

JK (Caring Carers) Limited

JK Caring Carers Ltd

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

JK Caring Carers Ltd provides support to people living in their own house, flat or other specialist housing accommodation. At the time of our inspection there were 61 people using the service via the domiciliary care agency.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Risks for people were not identified, recorded and mitigated in relation to their care and support needs. Not all staff who administered people's medication had achieved up to date medication training and care plans did not clearly and accurately document the level of medicine support required. People were placed at risk of harm as staff recruitment checks continued not to be safe. People's call times were inconsistent, and this placed them at risk of not receiving their care and support as they should.

Staff did not have up to date training. Although staff told us they felt supported, not all staff had received formal supervision. JK Caring Carers Ltd was not well-led. Quality assurance and governance arrangements were not effective. Lessons were not learned to make required improvements.

People told us they felt safe and had no concerns about their safety or wellbeing when staff visited them. Staff had access to Personal Protective Equipment [PPE]. Staff had completed an 'in-house' induction. People had access to healthcare professionals as required. People's capacity to make decisions had been assessed and staff sought people's consent prior to providing support.

Rating at last inspection and update

The last rating for this service was requires improvement [published 19 April 2022]. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We received concerns in relation to the provider's recruitment practices. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-Led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

Enforcement

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

We have identified continued breaches in relation to risk management, staffing [including training], recruitment practices and quality assurance and governance arrangements at this inspection.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

JK Caring Carers 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 completed by one inspector. An Expert by Experience completed telephone calls to people using the service and those acting on their behalf. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

During the inspection

We spoke with the registered manager and examined a range of records. We reviewed 7 people's care records and 13 staff recruitment records, including evidence of induction, supervision and 'spot visits.' We looked at 3 people's medication audits and the service's complaint management arrangements. We were unable to review any other quality assurance information, including staff training records as the registered manager confirmed this was on their laptop and this was being repaired.

Following the inspection to the domiciliary care agency, we continued to seek clarification from the registered manager to validate evidence found and to request additional information. This related to staffs' Disclosure and Barring Service [DBS] checks. We texted 7 members of staff to advise that we wished to speak with them about their experience of working at JK Caring Carers Ltd. However, only three members of staff responded to enable us to speak with them.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate.

This meant people were not safe and were at risk of avoidable harm.

At our last inspection to the service between 23 February and 4 March 2022, not all risks for people were identified and recorded and improvements were required to medicines management. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had not been made at this inspection and the provider remained in breach of Regulation 12.

Assessing risk, safety monitoring and management; Using medicines safely

- People were not protected from the risk of harm due to a failure to assess and manage risks. Little or no information was recorded detailing the specific nature of the risk, the impact on the person using the service and the steps required by staff to mitigate this. This placed people at potential risk of not having risks to their safety appropriately managed and met.
- Where people had a catheter in place, the risks associated with the catheter had not been considered or recorded. For example, the importance of the catheter bag being placed below the level of the person's bladder and waist, the risk of Urinary Tract Infections [UTI's], stomach cramps, leakage, blood or debris in the catheter tube or bag and blockage. Catheters are sometimes necessary for people, who for a variety of reasons, cannot empty their bladder in the usual way.
- The provider failed to ensure risks associated with people's mobility and skin integrity had been adequately identified, assessed and mitigated. Care records did not accurately reflect the level of people's needs and how staff could support them safely. This increased the risk of people being supported by staff incorrectly and exposing them to harm.
- A person experienced difficulty taking liquids and required a thickening agent to reduce the risk of aspiration and choking. Neither the risk assessment nor Medication Administration Record [MAR] provided guidance for staff detailing how much thickening agent was to be used. This is important as there are several brands of thickeners, and each brand uses a different scoop, and each brand uses a different number of scoops to achieve the various thickness. This placed the person at an increased risk of choking.
- Care plans did not clearly and accurately document the level of medicine support needed. The care plan recorded staff were to 'prompt' 1 person with their medication. However, the daily care records demonstrated staff routinely either 'supported' or 'administered' the person's inhaler.
- Not all staff who administered people's medication had achieved up to date training or had their competency assessed through direct observation to ensure their practice was safe. This placed people at risk of potential harm.

