

Kope-Medics Ltd

# KOPE-MEDICS LTD

## Inspection report

Unit 41 St Olav's Court  
City Business Centre, 25 Lower Road  
London  
SE16 2XB

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17 March 2022

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Kope Medic provides a range of services to people in their own home including personal care.

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 our inspection two adults and 26 children were receiving personal care, six children were being supported with medicines. The provider was supporting children who lived at home. Some of the children had complex health conditions.

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

People's medicines were not always managed in a safe way. Some risks to people had not been identified or addressed. The registered manager was not following their safeguarding policy as they were not notifying the CQC of safeguarding concerns.

Children's nutritional and hydrational needs were not always being recorded which meant the registered manager was not always aware if they were supporting children in line with their care plan.

The provider did not have effective quality assurance systems in place to monitor, manage and improve service delivery. Care plans were not always person centred and did not provide accurate information. This meant staff did not always know important information about people.

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

The registered manager demonstrated a willingness to make further improvements and after the inspections sent us documentation to evidence how they were committed to improving the service. This included evidence of more robust care planning and risk assessments.

Staff were recruited safely. Care workers were supported in their roles through regular team meetings and supervision. Staff followed appropriate infection prevention and control practices. Staff spoke positively about the registered manager and senior staff. They felt they were supported and that they had the necessary information to provide care. Family members were happy with the care their loved one received. They felt staff were well trained and the registered manager was very committed to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection.

This service was registered with us on 31 December 2020, and this is the first inspection.

## Why we inspected

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

## Enforcement and Recommendations

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 person centred care, safe care and treatment, staffing and good governance. Please see the action we have told the provider to take at the end of this report.

We have recommended that the provider seek and implement national guidance in relation to safeguarding and recording information accurately.

## 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?

Requires Improvement 

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below

# KOPE-MEDICS LTD

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector with remote support from a children's services inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 16 March 2022, and we visited the location's office on 17 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We spoke with the registered manager and the clinical lead. We reviewed a range of records. This included

six people's records and four people's medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were viewed.

#### After the inspection

We continued to seek clarification from the provider to confirm evidence found. We looked at client support plans and risk assessments. We spoke with five relatives about their experience of the service. We contacted nine professionals who worked with the service, and we received feedback from four. We sent a questionnaire to all staff, and we received feedback from 30 staff members.



# 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

- Risks to people had not always been considered, assessed or planned for. Where risk assessments were in place, they did not provide adequate information to keep people safe. For example, a child who was supported with specialist medical equipment did not have a risk assessment in place. This meant staff did not have sufficient information to care for this child.
- Some children had incontinence risk assessments in place but there was not enough information to guide staff.
- In other children's files we found some information was conflicting or incomplete and placed people at risk of harm as staff might not have the necessary information to mitigate risks in a consistent way. For example, in one child's epilepsy risk assessment it was recorded they had 'Life threatening epilepsy'. Their fit and seizure and epilepsy risk assessment stated they were at high risk, but their overall risk priority was low. We raised this with the clinical lead who told us, this needed to be updated to reflect the actual risk.
- One child was being accompanied to school each week, but the provider had not completed a risk assessment, yet this child had significant health issues. We raised this with the clinical lead who told us they were not aware a risk assessment was required.

The provider's procedures for assessing, reviewing and managing the risks to people's health and safety were not robust. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Medicines were not always administered safely. We looked at six children's medicine administration records [MAR] charts and we noted that the provider was not always following their policy. The MAR chart stated that if a medicine was not administered staff should record the reason why using specific codes. This was not completed correctly for the first week of March for two children.
- On another occasion staff had manually added a medicine to a MAR chart but there was no record why this had happened.
- Medicines audits took place; however, they were not effective as they did not always identify discrepancies and or gaps in recording of children's MARs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were managed safely and effectively. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Learning lessons when things go wrong

- The provider had a process for recording and analysing accidents and incidents which were reviewed every month. Since the service started operating there had been two incidents. Staff were required to provide detailed information, but we identified there were gaps in the initial incident report. This had not been identified when the audits were undertaken. We raised this with the registered manager, and they told us they would review their practice.

### Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place; however, we found the registered manager was not following their policy. At the time of our inspection there were two open safeguarding concerns. The provider had failed to notify the CQC. Providers are required by law to notify the CQC about certain changes, events and incidents that affect their service or people. Following the inspection, the provider sent in the required notifications.
- We found the registered manager lacked appropriate oversight of the investigation processes. Whilst staff had completed an investigation there were gaps in the recording processes. This was also evidenced by senior staff not being able to evidence how the safeguarding concerns had been investigated.

We recommend the provider seek and implement national guidance in relation to safeguarding from the risk of abuse to ensure they had robust systems in place to report and manage safeguarding concerns appropriately.

### Staffing and recruitment

- There were enough staff to support people. Relatives however gave mixed feedback about punctuality and being notified if staff were running late. Comments included, "We sometimes cannot plan activities as [they are late] I don't want to push anything as I am so grateful that I get a carer " and "They are always on time and sometimes early which is rare." The provider was introducing a new care management software for monitoring call times. Staff confirmed they had enough time to care for people.
- Staff were recruited safely. Recruitment practices were safe and there were appropriate systems for recruiting staff to make sure they were suitable for the positions.
- The provider had undertaken the required checks during the recruitment of staff. These included asking them to complete an application form, checking to see if they had any criminal records, checking their identity and eligibility to work in the United Kingdom.

### Preventing and controlling infection

- The registered manager had effective measures in place to help minimise the spread of infection.
- Staff received training in infection control and received a supply of personal protective equipment (PPE). ● The registered manager confirmed the service had plenty of PPE supplies and staff confirmed this. Comments included, "Yes, I'm always provided with the correct PPE weekly " and "Yes, there is plenty. "
- Staff had tested for COVID-19 in line with government guidance and the registered manager was recording all results.



# 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.

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

- Assessment documents were inconsistent. and on two occasions incomplete. This meant that there was a risk important information could be missed. For example, we read in one person's assessment that they used an oxygen cylinder, however we could find no other information within the child's file about this. When we spoke to the registered manager, they informed us this was no longer a requirement however this was not documented within the child's file.
- Following the inspection, the provider sent us evidence of risk assessments which provided staff with the information on how to mitigate potential risks.
- The provider completed a needs assessment in partnership with the parent, guardians, and professionals which included information regarding their health gender, religion, and disability.

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

- There was limited information in children's care plans about their nutritional needs and what support they needed.
- One child's nutritional risk assessment stated that they were eating a normal and varied diet, however this child was being supported with a percutaneous endoscopic gastrostomy (PEG) feed. This is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. When we discussed this with senior staff they told us, the child was having some food but there was no information recorded within the child's risk assessment to guide staff.
- Another child was taking food blended by their parent, but we did not see any evidence of the provider contacting health professionals to seek their advice.
- One child had a nutritional monitoring form which was blank. This meant it was unclear if this child was being supported with food.

The provider's procedures for assessing, reviewing and managing the risks to people's health and safety were not robust. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider told us that standard template forms are used which should be marked N/A or scored through if they are not applicable to a child's needs but due to an oversight this did not happen on this occasion.

Staff support: induction, training, skills and experience

- Staff received training that equipped them to do their role. The provider had an inhouse training centre where staff completed a range of training. Staff completed a mix of both specialist and training which the provider deemed mandatory. Training all staff had to complete included moving and handling to specialist topics such as specialist equipment like electric hoists.
- 18 staff had been accredited to level 4 NVQ. An NVQ is a work-based qualification that recognises the skills and knowledge a person needs to do their job.
- New staff completed an induction and spent time shadowing more experienced staff members before going on to support people on their own. One staff member told us, " We are given shadow shifts, we are taken for a meet and greet before doing a shift, they make sure we are competent before being allowed to work with a client ."
- The provider undertook regular spot checks of staff to monitor practice and ensure they had the correct competency to deliver safe care.
- Staff had regular supervision and support and staff told us they felt it developed their skills and knowledge.

