

K&S Care Solutions Ltd

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

K&S Care Solutions Ltd is a domiciliary care agency providing personal care to 20 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

Audit systems were not always effective in checking the quality of the service. Medicine and call log audits did not always identify trends to ensure action was taken to address any concerns. Time slots were not always provided to people so they knew what time the carers would be arriving.

Effective systems were in place to keep people safe. Staff were aware of the types of abuse and understood how to keep people safe. Risk assessments were in place and clearly guided staff how to manage risk to people. Staff understood how to manage risk to people. People were supported by a sufficient number of safely recruited staff. People's medicines were administered to them safely. Protocols were in place to guide staff when to administer as required medicines. Staff understood how to reduce the risk of infection to people and wore Personal Protective Equipment. Where things went wrong, the registered manager identified lessons learnt and took action to reduce the risk of reoccurrence.

People's needs and choices were assessed and care was delivered in line with these needs. People's diverse needs had been considered within assessments and guidance was in place to guide staff how to meet diverse needs including reference to religion, language and culture. People were supported by well trained staff who had the skills and knowledge to meet their needs. Staff were up to date with mandatory training and were observed by senior staff members to be signed off as competent before providing care to people. People were supported to eat and drink in line with their care plans. People were supported to access health professionals when needed.

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

People were supported by kind and caring staff who tried to build a rapport with them. Staff were passionate about providing people with the best care. People were supported to make decisions about their care and told us they were always given choice. People were supported by staff who promoted their independence. Staff understood how to promote people's dignity and respect their privacy by shutting doors and covering them when supporting them with personal care.

Personalised care plans were in place that guided staff as to how people would like their care delivered. Staff knew people well. The registered manager had created a culture file to provide further guidance to staff about people's individual cultural needs. Staff understood how to meet people's communication needs. People were supported to engage in activities of their choice. A complaints policy was in place that was followed by the management team. People told us they were comfortable with raising concerns and were confident they would be addressed in line with the policy.

The registered manager was aware of their statutory responsibilities in relation to submitting notifications to CQC. The management and staff team were clear about their roles. People, relatives and staff were encouraged to input regarding the service. The management team promoted a person centred and empowering culture. The registered manager understood and acted on the duty of candour and was open and honest. There was a clear emphasis on continuous learning and improving the quality of care provided. The service worked closely in partnership with the local college, health and social care professionals.

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

Rating at last inspection

This service was registered with us on 25/02/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the service not having been previously inspected.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

K&S Care Solutions 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 team consisted of 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 and specialist housing.

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

This inspection was unannounced.

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 28 January 2020 and ended on 29 January 2020. We visited the office location on 28 January 2020.

What we did before the inspection

We reviewed information we had received about the service since its registration. 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 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 of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including care workers, the registered manager, a director and the training manager.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two 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 provider to validate evidence found. We looked at additional medicine administration records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One relative told us, "The carers keep [Person's name] safe."
- Effective systems were in place to keep people safe and protect them from abuse. Accidents and incidents were recorded and action taken where needed to reduce reoccurrence.
- Staff were aware of the types of abuse and understood how to keep people safe. One staff member told us, "I would report physical, emotional, mental, social, physical abuse and neglect. We would then phone the council and they would investigate. I am confident any safeguarding concerns would be dealt with in the right way."

Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed.
- Clear guidance was in place to direct staff how to manage risk and staff understood and followed this.
- Where one person used a hoist to transfer, a risk assessment was in place which was used alongside the moving and handling plan to guide staff how to safely support the person to transfer. Staff were knowledgeable about which equipment to use and how to manage risk to people. One staff member told us, "When we hoist [Person's name], we use a particular sling using two people. There's yellow straps at the top, red in the middle and blue at the bottom."

Staffing and recruitment

- People were supported by a sufficient number of safely recruited staff.
- People and staff told us they had enough time to provide the care required. One staff member told us, "We have enough time allocated to calls and we have enough time to travel between calls."
- Safe recruitment practices were followed to ensure people were supported by suitable staff. Disclosure and Barring Service (DBS) checks were undertaken and references were requested prior to staff commencing employment.

