

Karva Care Services Limited

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Inspection report

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Karva Care Services Limited is a domiciliary care agency providing personal care to 10 people at the time of the inspection. 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.

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

People told us they felt safe and were supported by staff who understood the risks associated with their care. Care plans and risk assessments were not in place for all of people's known risks. Where care needs had changed care plans and risk assessments had not always been updated to reflect people's most current needs. This placed people at risk of receiving unsafe care. People were supported by staff who understood the appropriate action to take should they be concerned about people's safety.

People received effective care. 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. However, the policies and systems in the service did not always support this practice. People were supported to receive appropriate healthcare in line with their specific needs. Staff had received training in line with people's needs. Not all the people using the service required support with eating and drinking but where they did there was some guidance in people's care plans.

People received support that was caring and kind. People and their relatives, where appropriate, were involved in their care. People had their dignity and privacy respected and their independence promoted.

People did not always receive care that was responsive to their needs. Whilst people and their relatives had been involved in developing their care plans and reviewing them as and when their needs changed, we found that care records had not been kept up to date. People were able to raise concerns and complaints and be assured these would be investigated.

The service was not consistently well-led. Governance systems to monitor the quality and safety of the service were either not in place or not robust. People were able to feedback their views of the service. The registered manager acted openly and responsively during the inspection ensuring they took immediate action to improve any areas of improvement we identified.

Rating at last inspection

The last rating for this service was Good (published 05 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to a lack of robust systems to monitor the quality and safety of the service, Good Governance. The provider took action following the inspection to address the issues identified at the inspection. Please see the action we have told the provider to take at the end of this report.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Karva Care Services Limited

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

This inspection was carried out by one 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.

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 15 July 2019 and ended on 18 July 2019. We visited the office location on these dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with the registered manager, who is also the registered provider, and three members of staff. We reviewed a range of records. This included three people's care records and two 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 were reviewed.

After the inspection –

We spoke with two people who used the service and one relative about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found.

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 Good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- Care records and risk assessments did not consistently provide staff with clear instructions on how to support people safely. Whilst there had been no known impact on people's care or well-being it was important for staff to have guidance on how to mitigate the risks associated with people's care.
- Care records and risk assessments had not always been updated with people's current needs. This meant there was a risk that known risks had not been mitigated.
- People and their relatives told us they felt safe whilst receiving care. People told us that staff understood the risks associated with their care.
- Staff were able to tell us how they supported people safely and understood people's risks.

Staffing and recruitment

- Staff informed us that recruitment checks were carried out prior to them supporting people. We saw that recruitment checks such as Disclosure and Barring checks (DBS) were carried out prior to staff supporting people.
- People informed us that the correct amount of staff were available to support them and didn't report any concerns over missed calls.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood the signs of abuse and appropriate action to take should they have concerns. Staff had received safeguarding training and were able to describe the action they would take to report any concerns.
- The registered manager understood their responsibility to respond to safeguarding concerns including informing the local authority.

Using medicines safely

- Not all the people using the service required support with their medicines.
- Staff told us they received medication training and that checks on their practice were carried out to make sure medicine was administered safely. We saw that records of these checks were made inconsistently. The registered manager informed us they would amend their records to reflect the checks that were carried out on staff practice.
- Medicine administration records (MAR) were audited to ensure medicines had been administered safely. These audits had not been effective in identifying some recording errors that we found.

Preventing and controlling infection

- Staff were aware of their responsibility for good infection control. They informed us that they were supplied with gloves and aprons to wear when supporting people. People and relatives confirmed that personal protective equipment was used by staff.

Learning lessons when things go wrong

- There were systems in place for staff to report any incidents or accidents that had occurred. We saw these had been dealt with appropriately as and when they occurred.

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

- The registered manager informed us that they would only provide care to those people whose needs they had assessed as safe to meet. The registered manager explained this also included ensuring the correct equipment was in place to enable safe care to be provided.
- As part of the assessment the registered manager considered whether staff had appropriate training to provide care based on people's individual needs.

Staff support: induction, training, skills and experience

- Staff informed us they were happy with the training they received and told us it provided them with the skills they needed to support people. One staff member told us, "The training all in all is great." Staff informed us that they shadowed other staff prior to working on their own and received supervision from the registered manager.
- People informed us that they felt staff had the right skills and knowledge to support them and one person told us, "Yes they [staff] are trained well."

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

- Not all the people who used the service required support with eating and drinking. Where people did require support, there was some guidance available in people's care plans around their support needs.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager informed us that they, and the staff team, liaised with other healthcare professionals when people's needs changed. For example, if a person's mobility needs had deteriorated.