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

- The provider worked with other health and social care services to help ensure people's needs were met appropriately.
- Professionals spoke highly about the joint partnership working between the agency and professionals. Professionals highlighted the challenges that some children faced but were impressed how dedicated the registered manager was to overcoming barriers to ensure children received appropriate care and support.

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.

We checked whether the service was working within the principles of the MCA whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We were unable to fully assess whether the provider was working within the principles of the MCA during this inspection, as we were only provided with information relating to the care of children under the age of 16, where the MCA does not apply. However, we saw there was an appropriate policy in place and staff had received training in the MCA.

# 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 they were looked after well by staff. Comments included, "I have no concerns with the care that [Person] receives, it is good" and " They turn up on time, they are prompt...they have changed our lives." However, one relative had concerns about how their child had been cared for in the past. We raised this with the registered manager, and they contacted the relative to investigate the concerns.
- Staff and the registered manager knew people's day to day needs and they had developed good relationships with children and their family members. Comments included, " I am very happy with the care we received. [Child] is a tricky customer and [they] have warmed to the carers. They all seem to know what they are doing" and "I am happy with the care. They meet my child needs and they care".
- Staff spoke about the children in a warm manner, and all enjoyed working with the families. Staff felt they had enough time to care for people and they had the necessary information to look after the children.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's privacy, dignity and independence were respected and promoted. Relatives confirmed that staff treated them with dignity and respect.
- Staff understood the importance of supporting people to be independent. Comments included, "I will encourage the child to do things for himself, get dressed, brush his teeth, put his shoes and jacket on" and "I encourage my clients to try and do the littlest things for themselves even if it's just holding things for me, turning pages in book, or brushing teeth depending on their abilities and I give them lots of praise. "
- Staff ensured people's confidentiality was maintained. One staff member said, "Do not assume, always ask and get consent before carrying out personal care, also sharing information about them to a third party".
- Relatives confirmed they were involved in making decisions about how care was delivered. One person said, "Yes, it's an ongoing conversation and we decide together".

# 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 requires improvement. This meant people's needs were not always met.

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

- Children's care was not always personalised. Whilst clinical care records were detailed, information contained within children's file was not personalised and provided limited information about the child. For example, in one child's moving and handling risk assessment file it was evident that a document had been cut and pasted as there were three different children's names recorded. This file had also been reviewed by the clinical lead, but they had not identified that the paperwork was inaccurate.
- Within five children's files there was no information on how best to deliver their care and support and also about what was important to them. For example, there was limited information about children's likes and dislikes.
- Within daily notes we read one child had support to meet their sensory needs but there was no information recorded within their care plan about what this support should be. This meant we were unsure if this care was being reviewed regularly to ensure it was meeting the needs of the child."

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the provider sent us more detailed care plans which were person centred.

End of life care and support.

- At the time of the inspection, the provider was supporting some children who were palliative. There was limited information recorded about end of life wishes. We raised this with the registered manager who told us if they would be providing end of life care they would be working within a multidisciplinary team.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Children's sensory and communication needs were assessed but there was at times not enough information on how to support children's communication needs. The provider was completing an AIS assessment, but we identified two occasions when communication needs were identified they were no clear

action recorded with the communication risk assessment to guide staff to care for these children communication needs

- The clinical lead nurse said this was a recording issue as staff knew the children well and sought support from their parents on how best to support them.
- Following the inspection, the provider sent us evidence of new care plan which addressed people's communication needs.