Risks for people were not identified and recorded and improvements were required to some aspects of

medicines management. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for a second consecutive time.

At our last inspection to the service between 23 February and 4 March 2022, the provider's recruitment practices were not safe. This was a breach of Regulation 19 [Fit and proper persons] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had not been made at this inspection and the provider remained in breach of Regulation 19.

Staffing and recruitment; Learning lessons when things go wrong

- Recruitment practices remained unsafe, and lessons had not been learned to make the required improvements. Disclosure and Barring Service [DBS] checks were not completed or received until after staff had commenced in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions. This meant unsuitable people may be recruited as a result, placing vulnerable people at risk of harm.
- Recruitment checks had not been completed in line with regulatory requirements. For example, only 1 reference had been sought for 2 members of staff and no recent photograph was evident for 13 staff recruitment files viewed. Though the application forms for 4 members of staff recorded their employment history, the reason for leaving was not recorded.
- A written record was not completed or retained for 13 members of staff, to demonstrate the discussion taken place as part of the interview process and the rationale for staff's appointment. This showed robust measures had not been undertaken to make an initial assessment as to the applicant's relevant skills, competence, experience for the role and to narrow down if they were suitable.

The provider did not ensure all required recruitment checks were completed on staff. This was a continued breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 for a second consecutive time.

- People told us call times were inconsistent. One person told us, "They [staff] are all over the place. I am grateful for the service, and I don't complain, but the biggest problem is that staff are not on time." The person's relative told us their family member's skin integrity could be compromised as there could be long gaps between calls. Another relative told us, "Everything is fine, the only problem is timing and reliability. Often, they [staff] will call just before lunch, which means they have missed their breakfast. When the service started, they used to be early, but as time progressed, I've had to call them so many times."
- People told us if staff were running late, they or those acting on their behalf were not always contacted. Most people told us they received care and support from the same core group of staff at each visit, but others disagreed. Comments included, "I don't always know who they [staff] are. I would like to know who enters our home, but they don't seem to understand that." This compromised people's continuity of care and support.
- The provider used an electronic monitoring system that enabled them to monitor people's call times. The provider failed to identify out of 4100 care calls delivered, 1165 calls were more than 45 minutes late. The rostering information showed out of 4100 calls, 1678 calls had no travel time included and indicated staff were routinely given too many visits too close together. This showed there were either insufficient staff available to meet people's needs and/or there was staff misuse of the electronic monitoring system. This did not ensure positive outcomes for people using the service.

Staffing shortfalls did not ensure people received a consistent and reliable service. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People told us they felt safe and had no concerns about their safety or wellbeing when staff visited them. One relative told us, "[Relative] is safe and of late has had staff who have been very good. Generally, they like [family member] very much and that's important."
- Staff demonstrated an understanding of what to do to make sure people were protected from harm or abuse. Staff were able to tell us about the different types of abuse and what actions they would take to safeguard people. However, not all staff knew which external agencies to contact, such as the Local Authority or Care Quality Commission if abuse was suspected.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had access to Personal Protective Equipment [PPE], including face masks, aprons, gloves and hand sanitiser, and confirmed there were adequate supplies available.
- Relatives told us staff wore PPE when undertaking visits to them at their homes.
- Not all staff had up to date infection, prevention and control training.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

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

At our last inspection to the service between 23 February and 4 March 2022, effective arrangements were not in place to ensure staff received appropriate training, robust induction and supervision. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Though some improvement was noted in relation to staff inductions, not enough improvement had been made with regards staff training. The provider remained in breach of Regulation 18.

Staff support: induction, training, skills and experience

- Staff were not adequately trained to deliver effective care and support to the people being supported. One relative told us, "There is some variation in how people approach [family member]. Generally, they [staff] are quite caring. Some are more confident to help them move using the hoist." The relative continued by telling us that sometimes staff failed to lock the brakes on the commode, "I don't know if they [staff] are lax of if they need training."
- Not all staff employed at the service had attained up to date mandatory or specialist training relating to the needs of the people they supported. This meant we could not be assured staff had the skills and knowledge to deliver effective care and support to people using the service.
- Although staff told us they felt supported, not all staff had received formal supervision and it was unclear from the records viewed if staff had received regular 'spot visits'. The latter is where a representative of the organisation can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.

