

Kris Carers Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 26 and 28 October 2015 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure that someone would be at the office.

Kris Carers Ltd is a domiciliary care service providing care and support to people living in their own homes. The office is based in the city of Leicester and the service currently provides care and support to people living in Leicester and Leicestershire. At the time of our inspection there were 12 people using the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the staff that supported them. Staff were trained in safeguarding (protecting people who used care services from abuse) procedures. Staff were confident that if they had any concerns about

Summary of findings

people's safety, health or welfare then they would know what action to take, which would include reporting their concerns to the registered manager or to the relevant external agencies.

People were involved in making decisions about their care and support needs and in the development of their care plan. Potential risk to people's health had been assessed and measures in place were detailed in the care plans for staff to refer to.

Staff were recruited safely to help ensure they were suitable to work unsupervised with people who use care services. There were sufficient numbers of staff employed by the service to meet the needs of people.

The service ensured the needs of people were met by staff with the appropriate knowledge and skills, and matched with any known requirements such as individual preferences, cultural or diverse needs. Staff had induction and on-going training that equipped them to support people safely. Staff were supported regularly through supervisions and staff meetings and checks were carried out on their practices.

People were prompted to take their medicines by staff where people's assessed needs and care plans required this. Staff supported people to liaise with health care professionals if there were any concerns about their health.

People made decisions about their care needs and support needs. People told us that staff sought consent before they were helped and that staff always respected their choices and decisions.

Staff supported some people with their meals and drinks. Staff were trained to prepare meals, which met people's nutritional and cultural dietary needs.

People told us that they were happy with the support they received and the staff. People were complimentary about the staff and found them to be kind and caring and had developed positive relationships with them. People's privacy and dignity was maintained, their choice of lifestyle was respected and their independence was promoted.

Staff were knowledgeable about the needs of people and took account of their preferences such as times, cultural and diverse needs. Staff employed by the service spoke a number of other languages reflective of the people living in the local community. The registered manager has put in place systems to ensure regular reviews of people's needs and their care plans to ensure they remain appropriate.

People told us they were aware of how to raise concern. They were confident that any concerns raised would be responded to by the registered manager and the provider.

People who used the service and relatives told us that their views about the service were sought regularly. People told us that they were happy with how the service was managed.

There were systems in place to assess and monitor the service, which included checks on staff delivering care and support to people and review of people's care. People told us that the registered manager visited them regularly to check on their wellbeing and also monitor the care and support provided by the staff. The provider had systems in place to assess and monitor the quality of services provided.

Summary of findings

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.

People told us they trusted the staff and felt safe using the service. Staff knew what to do if they had concerns about the safety and wellbeing of people who they supported.

Risk to people's health had been assessed and measures were in place to ensure staff supported people safely.

Safe staff recruitment procedures were followed and there were sufficient numbers of staff available to meet people's needs.

People were prompted by staff to take their medicines.

Good



Is the service effective?

The service was effective.

People were supported by trained staff who understood the needs of people and how to support them.

People's consent to care and treatment was sought. Staff had an understanding of the Mental Capacity Act 2005 and how it applied to people living in their own homes.

People were provided with the support to ensure their dietary requirements were met.

People were supported to access and liaise with the health care professionals when needed.

Good



Is the service caring?

The service was caring.

People told us staff were caring, kind and supportive.

People were involved in making decisions about their care and support needs and in the development of their care plans.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed before receiving a service. Staff provided care that was personalised by taking account of their individual preferences and cultural needs in the delivery of care and support.

People felt confident to complain and were confident that their concerns would be listened to and acted upon.

Good



Is the service well-led?

The service was well-led.

People were satisfied with how the service was managed.

Good



Summary of findings

A registered manager was in post. They and the staff team had a clear and consistent view of providing a quality care service that was tailored to people's needs and requirements.

The provider had systems in place to gather people's views about the service and assess and monitor the quality of care provided.

Kris Carers Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 28 October 2015 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection we looked at the information we held about the service, which included 'notifications' of significant events that affect the health and safety of

people who used the service. We also looked at other information sent to us from people who used the service, relatives of people who used the service, and health and social care professionals.

We spoke with two people using the service and four relatives whose family members used the service. We also spoke with the registered manager and six staff.

