

Kemkare Limited

Kemkare Limited

Inspection report

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30 March 2022

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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 ●

Summary of findings

Overall summary

About the service

Kemkare Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

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.

At the time of the inspection the provider was supporting eight people in the London Borough of Southwark, but only two people received personal care.

People's care was funded through a local authority direct payment agreement. A direct payment is the amount of money that the local authority has to pay to meet the needs of people and is given to them to have control and choice over who they choose to provide their care.

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

People's relatives were happy with how the care and support was being delivered and felt the staff supported them with patience and compassion, which had helped to develop positive working relationships.

People's care needs were assessed and care workers had a good understanding of people's health and wellbeing and how they liked to be supported. Staff had clear information about people's communication needs and samples of daily records showed their needs were being met.

People received person-centred care and records had information for care workers to follow to help keep people safe and support them to follow their interests. New staff were introduced to people and their relatives and completed shadowing and observation visits to ensure they had a good understanding of their care needs.

People were supported by staff who felt valued and fully supported in their role, especially during challenging periods of the COVID-19 pandemic. Staff were confident any necessary action would be taken and regularly discussed their role and key responsibilities.

Feedback was positive about the registered manager and relatives felt comfortable contacting them if they needed to discuss any aspects of their care. Relatives were confident they would be listened to and praised the levels of communication across the service.

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

There were systems in place to monitor the quality of the service to ensure people received a good standard of care. The registered manager had regular contact with people, their relatives and the care workers.

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

Rating at last inspection

The service was registered with us on 9 June 2020 and this is the first inspection.

Why we inspected

We carried out this inspection following a routine review of information we held about this service. Our intelligence indicated there may be a higher level of risk at this service due to the length of time it had been registered and not been inspected.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kemkare 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 consisted of one inspector and an interpreter.

Service and service type

Kemkare Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

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 the service 72 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 9 March 2022 and ended on 30 March 2022. We requested a range of policies and procedures that were sent to us by the provider between 9 and 11 March 2022. We visited the office location on 10 March 2022 to see the registered manager and to review records related to the service. We made calls to two people's relatives and care workers between 15 March and 28 March 2022.

What we did before the inspection

We reviewed information we had received about the service since they were registered. We used the information the provider sent us in the provider information return, which was submitted to us on 9 July

2021. 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 also contacted the local authority commissioning team. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records related to two people's care and support. This included care plans, risk assessments, medicines records and daily communication logs. We reviewed three staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included a training matrix and a range of quality assurance checks.

We spoke with four staff members. This included the registered manager and three care workers.

We made calls to both relatives as people were unable to fully communicate with us over the telephone. We were supported with an interpreter for one call to ensure the relative could be fully involved.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further records related to the management of the service, which included minutes of team meetings and information related to people's care and support. We also spoke with a health and social care professional who had experience of working with the service.

We provided formal feedback to the registered manager on 30 March 2022 via telephone and email.

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 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

- The provider had an appropriate safeguarding policy in place and staff had a good understanding of their safeguarding responsibilities. Staff had safeguarding training for both children and adults as part of their induction programme. Safeguarding was also discussed during monthly staff meetings.
- Although there had been no safeguarding incidents since the service had been registered, staff were very confident any concerns raised would be dealt with appropriately. A care worker said, "Our manager is very serious about our client's safety and we get reminders about safeguarding in supervision and in our group chat."
- Relatives told us they felt the service their family member received was safe. One relative said, "It is very clear [family member] is safe with them and is looked after."

Assessing risk, safety monitoring and management

- The provider made sure risks to people were fully assessed to help keep them safe. Risk assessments were completed before the service started and the provider had related assessments from commissioning authorities about risks to people's health. Areas of risk included people's mobility, moving and handling needs, skin integrity, epilepsy and safety guidelines when supporting people outside of their home.
- One person had a management plan in place and guidelines for staff to follow to help support them if they became upset or distressed.
- Where one person's records were less detailed about this level of support and what staff could do to respond to help reduce this person's distress, the registered manager acknowledged this and said they would add further detail.
- Staff had a good understanding of people's needs and could explain in detail how they supported them and kept them safe. They also kept records about people's actions and behaviours that challenged the service to help identify any triggers.
- We received positive feedback from people's relatives and how staff managed any possible risks when providing care. Comments included, "Staff are aware of the safety requirements when they take them outside to keep them safe" and "I have no concerns with the moving and handling support. The staff know what they are doing and is very safe and secure."

Staffing and recruitment

- The provider followed safer recruitment procedures to ensure staff were suitable to work with people who used the service. All appropriate checks for staff had been completed and there was evidence of photographic proof of identity and references, with any gaps in employment discussed and recorded during the interview. Character references were requested if applicants had no previous experience in health and social care.