Staff are not adequately trained or have the knowledge to deliver effective care and support. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Staff had completed an 'in-house' induction. However, where staff had limited experience in a care setting, we were unable to check if staff had commenced or completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. This was because the provider told us this information was held on their laptop and at the time of the inspection this was being repaired.

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

- People's needs were assessed prior to their admission to the service but the quality of the completed assessment was variable and required improvement.

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

- People were supported to eat and drink enough throughout the day. People's daily care notes demonstrated most people received appropriate staff support as needed with the provision of meals, snacks, and drinks to ensure their nutritional and hydration needs were met. However, as recorded within the 'safe' section of this report, inconsistencies with call times could impact on care provision via the domiciliary care service.

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

- People had access to healthcare professionals as required to support their ongoing healthcare needs.
- Where staff were concerned about a person's health and wellbeing, they relayed these concerns to the domiciliary care office and registered manager for escalation and action.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, 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.

- Staff demonstrated a basic understanding and knowledge of the key requirements of the MCA and how this related to the people they supported.
- People's capacity to make decisions had been assessed and these were individual to the person. People told us staff sought their consent prior to providing support.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection to the service between 2022, the provider had failed to ensure robust governance arrangements were in place. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had not been made at this inspection and the provider remained in breach of Regulation 17.

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

- The leadership and overall management of the domiciliary care agency failed to ensure the service was consistently well-managed or provide assurance people using the service received positive outcomes.
- Governance arrangements had not identified staffing shortfalls as detailed within the safe section of this report. This referred specifically where calls to people were late, and where staff travel time was not factored between calls.
- There was no evidence of continuous learning and improvement. Lessons were not learned as failings identified had not been addressed by the provider to make the required improvements. Information relating to the improvements required is cited within this report and demonstrated the arrangements for identifying and managing the above were not robust and required improvement.
- The registered manager failed to keep accurate and up to date records for people using the service and staff.
- The lack of effective oversight and governance of the service has resulted in continued breaches of regulatory requirements. These arrangements did not support good outcomes for people using the service.

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

- The registered manager did not understand the importance and responsibilities of their role to ensure compliance with regulatory requirements.
- People and those acting on their behalf confirmed they knew who the registered manager was. Not all people spoken with believed the service was well managed and led. This was because they considered some members of staff did what they pleased and wanted, with little oversight and supervision by the registered manager. Comments included, "Some staff are left to their own devices, and management needs

to put a lid on this" and, "The staff make up their own schedule and do as they please."

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

- Audit and governance arrangements were not robust when acting on feedback, either from people using the service or from those acting on their behalf. Not all complaints and concerns raised via the domiciliary care agency recorded information detailing the actions taken and if the complaint was resolved to the satisfaction of the complainant. Where the Local Authority had requested sight of internal investigation reports following concerns raised, these had not been provided.
- Feedback from people using the service and those acting on their behalf, had not been used to drive improvement. Where comments were less than favourable, no information was recorded detailing what actions had been taken or were being taken to resolve the issues raised.
- Staff meetings were held to give staff the opportunity to talk about the day-to-day running of the service. Action plans were not compiled to evidence how areas for improvement were to be actively followed up and addressed.

Effective and robust arrangements were not in place and failed to assess and monitor the quality of care provided, to ensure compliance with regulations. This was a continued breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 for a second consecutive time.

Working in partnership with others

- The provider was able to demonstrate they were working in partnership with others, such as the Local Authority and other healthcare professionals. However, the provider needed to improve their arrangements for ensuring information requests were provided in a timely manner.

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 17 HSCA RA Regulations 2014 Good governance The provider did not ensure all required recruitment checks were completed on staff.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing shortfalls did not ensure people received a consistent and reliable service. Staff are not adequately trained or have the knowledge to deliver effective care and support.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks for people were not identified and recorded and improvements were required to some aspects of medicines management.

The enforcement action we took:

Warning Notice Served

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective and robust arrangements were not in place and failed to assess and monitor the quality of care provided, to ensure compliance with regulations.

The enforcement action we took:

Warning Notice Served