

NK Care 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?

Requires Improvement 

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

NK Care Limited is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older people, people living with dementia and people with a physical disability. At the time of our inspection the service was providing personal care to eight people.

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's risk assessments did not contain sufficiently detailed guidance to help staff protect them from identified risks.

People's care plans did not contain records of their consent to receive care and treatment.

The registered manager's systems and processes to monitor quality and safety in the service had not been used effectively to identify and address shortfalls.

The registered manager did not maintain records of staff's communications and interactions with healthcare professionals to meet people's needs and support their wellbeing.

There were enough staff to provide individualised care which met people's preferences. People were protected from the risk of harm or abuse by trained staff who had undergone a robust recruitment process. Medicines were managed safely. People were protected from the risk of acquiring an infection.

People's needs and choices were assessed using evidence-based tools. Staff were given the necessary training to provide person centred care which promoted good outcomes for people. People were supported to maintain a healthy food and fluid intake.

People had caring relationships with staff, who supported them to be independent and protected their dignity.

People were involved in writing their care plans and were encouraged to express their views about care provided. Plans were in place to give people individualised and sensitive support in their last days.

The registered manager was committed to delivering compassionate individualised care which improved people's quality of life.

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 27 November 2020 and this is the first inspection.

You can see what action we have asked the provider to take at the end of the full report.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, need for consent and good governance .

Follow up

We will request an action plan from 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 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

NK Care 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

The inspection was carried out by one inspector 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave short notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we held about the service. We contacted professionals from local authority teams to gather feedback on the service. The provider was not asked to complete a Provider Information Return. 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 attempted to contact people who use the service and their relatives. We spoke with two relatives about their experience of the care provided to their loved ones. We sought written feedback from four members of staff. We received feedback from one staff member. We attempted to contact four staff members by phone. We were not successful. We also spoke with the registered manager. We reviewed a range of records. This included three people's care records and medicine records, three staff files in relation to recruitment, staff training and staff supervision. A variety of records relating to the management of the service including the staff rotas, provider's action plan and policies and procedures were also reviewed.

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 of this newly registered service. This key question has been rated 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

- People's care plans did not always contain sufficient information to help staff protect people from identified risks from living with specific conditions. For example, for one person living with diabetes, their risk assessment did not contain clear and specific instructions for staff about what to do if the person became unwell. The risk assessment stated staff should contact the registered manager if the person showed signs of being unwell. This placed the person at risk of harm through staff not seeking appropriate medical advice.

The registered person had failed to assess and mitigate the risks to the health and safety of service users of receiving care. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Staffing and recruitment

- The registered manager had not included all the required information in People received care from staff who had undergone a thorough recruitment process.
- Staff files showed relevant pre-employment checks were completed as part of the recruitment process, including proof of identity, references, employment history with explanations for gaps in employment, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- People received individualised support from a small staff team. The registered manager told us they had spoken with people to ensure they were happy when changes were made to rotas, such as the staff who would be supporting them.
- Staff used evidence-based assessment tools to assess the risk of a person developing malnutrition, or a pressure ulcer for example.
- Assessments were written in partnership with people and their family members if people had indicated they wanted them to be involved.
- 'Body maps' were included in people's care plans so staff could note any skin damage and provide appropriate care and treatment.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their loved ones were safe with staff. One relative said, "They are the best company we have had in".
- People were protected from the risk of harm or abuse by trained staff who understood their safeguarding

responsibilities.

- The registered manager was aware of their duty to report safeguarding concerns to the local authority safeguarding teams and to CQC.

Using medicines safely

- People's medicines were managed safely.
- The registered manager used evidence based systems and tools to record the support people received from staff to take medicines. They told us medicines errors were reported promptly and addressed with staff.
- Risk assessments and guidance documents for the type of support people required to take their medicines were included in their care plans.
- One person was supported to take most medicines but could manage their own pain medication. Staff had documented this in their care and included a personalised risk assessment to support the person to do this safely.

Preventing and controlling infection

- People were protected from the risk of getting an infection by staff who had completed training and used the appropriate personal protective equipment.

Learning lessons when things go wrong

- The registered manager promoted a culture of reflective learning. When things went wrong, they addressed with staff and supported them to improve their practice to prevent recurrences.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 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

- The registered manager had not sought and recorded people's consent to receiving care and support. When we requested evidence of signed consent forms for people receiving care and support, these were not provided.

We recommend the registered person maintains complete and accurate records of consent and decisions made by people or on their behalf.

- People told us staff sought their consent before delivering care and support.
- People received support from staff who had been trained in the mental capacity act and applied its principles when delivering care and support.

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

- The registered manager told us they supported people's health and wellbeing by liaising with healthcare professionals, however, there were no records of these interactions.

We recommend the registered person keeps accurate and up to date records of interactions with healthcare professionals to promote people's health and wellbeing.

