

Kadarcare Service Ltd

# Kadarcare Service Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Kadarcare Service Ltd is a domiciliary care agency providing personal care to older people in their own homes. At the time of the inspection, approximately 100 people were using the service.

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

The majority of feedback from people and their relatives was positive. People were cared for safely by staff who were trained and had the skills and knowledge to manage risks to people's safety and wellbeing. Staff were safely recruited and there were enough staff to meet people's needs as planned.

Staff administered people's medicines as prescribed. Regular quality checks and audits helped ensure this.

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

The majority of people and their relatives said they had regular care staff and their privacy and dignity were maintained. People's rights were upheld and equality and diversity was positively embedded in the service.

The service was well-led with the registered manager promoting a positive culture and effective working relationships within the team and with relevant professionals.

Health and social care professionals told us that the service was reliable and they had no current concerns.

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

### Rating at last inspection

The last rating for this service was good (published 10 July 2018).

### Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good rated service to people.

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 remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kadarcare Service Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Kadarcare Service 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 1 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.

#### 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We requested feedback from the local authority. We looked at information sent to us since the service registered such as notifications about accidents, incidents and safeguarding alerts. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection. We used all this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager and 1 senior member of staff. We spoke with 4 people who used the service and 6 relatives or friends by phone.

We looked at records related to people's care and the management of the service. We viewed 3 people's care records, their medication records and 3 staff recruitment and induction files. We also looked at rotas, training and supervision information, and records used to monitor the quality and safety of the service. We received written feedback by email from 1 relative, 3 staff and 2 health and social care professionals following our visit.

# 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 good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person told us, "They are never rude. I feel I am very lucky [to receive service]." A relative or friend also told us, "They are nice girls. They treat [person] very well."
- Staff were trained in safeguarding and had the skills and knowledge to identify and report concerns. Staff were confident that the registered manager would listen to them and take action if they reported any safeguarding issues.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and staff understood how to minimise the risks. Staff received training in the areas required to carry out their role and responsibilities safely. Training provided included safeguarding, moving and handling and medicines.
- People's care plans included up-to-date risk assessments that identified, assessed and managed risks related to people's support. For example, around their home environment, mobility, physical health conditions and nutrition.

Staffing and recruitment

- There were enough staff deployed to meet the needs of the people who used the service.
- Staff attended the majority of calls when they were planned. People told us, "I have regular carers morning and afternoon. No problems", "More or less on time" and, "I have the same carer who comes on time."
- Staff were recruited safely. Appropriate employment checks were completed before staff started working with people. These included proof of identity, previous employment, their character, and right to work in the UK. People's employment was also subject to a satisfactory Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The management team communicated changes in people's needs to commissioners so care packages could be appropriately adjusted to meet people's needs. A health and social care professional told us that the service communicated well with them, raising any issues or concerns immediately.

Using medicines safely

- People received their medicines safely and as prescribed.
- Staff were trained in administering medicines and their competency was assessed to ensure the safe management of medicines.
- Senior staff monitored and checked people's medicines records to ensure any issues were promptly

addressed.

#### Preventing and controlling infection

- Most people and their relatives told us that staff wore Personal Protective Equipment (PPE) as necessary. Management spot checks were carried out to observe staff were following infection control procedures.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff were trained in infection control and their skills and knowledge was updated annually.

#### Learning lessons when things go wrong

- The registered manager took clear and timely action to record, report and investigate any incidents or accidents. Any lessons learned were shared with staff through supervision, team meetings and briefings.

# 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 good. The rating for this key question has remained good.

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

- The service had systems in place to review practice and support staff in promoting a positive culture which delivered good outcomes for people. A relative told us, "We are very happy. [Person] gets the same people although timekeeping does vary." A person using the service said, "I can't fault them. They listen to you."
- Staff told us they were supported by the senior team. One staff said, "The manager and office staff are easy to access and always they listen to me, I'm spot checked and quality assurance audit regularly." Another staff member commented, "My manager is really helpful and I've not had any problems when trying to reach her, I feel like she makes time for me when I have questions or need equipment/PPE."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role and responsibilities including their obligations under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

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

- The majority of people and their relatives spoke positively about the way the service was managed.
- New systems being introduced meant that staff attendance at calls could be electronically monitored to ensure staff arrived within the agreed time, completed the planned care tasks, and stayed for the duration of the call. Real time system alerts enabled office staff to take action as necessary, for example, if a person's medicines had not been electronically recorded as administered.
- The registered manager understood their legal obligations. For example, to keep CQC informed about events they were required to by law.

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

- People's views about their quality of the service, and the care they received were sought. Records of spot checks and reviews by the registered manager showed the majority of people and their family members were satisfied with the quality of care they received from the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager ensured the service continually learnt from events and strove to improve care. Learning was shared with staff following accidents, incidents and safeguarding concerns.

- Local Authority commissioners told us that the service communicated well with them and they had no current concerns regarding the service provided for their clients.