We looked at the records of three people, which included their care plans, risk assessments and daily records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, minutes of staff meetings, and information relating to the quality assurance.

We asked the registered manager to send us additional information in relation to updated policies and procedures and confirmation of training for staff. This information was received in a timely manner.

Is the service safe?

Our findings

People told us they felt safe with the staff and the care provided. One person said, "I'm quite satisfied with my carers; I have the same carers unless they're on holiday." A relative told us that the care staff always took care and made sure their family member was safe at every visit before they left. Another relative said, "I think my [person's name] is safe and gets good care with this company."

We wanted to find out what steps were taken by the provider ensure staff understood their responsibilities to keep people safe. The registered manager was unable to find the provider's safeguarding (protecting people from abuse) policy and procedure. Despite this, staff we spoke with were knowledgeable about their role and responsibilities in recognising abuse and raising concerns with the registered manager. The staff training records showed that staff had received training in the safeguarding procedure as part of their induction. Staff were provided with a staff handbook which had guidance as to what action they should take if they suspected someone was at risk. The registered manager understood their role and responsibility to act on information of concern and the role of external agencies.

Following our inspection visit the registered manager sent us the updated provider's safeguarding policy and procedure.

People told us that they were involved in the assessment of their needs and in the planning of their care with regard to their safety. One person told us that the hoist was in place and that the registered manager completed an assessment before the service started. That helped to ensure the person received the care they needed safely and understood the role of staff in supporting them. People who used the service and relatives we spoke with said a copy of the care plan and risk assessments was kept in their home, which staff referred to.

Staff were knowledgeable about the needs of people and described in detail how they supported people to keep them safe. Staff were introduced to people before the first visit to ensure they were comfortable with the staff and were informed about their needs and any specific

requirements in relation their lifestyle, cultural or diverse needs. That helped to ensure any special instructions were known, including how to enter the person's home where a key safe was used.

People's care records showed that risk assessments had been completed. Those covered an assessment of the home environment where the care and support would be provided and aspects of people's physical health and safety. Risk assessments were reviewed initially within a month and reviewed as and when the person's needs changed. The plans of care had sufficient guidance for staff to follow to ensure risks were managed whilst respecting the person's independence with regards to how their personal care was to be provided.

People's safety was supported by the provider's recruitment practices. Staff records we looked at showed that all relevant checks in place before staff worked unsupervised in line with the provider's recruitment procedures. Those included health checks, confirmation of their identity and checks with the Disclosure and Barring Service (DBS) was completed. DBS checks help employers make safer recruitment decisions. We noted that there were references were not sought from previous employers as per the provider's recruitment procedure to help ensure that staff employed were of good character and integrity. When we raised this with the registered manager they took action immediately.

On the second day of our visit the registered manager confirmed that references had been sought from previous employers for six staff. Following our visit the registered manager confirmed that all employment checks were in place for all the care staff employed by Kris Carers Ltd.

We found there were sufficient numbers of staff to meet the needs of people and to help keep them safe. People we spoke with told us they had regular staff who were reliable. They knew to contact the service if staff did not visit or were late. One person told us that staff arrived on time and said, "They do what's required and I'm not bothered whether it's a male or female carer." A relative told us that the care staff had made a difference to their family member and their family life because the staff were reliable.

Arrangements were in place to deal with staff absences. The registered manager was the first point of contact if staff

Is the service safe?

were late to a call or absent. They would either arrange for another staff member to attend or personally cover the care call if no one was available. That meant people could be assured their care and support needs would be met.

People we spoke with managed and administered their own medicines, some with support from their relatives, whilst others needed support from the staff. One person told us that staff reminded them to take their medicines at each visit and handed them the dossett box containing medicines, which they took themselves.

Staff told us that their role in supporting people with their medicines was to remind them and record that this had been done in accordance with care plans. We looked at care records for one person whose support included being reminded to take their medicines. The care plan contained information about their medicines and the role of staff in reminding them to take them. Records showed staff had signed to confirm that the person had been reminded to take their medicines. That meant people could be assured that staff supported them to maintain their health.

Is the service effective?