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

- People's needs and preferences were assessed and documented by staff. Care plans were written from the person's perspective and contained specific and detailed information to help staff deliver personalised care and support.
- The registered manager completed a detailed needs assessment before commencing packages of support. Care plans were reviewed and adjusted as needed.

Staff support: induction, training, skills and experience

- People were supported by staff who had a thorough induction based on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Staff completed face to face learning, shadowing and e-learning relevant to their role before starting work.
- The provider supported staff to develop the skills and competencies to progress in their role.
- The registered manager told us there was supervision and appraisal programme in place, and staff could contact them at any time to discuss queries or concerns.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People's care documents contained specific and clear guidance for staff to help support people's food preferences and to maintain people's oral health to eat a varied and appropriate diet.

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 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 and their relatives told us people had caring relationships with staff. Comments included, "Very caring. I'm very impressed with the staff", "They have all been very nice when they have phoned me and [relative] hasn't said anything" and "The staff are very caring".
- The registered manager ensured people received consistent support from a small team. They told us they ensured staff were always allocated to people after they had checked people were happy to receive support from those specific staff members.

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

- People's views about their care and support were regularly sought and recorded by staff .
- People told us staff knew how they liked things done.
- Where appropriate, people's family members and appointed representatives were involved in making decisions about their care and support.
- The registered manager planned to deliver regular surveys to people and their relatives to monitor the care delivered and make any needed improvements. In the interim, the registered manager ensured people knew how to contact them to give any feedback about the service or request any changes to their care plan.

Respecting and promoting people's privacy, dignity and independence

- People were treated with privacy and dignity and their independence was promoted. People and their relatives gave positive feedback about how supportive staff were. Comments included, "They definitely treat [relative] with dignity and respect. I've seen and heard them", and, "If they know [relative] can do something, they encourage [relative] to do it".

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 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

- People received individualised care which met their needs and preferences. People and their family members were involved in writing their care plans which were updated as needed.
- Care plans contained specific information which captured people's needs and interests and how they wished their care to be delivered, for example, information about their routines, dietary needs and social interests. They also contained significant information about their life histories to help build a whole picture of the person.

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.

- The provider met the requirements of the AIS.
- People's care plans contained sufficiently detailed information to help support staff to meet people's communication needs.
- The registered manager ensured people received information such as staff rotas in ways they could understand.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. The registered manager had a clear complaints policy and process to record and investigate complaints. They had shared the policy with people using the service and their relatives.
- People and their relatives commented they felt comfortable raising concerns. Comments included, "Yes, I phone up" and "Yes. I'd speak with the manager first and follow through the channels if I wasn't happy".
- People reported they concerns had been acted on promptly once raised.

End of life care and support

- Plans were in place to provide people with sensitive, personalised care at the end of their lives.
- People's care plans contained individualised information about how and where they wished to be cared for in their last days. These documents were personalised and reflected people's preferences and needs.

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 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; continuous learning and improving care; working in partnership with others; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us they planned to use a system of audits and reviews to monitor quality and safety in the service. They told us they had an action plan for the service to keep track of any tasks and improvements, such as care plan reviews, medicines records audits and staff supervisions. We asked to see the action plan. The registered manager told us they had the information they intended to include in the action plan but they had not yet written it up.
- After the inspection they sent us a copy of the action plan. Some key information had not been included such as timescales to complete actions and the names of the senior staff responsible for completing the actions.
- It was not clear from the registered manager's action plan who held the overall responsibility for its monitoring and completion as actions were attributed to several staff members.
- In addition, the registered manager told us two other people who had capacity to make decisions about their care and support, had stated their family members should make decisions for them. The family members had signed consent to care documents, however, there was no evidence these family members were legally authorised to act on people's behalf and there were no records in people's care plans of the assessment process or written record of people stating they wanted their family members to make decisions on their behalf.
- The registered manager, had failed to identify the issues observed during the inspection, including the lack of incomplete records regarding consent to receiving care, forms, the lack of sufficiently detailed instructions for staff in people's risk assessments regarding actions staff should take to protect people's health and wellbeing, and the incomplete information in staff's recruitment files.
- There was no evidence of the registered manager or staff working in partnership with external professionals to support and promote people's health and wellbeing.

The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users. The registered person had not sufficiently evaluated and improved their practice. These areas are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was committed to delivering personalised care with kindness, compassion and empathy. They were passionate about ensuring people had all of their needs met.

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

- The registered manager told us as they had only been supporting people for a few weeks, they had not yet sent out surveys to gather people's feedback on the care and support provided. They had however, ensured people were able to give feedback using informal methods such as phone calls, emails and texts. People reported their feedback was acted upon.

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 provider understood their responsibility to uphold the duty of candour if something went wrong.
- The registered manager had a policy in place to ensure they understood and met their regulatory responsibilities in this area.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person had failed to keep complete and accurate records of consent and decisions made by people or on their behalf in their best interests. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had failed to assess and mitigate the risks to the health and safety of service users of receiving care. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users. The registered person had not sufficiently evaluated and improved their practice. These areas are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