- There were sufficient levels of staff to support people and systems in place to ensure they received their calls on time.
- The provider used an Electronic Call Monitoring system (ECM) where care workers logged in and out of their visits with the office being alerted if calls were not logged. We saw this was being fully implemented as care workers reported technical issues. We saw this was discussed at team meetings with reminders for care staff.
- The registered manager confirmed they regularly discussed this with staff and as the business developed, it would become part of their quality assurance processes.
- People's relatives were positive about the punctuality of care visits and continuity of care, adding in many instances staff stayed over the allocated time to ensure their care needs had been met. Comments included, "There are no delays and they do inform me if they are running late" and "We have never had an issue with lateness."

Using medicines safely

- There were clear procedures in place to ensure people received their medicines safely. There was important information about people's medicines, including a list of medicines, when they needed to be taken and the level of support required. One person's records also had authorisation and guidelines in place for medicines that needed to be given covertly. Covert administration of medicines is when medicines are given in a disguised form without the knowledge or consent of the person receiving them.
- Staff completed medicines training and had observations and competency assessments to ensure they understood best practice. One care worker told us they still had regular shadowing of people's medicines during their probationary period before they could be signed off as competent.
- Medicine administration records (MARs) were checked on a monthly basis by the registered manager to identify any issues and make sure people received their medicines safely. MARs were also checked routinely during unannounced spot checks in people's homes, including opportunities for further observations of staff competencies.
- We saw advice and guidance about medicines procedures and best practice was regularly discussed with care staff to remind them of their responsibilities and support their understanding.

Preventing and controlling infection

- The provider had an updated infection and prevention control (IPC) policy in place and records of team meetings showed important reminders about safe practices and changes in government guidance during the COVID-19 pandemic were discussed and shared with all staff.
- People's care records had COVID-19 protocols and guidelines for staff to follow when supporting them in their home. This ensured staff knew how to keep people and themselves safe and reduce any risk of COVID-19.
- At the time of the inspection staff were involved in the COVID-19 testing programme in line with government guidance and had checks in place to ensure staff tested before their shifts. Staff also completed IPC training and confirmed they had always had enough supplies of personal protective equipment (PPE).
- Staff were very positive about the support from the registered manager since the COVID-19 pandemic and confirmed they were always kept updated. One staff member said, "They carry out spot checks to ensure we are wearing our PPE correctly. They have been very serious about this throughout the pandemic." Both relatives told us staff were aware of IPC protocols and did not have any concerns.

Learning lessons when things go wrong

- There were systems in place for the reporting of any accidents and incidents and the provider was aware of the procedures to follow. There had only been one incident/accident and the appropriate actions and records had been completed.

- Team meetings and supervision gave staff opportunities to discuss any issues or concerns. The registered manager said, "We have regular chats about people's care packages and how best to reduce any risks to the client and the carer."

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 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 to ensure the correct level of care and support could be provided. The provider met with people and their relatives and received the relevant information about people's health and wellbeing upon referral from health and social care professionals. This helped them to complete their own assessments before they started supporting people.
- One person had a safer moving and handling plan with a related assessment from an occupational therapist with detailed advice and guidance for staff to follow to help support them safely. It highlighted the need for new staff to complete shadowing observations before they started working with this person. We saw this was in place and confirmed by the relative.

Staff support: induction, training, skills and experience

- People were supported by staff who completed a training and induction programme, which included shadowing staff and completing a probationary review when they first started. Training was focused around the Care Certificate, which sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- The registered manager assessed care worker's competencies during their probation period. We reviewed samples of completed training workbooks, which were detailed and showed the observations that had been completed as part of the training programme.
- Staff were positive about the training they received and the support from the registered manager, including having shadowing opportunities. One care worker said, "The shadowing shifts helped me to understand how people liked to be supported. The training was very good, easy to follow and then we would have an assessment afterwards."
- Staff received supervision and had regular contact with the registered manager which gave them opportunities to discuss any issues or concerns they had in their role. Staff also discussed their progress during their probationary reviews, which focused on areas of development and their experience of working for the agency.

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

- People were supported to eat and drink if this was part of their agreed care and support needs. One person's care plan had information about what support was required, including any special diets, nutritional risks or advice staff needed to follow.
- Staff were aware of the support this person needed and could explain the guidelines that needed to be followed and how they ensured the person was always involved. Staff also kept records of the food choices within the daily communication logs.

- One person's relative told us they were impressed with the initial assessment and how the provider spent time to make sure they got information about their preferences and what they liked to eat and drink.