Using medicines safely

- People's medicines were administered to them safely. One staff member told us, "We need to know the dosage, how many times a day its prescribed, make sure their name is correct, make sure it's the right medication we've got. If the medicine is not there, we report it."
- Staff completed Medicine Administration Records (MARs) to show when medicines had been administered.
- Body maps were completed for the administration of topical creams.
- PRN protocols were in place to guide staff when to administer 'as required' medicines. One staff member

told us, "[Person's name] is prescribed paracetamol for pain so if they tell us they are in pain, we would administer it."

Preventing and controlling infection

- People were supported by staff who understood how to prevent the spread of infection. One staff member told us, "We always wear Personal Protective Equipment (PPE), this includes gloves, aprons and hand gels and covers on our feet."
- One person told us, "Every time they're doing my personal care, they wear gloves and aprons."

Learning lessons when things go wrong

- The registered manager kept a record of lessons learnt which showed how action was taken immediately when things went wrong.
- When the registered manager identified that monthly care plan audits were not frequent enough to identify concerns, changes were made so these were undertaken on a weekly basis.

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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in a personalised way that clearly documented their needs and choices in all areas of their lives.
- Staff recorded detailed daily notes which showed care was delivered in line with their assessed needs.
- People's diverse needs were considered in the assessment process. For example, we saw in one person's assessment documentation, their religion and first language had been documented and clear guidance was in place regarding how to meet their cultural needs.

Staff support: induction, training, skills and experience

- People were supported by well trained staff who had the skills and knowledge to meet their needs effectively. One person told us, "The carers come across as very professional and well trained."
- Staff completed the Care Certificate as part of their mandatory training. The care certificate is a set of standards, which sets out the required skills, knowledge and behaviours required of people working in health and social care sectors.
- Staff were observed by senior staff before they were signed off to provide care to people independently. One relative told us, "They are properly trained and they watch each other. They are signed off to provide care after a supervisor watches them provide care to [Person's name]."
- Effective systems were in place to ensure staff kept up to date with all of their mandatory training and we saw that all staff were up to date. One staff member told us, "I've done train the trainer training and I'm planning on doing my teaching. They always put us on training and the training is good."

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

- People were supported to eat and drink where needed in line with their care plans.
- People's weight was monitored when required in line with advice from health professionals and care plans guided staff to encourage people to eat healthy diets where recommended.

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

- People were supported to access healthcare professionals when needed. The provider had sought input from health professionals including social workers, occupational therapists and district nurses.
- Staff worked closely with other agencies including commissioners to ensure people received effective care.

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.

- People were asked for consent by staff before care was provided. One relative told us, "The staff always ask before they do any care."
- The provider was not supporting anyone who lacked capacity at the time of inspection but appropriate mental capacity assessment documentation was available if needed.
- Staff understood the principles of the MCA and how this applied to supporting people. One staff member told us, "We always assume capacity unless proven otherwise."

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.

This is the first inspection for this newly registered service. This key question has been rated as good. 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 were supported by kind and caring staff. One person told us, "The staff are definitely kind and caring, they are very good. I can't fault them."
- People were supported by staff who tried to build a rapport with them. One relative told us, "[Person's name] likes one carer as they have a lot in common. They use similar words and the carer is very nice, they are outstanding. They do try and build a good rapport with [Person's name] and they have a good chat with them which is one of the best parts of their day."
- The staff we spoke with spoke passionately about providing people with the best care they could.