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

- The provider was supporting children's social and emotional needs. Children took part in activities that were important to them. Comments included, " The carers make an effort to take [child] out they take [child] on a bus ride " and "They play, and they are smiling, and they know [child] is happy."
- One parent felt that the provider could listen more to what children would like to do, for example, one child had been to the cinema three times in one week yet they had asked to do other activities. We raised this with the registered manager who told us they would investigate this further.
- Professionals spoke well about the care they observed. One professional said, "Staff would happily join in with activities such as singing and dancing as well as providing the requested medical support to [person] to a high standard. This is not always the case with agency medical staff."
- One relative commented, "They will stay the required time and they go beyond for me."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and systems in place to respond to any complaints received. At the time of the inspection the provider had not received any complaints.
- Relatives told us they knew how to raise a complaint and felt confident any concerns would be addressed.

# 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

- The registered manager did not have sufficient oversight on how the service was running. Whilst quality assurance systems such as audits were in place, they were not effective as they failed to identify the shortfalls we found during the inspection. Whilst we found no one was being harmed, we identified some potential risks which had not been fully assessed to make sure people were safe from harm.
- The provider was not administering medicines safely as the providers auditing process did not identify the issues, we found with MAR charts.
- There was a lack of records in relation to the management of safeguarding incidents and dealing with incidents and accidents to provide a clear audit trail about how these incidents had been responded to and the outcomes of any investigations.
- Accurate, complete and contemporaneous care records were not always maintained. Care plans were not person centred and were at times incorrect. Whilst reviews of care plans were taking place, they did not identify that risk assessments were out of date and at times did not have the correct information to guide staff. The registered manager did not have effective systems in place to mitigate risks identified.
- We raised our concerns with the registered manager on the day of our inspection as there was a lack of clarity on who was responsible for certain aspects of service delivery. For example, there was a member of staff responsible for managing training, and quality assurance but there was no oversight by the registered manager to confirm if tasks had been completed to identify what went wrong and to prevent similar issues arising again.

The above shows that systems were either not in place or robust enough to demonstrate that the provider was adequately managing the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the provider sent us details of new care plans being introduced.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about the registered manager and the management team. Comments included, "Yes, my manager is supportive all the time. [They] always answer my calls and even if I miss their call they will call me back immediately and answer the relevant questions and I feel that the service is outstanding

and extremely well led" and "The manager is not only responsive but also proactive. He understands the service users' needs and he understands the staff needs. The manager communicates well with the service users and as well as the staff. "

- We received feedback from professionals who were positive about Kope Medic. They told us the service was responsive and good at advocating for a child. Comments included, "I have found them responsive and engaging" and "If any concerns raised by client they will conduct swift face to face visits, senior managers provide field work and amended live in provision to a quicker turnover of staff to meet client's specific mental health needs and also support their staff's own wellbeing. "
- Relatives confirmed that the registered manager sought their feedback on a regular basis. We saw evidence of the regular surveys and usually on the whole concerns were addressed when brought to management's attention.
- Team meetings were held to share information and gave staff the opportunity to raise any issues. Staff spoke positively about the importance of attending team meetings. One staff member said, "I do receive regular support for my work. Frequent training, meetings, supervision and provision of materials on time."
- Each quarter all staff have an opportunity to receive a cash gift for their dedication and commitment.

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

- During our inspection we provided feedback to the registered manager and senior staff about issues of concern we found. The provider accepted that improvements needed to be made to how care was delivered. Following the inspection, the provider took prompt action to send an action plan detailing how the service was responding to the concerns identified.
- People and their relatives knew who to contact if something went wrong. A relative told us, "I can also call the manager and they help."

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals. One professional told us, " They work closely with an acute specialist provider to ensure the care plan was specific to meet [Person's] needs ".
- Where appropriate the provider engaged with other relevant agencies, such as the local authority, schools and other children's service to help ensure children's needs were met.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered person did not always ensure that care was delivered to people with a view to achieving their preferences and ensuring their needs were met. Regulation 9 (1)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users. The provider did not always ensure the proper and safe management of medicines.  Regulation 12 (1)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not always have effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17 (1)
Treatment of disease, disorder or injury	