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

- Staff were responsible for monitoring people's health and wellbeing and reported any concerns or changes in health to the relevant health and social care professionals. This ensured people had access to healthcare services if their needs changed.
- Where necessary, we saw the registered manager provided updates when requested and followed up with people's relatives and health and social care professionals for advice and support when needed. A relative said, "If there are any problems or health issues I always get an update. The communication is fantastic."
- Staff understood the importance of checking on people's health and welfare during their visits and recording and reporting any issues of concern. We saw a recent team meeting discussed staff being able to identify risks, such as falls and skin integrity, and the need to report it promptly.

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.

- The registered manager was aware of their responsibilities around the MCA and ensured people had consented to their care. Mental capacity assessments had been completed as part of the initial assessment, with records of best interests' meetings where people lacked capacity to consent to their care.
- People's care records confirmed if people were able to communicate their needs and could make decisions about their care, including day to day decisions about how they liked to be supported.
- Staff completed MCA training as part of their induction programme and understood why it was important people were always involved in their care. One care worker said, "The MCA training helped me to help people make choices, with decisions about their food and what they want to wear. It gave me a lot of information."
- We saw a recent team meeting discussed how vital it was for staff to involve people in their care and to seek their consent and communicate and engage with them allowing their choices to be respected.

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 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 treated with kindness and compassion from a dedicated staff team. People's relatives were very positive about the caring attitude of the whole staff team and had developed a good relationship with care staff and the registered manager since using their service. Comments included, "The care staff are fantastic, it is really evident they like each other", "[Family member] is always laughing and smiling, it has been lovely" and "They genuinely care, they really do. You can see it isn't just a job for them."
- Care workers spoke positively about the relationships they had developed with people and talked about people in a compassionate and respectful manner. A relative told us they had also built up a good rapport with the care workers as they also worked closely with them. They added, "It is lovely, we as a family think the world of them."
- One relative told us there were times when staff would go the extra mile and stay longer than their scheduled visit to ensure all their needs were met. A care worker confirmed this and added, "We go beyond with our support as we have the interests of our client at heart."

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

- People and their relatives, where appropriate, were involved in making decisions about their care, with regular opportunities with the registered manager to discuss their care. Relatives confirmed they were always involved and updated if any reviews were needed.
- Relatives told us staff were patient, understanding and worked in their family member's best interests, despite complexities of care and limited communication. The provider also had a staff member who could communicate with one relative in their own language, which ensured they could be fully involved and understand their family member's care needs, including during the initial assessment.

Respecting and promoting people's privacy, dignity and independence

- The provider had systems in place to make sure they promoted people's privacy, dignity and encouraged them to be as independent as they could be. People's care plans highlighted what support was needed and how they could be involved in their care, including the best ways for staff to communicate with them to ensure their understanding. Staff also used pictures and objects of reference to promote people's independence.
- Staff completed training in privacy and dignity as part of their training induction programme. Spot checks observed how staff communicated and if they maintained people's privacy and dignity. Daily communication logs showed staff had a good understanding of ensuring one person's privacy and dignity was maintained during personal care, when the person could become distressed.
- One relative told us their family member was always clean in appearance, well presented and dressed

nicely, which they were very happy with.

Is the service responsive?

Our findings

This is the first inspection for this 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

- People received personalised care which helped them to ensure their needs were fully met. We saw the registered manager had regular contact with people and their relatives to discuss their care and how they wanted to be supported.
- Initial assessments were thorough and discussed people's needs, preferences, health conditions and effective methods of communication. This helped staff to create person-centred care plans with important information about people's lives. A relative said, "They asked so many questions and we found it really helpful. They wanted to know the ins and out which was really good."
- The registered manager told us they always aimed to provide continuity of care and ensured new staff got to meet people first. One relative said, "We wanted consistency and they have been able to do this. The carers know [family member] really well and they all understand him/her. [Family member] responds very well to the carers and is very happy."

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 communication needs and preferences were recorded during their initial assessment, with information for staff to know how best to communicate with them. Communication care plans were in place, including easy read versions where appropriate.
- The registered manager was aware of the AIS and always asked people and their relatives if forms or information was required in an alternative format. The registered manager had also used easy read documents to help staff explain risks around COVID-19.
- Care workers had a good understanding of people's needs and told us they felt confident supporting people, even when people had limited verbal communication. One care worker said, "Along with the training we have, we get to read the care plans and this helps us to understand people, communicate with them and work with them."
- A health and social care professional told us from their observations of staff working with a person, staff were able to communicate effectively and knew the person well, even at times when the person was distressed. They added, "They were very supportive and managed to do this very well."

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 received support to be involved in activities and events of interest, both inside and outside of their home if this was part of their agreed care. We saw people were supported for walks in local parks and

encouraged to participate in activities they liked doing. Daily communication logs showed people were regularly involved in their preferred interests.

- The provider also supported people's religious and cultural needs. One person was regularly supported to church. One relative told us they were happy with the support and staff knew how to keep their family member safe when outside, which gave them a lot of reassurance.

