs and alcohol; and people with an eating disorder. Staff had not been trained to support any of these service user groups, and we could not be sure the service had the expertise and specialist knowledge required to do so.
- The registered manager said the service was not supporting any of these service user groups at the time of our inspection. They said they would address this issue and either ensure the service was equipped to support them or apply to CQC to have these groups removed from their registration.
- Since we last inspected the service had made significant improvements to its governance. Some of the people and relatives we spoke with commented positively on this. A person said, "Improved service lately as some new staff, [and the service is] training new girls who accompany regular staff." Another person told us, "I am happy with the service I receive, seems quite good, staff take more time with me these days and are not doing a bad job."
- The service had new audit systems to provide assurances that staff were providing high-quality care. Care plans, staff recruitment, medicines and mental capacity assessments were regularly audited. Most shortfalls were identified and promptly addressed. One issue involving medicines recordings had not been identified but was addressed as soon as we brought it to the registered manager's attention.
- The service had a new system in place to reduce the risk of missed calls. If for any reason a call was missed or a care worker was significantly late, managers were alerted so a replacement member of staff could be sent out.

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

- People and relatives said the service was well-led. A person told us, "I think the company is well managed, I can't complain, [care worker] fantastic." A relative commented, "I am happy with the service [person]"

receives and can't think of any changes needed."

- A person told us they had had a good outcome from using the service. They said, "I am happy, no problems, staff do help and encourage my walking and independence."
- Improved care plans and risk assessments meant staff had clear guidance on how to support people safely and effectively.

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

- The registered manager and staff understood their responsibilities to be open and honest with people when things went wrong. A person said, "The company are straight onto any complaints and will sort them out at once. A good, efficient company."
- The registered manager submitted notifications to CQC as and when required. Notifications are changes, events and incidents that affect their service or the people who use it.

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

- People and relatives said they were in regular contact with managers and staff who listened to them and took their views into account. A person told us, "I have spoken to the [registered] manager on the phone, they are friendly and approachable. They are helpful in the office, it seems to be a well organised company."
- Some people and relatives said they completed quality assurance surveys which enabled them to share their views about the service. The provider received 74 mostly positive responses to their latest survey sent out in January 2023. The provider produced a 'You Said, We Did' document after the survey to show what improvements had been made because of it.
- Staff had the support and resources they needed to develop and improve their skills. Senior staff were on call 24/7 if care workers needed to speak with them. A care worker said, "We get support anytime and always. There's always someone senior to talk to and everybody in the office supports us."

Working in partnership with others; Continuous learning and improving care

- The registered manager had worked closely with the local authority to improve the governance of the service which was now compliant in most areas the commissioners monitored.
- Staff worked with health and social care professionals to ensure people's needs were met. Any guidance given was recorded in people's care plans and followed by staff.
- The service used a range of resources to keep up to date with changes and improvements in the care sector including those provided by CQC, a compliance management company, the local authority, and other domiciliary care services.