Our findings

People who used the service and relatives told us they found staff were trained and knew how to support them. One person said, "I'm quite satisfied with my carers. They know how to help me and always encourage me to do as much for myself as possible. They're very good." A relative told us that staff used a 'stand aid' to help their family member stand up, which helped them maintain their dignity and independence. Another relative was trained to use a hoist when they looked after their family member. They told they had observed the staff using the hoist correctly and said, "I knew [person's name] was in safe hands then." A third relative told us that the registered manager carried out spot check on staff to make sure support provided was correct and consistent with people's agreed care plans.

Staff told us that the training had enabled them to meet the needs of people. The induction training included the provider's policies, procedures, e-learning, and working alongside an experienced member of staff. They confirmed that the registered manager had trained them to use a range of equipment and assessed their competency to use the equipment safely and correctly. The staff training matrix we looked at showed that staff had received training to equip them with the skills and knowledge they needed which was consistent with what staff had told us. The registered manager also confirmed that further practical training was booked for all staff in moving and handling.

Staff told us they felt supported by the registered manager who also worked alongside them to meet people's care and support needs. Staff received regular supervisions where they could discuss their work and any training and developmental needs. Staff meeting enabled staff to discuss the needs of people, have updates on training and changes in practice, and an opportunity to share ideas to improve the service. The meeting minutes from September 2015 showed the topics discussed included satisfaction surveys, health and safety issues, and call times. In addition, they found the 'spot checks' done by the registered manager to be helpful as it assured staff they were carrying out their duty correctly.

The provider had policies and procedures in place concerning the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do if people cannot

make some decisions for themselves. DoLS are part of the Act. They aim to make sure that people receiving care are looked after in a way that does not unnecessarily restrict them or deprive them of their freedom.

The registered manager and staff we spoke with understood their responsibilities under the MCA and DoLS. The staff training records we looked showed some staff had completed this training. The registered manager had purchased training material for MCA and DoLS and had planned for the remaining staff to complete it, when it was received. This will help to ensure the provider and people who use services that all staff understand their responsibilities with regard to consent to care and treatment.

Staff told us that the people they supported made their own decisions and that they always asked people if they were ready to be assisted. This was confirmed by the people who used the service and relatives we spoke with. One person said, "They know what they need to do but will always ask if I'm ready [to be assisted]." A relative told us that staff sought consent from their family member and would support them when indicated by certain words or gestures, which staff understood. That meant people could be assured that care and support was only provided with the person's consent.

People's care records showed that the principals of the Mental Capacity Act 2005 (MCA) had not been used when assessing people's ability to make decisions. When we raised this with the registered manager, they assured us this would be addressed. By the following day of our visit a mental capacity assessment had been completed for a person who was unable to make decisions. The records also detailed the relevant people such as the family member consulted and health care professionals that would be involved in making any best interest decisions on behalf of that person. This approach meant that people could be assured their decisions and legal rights would be respected.

We spoke with a relative whose family member needed assistance with their meals. They spoke positively about the choices their family member was given, and how their meals were prepared and served. For one person the service had ensured staff prepared meals that met their cultural dietary needs. Another relative told us they purchased enough snacks, drinks and meals that could be

Is the service effective?

microwaved or heated up other ways. That helped to ensure their family member's nutritional needs were met because staff were able to prepare drinks and snacks that the person liked.

Staff were trained in food and hygiene and were knowledgeable about preparing food and drink safely. They told us that people's care plan had information as to their preferred food and drinks, food tolerance and any special crockery used such as beaked or cutlery.

People told us that staff supported them to maintain their health and wellbeing. A relative told us that care times were flexible to enable the person to attend health appointments. Staff told us that they supported people to liaise with health care professionals if they became unwell.

Is the service caring?

Our findings

All the people who used the service told us that the staff were caring. A relative said, "I'm very grateful that we've found a good agency to help me look after my [person using the service]." Another told us that staff looked after their family member as if they were their own and said, "They [staff] are very caring and respectful", and a third relative said, "Staff are so caring I couldn't ask for better."

People had developed good relationships with staff because they were supported by the same group of staff consistently and reliably who understood their needs and preferences. One person told us that they were introduced to the staff member who would be supporting them to make sure they were happy with them. They also told us this staff member spoke the person's first language, which was not English. This would help with communication.