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

- People were supported to make decisions about their care. One person told us, "They always ask me what I want, they're very respectful."
- One staff member told us, "Sometimes people tell us they want things done slightly different so we just give them choice."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their independence. One person told us, "When I came out of hospital, I'd been doing some exercises and the carers have been encouraging me. I am an independent person and they're very good at letting me be independent but if I need help, they're there in a minute."
- People were supported by staff who understood how to promote their dignity. One staff member told us, "When we're washing [Person's name], we go outside the door and give them a blanket to cover their private parts, we go out and wait for them to call us. We have our PPE in and then we go in. If they are in the shower, we put towels round them, cover their body parts we're not washing and ask them what they want help with."
- People's privacy was respected by staff. One relative told us, "The staff respect [Person's Name]'s privacy in the wet room. They shut the door and if there is a visitor in the house, they will close another door in the corridor."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised and clearly guided staff as to how people would like their care delivered. One staff member told us, "Care plans are brilliant. All staff have time to read care plans."
- People's likes and dislikes and needs and preferences were clearly documented in care plans and staff knew people well. One person told us, "The staff know me well."
- The registered manager ensured documentation regarding people's different cultures and nationalities was readily available for staff so they had knowledge of people's diversity.
- Staff gave people the choice of takeaway meals if they liked and collected it for them to ensure they had choice.

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.

- People's care plans clearly documented their communication needs and staff understood how to meet people's communication needs. For example, one person did not speak English as a first language so their care plan documented that family members should be used to interpret if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in their interests. For example, staff sat with people and watched their favourite programmes where time allowed.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and this was followed.
- Where people or relatives had complained, the registered manager had investigated their concerns, spoken with those involved and taken action where necessary.
- People and their relatives were comfortable with raising and concerns with the registered manager. One person told us, "I have never had to complain. I would be happy to speak to the managers if I needed to."

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.

This is the first inspection for this newly registered service. This key question has been rated as 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

- Audit systems were not always fully effective in checking the quality of the service. For example, medicines audits identified a significant number of missed medicines. We discussed this with the registered manager who looked into it and advised it was an error with the computer database and these medicines were no longer prescribed and should not be on the MAR. Whilst this did not impact on people's safety, this had not been addressed by the audit systems in place so this error was not rectified. The registered manager told us they had decided to change MARs to a paper-based system going forward until the computer system could be addressed.
- Call times were checked on the computer system in real time to see if the carers had attended the call at the correct time but there was no trends analysis to identify any patterns or follow up any late calls. This meant we could not be assured that any issues with late calls were being addressed.
- The management team did not always provide people and their relatives with a time slot for their calls so they did not know when to expect the carers. People gave us mixed feedback regarding whether this was an issue for them. One relative told us, "They don't give a time at all so we don't know when they're coming. It tends to be around the same time but we don't actually know when and who is coming. [Person's name] doesn't have a problem with it but I find it a bit awkward."
- Care plan audits were undertaken and action was taken where concerns were identified.
- The registered manager was aware of their statutory responsibilities in relation to submitting notifications to CQC and displaying the inspection rating at the service.
- The management and staff team were clear about their roles and the staffing structure helped to support the provision of good quality care.

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

- People and their relatives had been asked for feedback regarding the service through feedback forms and they were encouraged to contact the office to provide input.
- The registered manager showed us they had invited all people and staff to a forum where they would have the opportunity to provide input regarding the service. This was due to take place in February 2020. One relative told us, "They are having a forum which is a lovely idea. If they continue it, I would like to be part of it as I can bring things up in an informal way."
- Staff told us they were encouraged to engage with the service. One staff member told us, "We have the opportunity to give feedback and the management team take it on board. It doesn't matter what the

problem is, they'll sort it."

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

- The management team promoted a culture to staff and people that was inclusive and empowering. One staff member told us, "The management have taught us that we are not just a care company, we actually care. The managers care about us so we care about them, this message is passed down."
- People were supported by a service that promoted a person-centred approach to 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

- The registered manager understood and acted on the duty of candour and was open and honest during the inspection process.
- The registered manager told us, "We tell the staff about the duty of candour too so they understand. That's why we do the lessons learnt folder."

Continuous learning and improving care; Working in partnership with others

- The management team were passionate about continuous learning to improve the quality of care provided.
- The registered manager told us staff have a policy to read each month and it is discussed in meetings and they work alongside the local college to provide education and courses to staff.
- The service worked closely with health and social care professionals to improve knowledge to improve the service provided to people.