Improving care quality in response to complaints or concerns

- The provider had systems in place to be able to respond to any issues or concerns with the service and gave people and their relatives opportunities to tell them about their care. There was a complaints policy in place which was given to people and their relatives so they knew how to complain if they needed to.

- People's relatives told us they would feel comfortable raising any issues or concerns if they had to and were confident the appropriate action would be taken to resolve the issue. One relative said, "I have never had to make a complaint. There have been times I have text [registered manager] late at night and always get a response."

- The registered manager regularly contacted people's relatives to check on the service. We saw the topic of quality assurance had also been discussed at a recent team meeting, which highlighted regular announced and unannounced spot checks would continue to be carried out to resolve any minor issues before they escalated.

- The registered manager said, "During meetings, reviews and surveys, we ask what is going well and I remind them they can contact me at any time if they have concerns."

End of life care and support

- Although end of life care was not being provided at the time of the inspection, staff completed training in this area as part of their training induction programme.

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 service. This key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- The registered manager had a good understanding of their role and how they were meeting regulatory requirements. Although there had been no notifiable incidents across the service, the registered manager knew when notifications had to be submitted. They told us they would always check the CQC website or contact us if they had any questions.
- Staff spoke positively about the communication from the registered manager and told us they had regular calls and updates via a group chat to provide reminders about their responsibilities and important aspects of their job. One care worker said, "She shares vital information with us and it works really well, including links to guidance. She also follows up with calls to us."
- Staff meetings and supervision also provided care workers with support and guidance to ensure they were fully aware of their responsibilities. One care worker said, "They have been very supportive during the pandemic and have always told us about the changes and what we need to do."

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

- The registered manager was committed to providing care and support that met people's needs and helped them to live a full and independent life, including help and support for people's relatives who also had caring responsibilities.
- All of the feedback about the management of the service was positive and relatives praised the supportive attitude of the staff team. Comments included, "It can be a really tough job and they have really helped me out" and "It has exceeded our expectations, we couldn't be happier."
- One relative told us they could not find anything negative to say about the service and felt the reason for this was because of the approach and attitude of the registered manager. They added, "It extends from the manager and everything is spot on. We have never had any issues and she just sorts it out and takes the burden off of us, which gives us great reassurance."
- Staff were also very positive about the support they received and the working environment of the organisation. Comments included, "You can see they go the extra mile", "Kemkare helps people to have a better day to day life, that is our goal" and "Even though I have experience as a carer, I've learnt a lot here. [Registered manager] is very dedicated and takes people's support very seriously."

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

- People and their relatives had opportunities to be involved in the service and give feedback about their care. There was telephone monitoring and feedback questionnaires for the provider to understand how the service was working. Samples of records showed people were happy about their experiences of using the service and contacting the registered manager.
- Staff were positive about the support they received from the registered manager and felt they were always listened to. Comments included, "They are very understanding of my personal circumstances and this is really helpful. I do feel valued and supported" and "It is a good company to work for and I have a great relationship with the manager. If we need her she will respond to us. If we need to know anything, she is always available."

Continuous learning and improving care

- The registered manager had systems in place to monitor the service to ensure people were receiving the care they needed and any areas of improvement could be identified and addressed. Spot checks, telephone monitoring calls and check in calls with care workers were in place to get feedback from people, their relatives and the staff about levels of care and if staff were experiencing any difficulties.
- Staff told us there were regular announced and unannounced spot checks in people's homes to observe staff performance and their ability to carry out their care tasks. One care worker said, "She comes unannounced to check we are doing what we need to do and if we are providing a good service." Another care worker told us unannounced checks were also carried out at night.
- People's daily communication logs and MARs were reviewed during spot checks and audited on a monthly basis to check for any recording issues and to ensure care workers were completing them in line with best practice. Minutes of team meetings showed staff were regularly reminded about completing clear and accurate records.
- People's relatives confirmed they were regularly contacted to check on the service and if any changes were needed. The registered manager acknowledged that not all spot checks and home visits were formally recorded but had discussed this at a recent staff meeting to ensure this was captured as part of their quality assurance processes.

Working in partnership with others

- The registered manager had correspondence with health and social care professionals in relation to people's care and support and kept them updated on their health and wellbeing. A health and social care professional told us they had no concerns about the service and they had always been responsive when needed. They added, "They seem very good and I have thought about them for working with other people."
- The registered manager was part of a registered manager's forum within the health and social care industry and attended meetings to discuss issues in the sector, share ideas, best practice and available resources in the local area.

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

- Although there had been no safeguarding or serious incidents across the service, the registered manager was aware of their responsibility to be open and honest with people, including health and social care professionals.
- A relative said, "The communication, I have never seen anything like it. If there is any little thing, they will always tell us about any accidents or incidents, they are really open with this. They are honest which is what we really appreciate."