People told us that they received a folder which contained a copy of the service user guide and their care plan. There was also a range of information about the service including the types of care and support provided, how people's views would be sought, and how to report concerns or make a complaint. The registered manager told us they had links with the local advocacy services and this information would be provided to people should they need support to make decisions or raise issues of concerns.

People told us they were involved in the planning of their care. One person told us that they wanted a female staff member who was able to converse in their family member's first language which was not English. Some staff employed by the service spoke a number of languages other than English which reflected the multi-cultural community. The languages spoken included Gujarati, Hindi and Punjabi. That helped ensure that people using the service were able to express their views and be actively involved in making

decisions about their care and support because communication was made easier. The daily records we read showed people making day to day decisions. For example, decisions as to the choice of meal prepared by the staff and the support provided to meet their personal care needs.

We asked people about their involvement in the review of their care plan. People's experiences of being involved in a formal review of their care needs differed. However, they all said that the registered manager regularly asked them about the care they received and would increase the care support as and when required. Care plans we looked at had been updated to reflect the new care and support needs where people's needs had changed.

People told us that staff respected their privacy and dignity and understood that they were supporting people within their own homes. A relative told us that their family member's privacy and dignity had been respected by staff when supporting them with their personal care and with their meals. They told us that staff supported their family member at a pace that was comfortable and offered encouragement and promoted their wellbeing.

Staff told us that they received training in the promotion of people's privacy and dignity and the training records we viewed confirmed this. This helped staff to make sure they supported people in a respectful manner which took account of their diverse and cultural needs. Staff took care to meet people's needs in line with the agreed care plan. They gave examples of the steps taken to maintain a person's dignity when they were supported to maintain their personal hygiene and the support with daily living tasks to help maintain their independence. That was consistent with what people who used the service and relatives had told us.

Is the service responsive?

Our findings

People who used the service and relatives we spoke with had been involved in the development of the care plans and confirmed the support provided was as agreed. People were introduced to the staff to ensure they were comfortable with them. One person told us that at the initial meeting they discussed the care and support they needed and were also asked about the preferred times and any other requirements such as cultural or diverse needs. Another person told us when the registered manager visited they had an opportunity to discuss the changes to their care needs and their care plans were updated at that time.

People told us that staff were reliable, arrived on time and met their needs as per their agreed care plan. Relatives told us that the care their family members received was tailored to their needs. A relative told that their family member preferred staff who were able to converse with people in their first language which was not English. Another relative said, “The agency is responsive to our needs and will stay until all the care is done”, and “We’re very lucky with our carers; they’re very good and reliable.” This relative described the positive impact the care and support provided by the service had had both on their family member and to them as a family. They said, “We now have a quality family life and do things that most young families do.”

We found the information from people’s assessment of needs was used to develop the care plans. The care plans provided staff with information about the person, their needs, lifestyle choices, cultural, needs and the preferred times to receive the support. The daily records completed by the staff showed the care provided was consistent with the person’s care plan.

One person told us that their family member’s care needs had been reviewed by the registered manager. But this experience was not the same for other people we spoke with. Care records we looked at did not show when reviews took place and who was involved.

We found that there were no guidance as to how often risk assessments and care plans were reviewed to ensure any new risks and care needs could be met safely. When we raised this with the registered manager they told us they reviewed people’s care needs regularly as they also

delivered care to people in their own homes. They acknowledged the need to have systems in place to ensure timely reviews were done. By the following day of our visit the registered manager had confirmed reviews would be completed every three months as a minimum and had developed a review document where the discussion and decision would be recorded. This meant that people could be confident that the care they received would be tailored to their needs, monitored by a team of consistent staff and regularly reviewed by the registered manager.

People who used the service and relatives knew how to contact the service if there were any concerns about the time of the call, or in case staff were late to arrive. People told us that staff were on time and provided the support they needed without being rushed. One person told us that they had no concerns about signing the staff’s timesheet because they received the care and support they needed.

The registered manager provided the on-call service and had access to information should they need to call upon another member of staff to cover the call in an emergency. People told us that the registered manager was responsive and we saw this to be the case when someone called them to say the staff member had not arrived. The registered manager immediately went to provide the care needed as the staff member was attending to an emergency.