Supporting people to live healthier lives, access healthcare services and support

- People told us that staff understood their healthcare needs and the specific support the person needed. One person told us, "If I had not been well they [staff] would help me in any way they can."
- We saw that there was some information in people's care plans about their healthcare needs. Staff could explain to us people's medical conditions and knew who to contact should they have concerns.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Staff understood how to support people appropriately in line with the MCA. Staff were able to describe how they sought peoples consent and offered choices to people during their care.
- Whilst the registered manager had begun work to improve the support people received under the MCA following our last inspection, we found further improvements were needed. We found that whilst the majority of people using the service had capacity, there had been no assessments carried out for those people who may not have had capacity to make some decisions. The registered manager informed us of their intentions to carry on with progressing with this work.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they felt cared for and well supported by the staff team. People had a regular group of staff who supported them, and this had helped people feel happy with the support they received. One relative told us about their staff team and commented, "I can ask them anything they know what's going on they're like my friends really." One person told us their staff team, "Have got to know me well and that's important."
- Many of the people had been using the service for a number of years and this had helped people to develop positive relationships with the regular staff team who supported them.
- Staff told us they enjoyed their role and had got to know people well. One staff member told us, "The job is very rewarding and makes me so happy." Staff were able to tell us about people's interests.

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

- People told us that they had been involved in developing a care plan when they first started to use this service. This had enabled people to state how they wished to be supported.
- Staff were able to tell us how they ensured they offered people choices in their care such as what clothes to wear or what to eat.

Respecting and promoting people's privacy, dignity and independence

- People told us that they felt staff treated them with dignity and respect. Staff were able to tell us how they ensured people maintained their dignity whilst supporting them with personal care by covering them with a towel when bathing them for example.
- Staff were able to tell us how they maintained people's independence wherever possible. Staff ensured people supported themselves as much as they could. Care plans detailed the need to promote people's independence wherever possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- We found that people's care plans did not consistently contain accurate and up to date information about people's care needs. For example, one person's care plan stated that they were being hoisted for all mobility needs. When we spoke with the registered manager they confirmed that this was not the case anymore and in fact the person was being cared for in bed. This meant there was a risk that people would not receive care how they wished.
- We found that when people's needs changed care records had not consistently been updated to reflect these changes.
- People and a relative informed us they had been involved in initially compiling a care plan that reflected people's care needs along with likes and dislikes.
- People told us that their care was reviewed as and when their needs changed. One person told us the service had, "Developed a plan of care with me and re-adjusted it with me."
- Staff were aware of people's preferences for care and had worked with people for a number of years.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- From our discussions with the registered manager we found that they were unclear of the requirements of the AIS. The registered manager agreed to undertake further learning in this area.

Improving care quality in response to complaints or concerns

- People were aware of how to raise complaints, although commented that they had not had the need to do so. One person told us, "They listen to me and I feel I can raise concerns."
- We saw there was a complaints procedure in place. There had been two complaints received and both had been dealt with appropriately.

End of life care and support

- The service was not currently supporting people with end of life care.

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.

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

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

- At our last inspection we had identified that the provider did not have an effective system to monitor the quality and safety of the service. At this inspection we found that this continued to be the case.
- Care records and risk assessments had not been kept up to date in line with people's current needs.
- Whilst staff told us that spot checks took place records did not show that these checks had been undertaken consistently. There were no systems to schedule these checks to take place.
- Systems had not been established to ensure daily notes were audited consistently and as such errors in recording had not been highlighted.
- Medication monitoring systems had not been entirely effective and had failed to identify recording errors on MAR charts or that prescribed creams had not been recorded consistently for one person.
- At the time of the inspection the registered manager did not have a call monitoring system in place. Whilst people did receive support from a regular staff team, a system to monitor that calls had been attended was required. The registered manager took action the following day to ensure a call monitoring system was re-introduced.
- Systems were not in place to monitor the training staff received. This meant there was a lack of oversight of when training had taken place and when it needed to be renewed. The registered manager informed us of a new system that had been introduced shortly before the inspection that would enable this oversight to occur. We could not judge the effectiveness of this system at the inspection.
- Whilst the registered manager had responded appropriately to safeguarding concerns they had failed to notify the Commission of one safeguarding concern.
- The registered manager had not kept themselves up to date with all current practice such as the introduction of the Accessible Information Standard.

A failure to have robust and effective governance systems in place is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager has acted responsively following the inspection and has been open and transparent in their responses to us. The registered manager informed us of immediate action they had taken to improve the monitoring of the service and timely action to check on the safety of the people receiving 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

- Through our discussions with the registered manager we determined that they were aware of and acted in line with the duty of candour requirements. The registered manager was open and transparent throughout the inspection process.

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

- People informed us that they had been asked for feedback on the service and had been sent questionnaires. We saw that these questionnaires had positive feedback from people.
- At the time of the inspection staff had not been given the opportunity to complete questionnaires in order to feedback their views of the service.
- Staff felt supported in their roles and able to feedback any concerns they may have.

Continuous learning and improving care

- The registered manager had recently enrolled staff on further training around people's specific needs and had sourced additional resources to support staff members knowledge.
- The registered manager informed us they were undertaking further training to support their own professional development.

Working in partnership with others

- The registered manager shared examples of when they had worked with other healthcare professionals such as occupational therapists when people's needs had changed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have robust and effective monitoring and governance systems in place. Regulation 17 (1)(2)(a)(b)(c)