Staff told us they received information about the needs of people before the first visit. A copy of the care plan was kept in the person’s home along with the daily records completed by the staff after each visit. Staff told us that they read the care plan and the daily records to make sure there were no changes to the care and support to be provided. Relatives and people who used the service confirmed this to be the case. The daily records we read showed that staff provided the care and support people needed in line with the agreed care plan and supported what people had told us.

We spoke with people who used the service and relatives and asked them what they would do if they had concerns. They told us they would speak with the registered manager. One person said, “There’s no reason to complain but I would call the office if there was a problem.” A relative said, “I’d be the first one to complain but I’ve never had to. It’s a good agency.”

The complaints procedure was included in the service user guide, which had information about the range of services

Is the service responsive?

provided along with the contact details for the local authority, Care Quality Commission and the Ombudsman. The registered manager assured us that the contact details for the local advocacy services would be included should people need support to make a complaint. There was a system in place to record and investigate complaints. The

provider told us that they had not received any complaints and records viewed confirmed no complaints were received in the last 12 months. We, the Care Quality Commission, received no concerns or complaints about Kris Carers Ltd.

Is the service well-led?

Our findings

People told us they were happy with the quality of care and support provided. We asked people for their views about the quality of care and the management of the service. One person told us that the service was well managed and the registered manager was responsive. A relative told us that although they had only used the service for a few weeks they felt the quality of care was 'very good'.

The provider sought the views of people who used the service and their relatives about the quality of service provided. People who used the service and their relatives spoke positively about the staff and the registered manager that supported them. A relative told us that they had completed a satisfaction survey.

We looked at the results of the last survey which were all positive and indicated that people were happy with the care provided and that the staff were polite. The registered manager told us that any concerns or issue received in the surveys would be addressed promptly. The registered manager was planning to share the survey results with people who used the service and their relatives and any planned improvements, if action was needed. That showed the provider wanted to share with the people who used the service and relatives that people's experiences of the care provided by Kris Carers Ltd was consistently good.

The service had a registered manager in post. They had clear view of what 'good' care looks like and showed a commitment to delivering quality care. They were responsible for the day to day management, recruitment of staff and monitoring the quality of service provided. They encouraged people who used the service and staff to share their views about the service and had an 'open door' policy.

The registered manager was aware of their responsibilities to ensure people received safe and appropriate care and support in their own homes. They were aware of the new regulations but we found that the provider's policies and procedures were not up to date. We raised this with the registered manager who assured us action would be taken. By the following day of our visit the registered manager had purchased policies and procedures and was amending them to ensure those were in line with provider's ethos,

visions, values and practices. The registered manager wrote to us after our visit and confirmed that all the procedures had been updated and those would be shared with the staff at the next staff meeting.

Staff we spoke with also had a clear and consistent understanding of the provider's vision, values and view about the quality of service provided. Staff felt supported by the registered manager; understood their role and what was expected of them, and were motivated to provide a quality care.

Staff meetings were held regularly to discuss any concerns, comment on the quality of the service and made suggestions about how the service could be improved. The registered manager regularly worked alongside the staff to support people who used the service. Staff told us they found working with the registered manager had helped to assure them their practice in the delivery of care was appropriate. Staff felt they learnt from working alongside the registered manager and would address any concerns they had about people's care. That meant people who used the service could be assured that the registered manager was actively involved and committed to delivering quality care. This also made the registered manager more accessible to staff, people using the service and their relatives.

The registered manager monitored staff to check they were working well with people they supported. They carried out 'spot checks' on staff to make sure people received the care at the right time. Staff found these checks to be helpful as it assured them and the people who used the service that the service was proactive. The records showed that as part of the spot check the registered manager looked at the equipment used, if applicable, to ensure it was serviced and in working order, and observed and assessed staff practices and the use of appropriate personal protective clothing. The registered manager also checked the care plans against the daily records completed by staff to ensure care provided was consistent with the care plan. We saw evidence that the registered manager addressed concerns reported about people's health and also addressed with the relevant staff where the quality of recording was not to the required standard of the provider. That demonstrated that the registered manager had systems in place to assess and monitor the service provided and was confident to respond to issues identified.

Is the service well-led?

The service worked in partnership with other organisations such as the health care professionals to ensure people who used the service received care that was appropriate and

safe. For example, during our inspection visit we observed the registered manager liaised with a health care professional in order to ensure that they were aware of the new needs of a person returning home from hospital.