

Kumari Care Limited

Kumari Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kumari Care is a domiciliary care agency in Bath providing personal care to people living in their own homes. The service provides care to people over and under 65 years, people with a learning disability, physical disability, sensory impairment, mental health condition and people living with dementia. There were 62 people receiving personal care at the time of the inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People's needs were recorded in their care plans, so staff knew how to support them safely. Risks to people's safety were assessed and plans put in place which were regularly reviewed. People's medicines were managed safely, staff had guidance on what medicines support to provide and had been trained.

Right Care:

Recruiting staff had been a challenge for the provider. Some people and relatives told us this challenge had been noticed as their visits could be late. The provider was aware of this issue and taking steps to make improvements such as obtaining a sponsorship licence from the government. This would mean the provider could recruit from overseas.

People were supported by staff who understood person-centred values of privacy, dignity and promoting independence. Staff told us they visited the same people so had time to build relationships and get to know people well. We found guidance was recorded in people's records on how to promote independence. It focused on what people could do for themselves and the areas where people might need more support.

Right Culture:

There was not a registered manager in post and the provider told us they were struggling to recruit into this position. The service was managed day to day by the owner of the service who was very experienced. There was a management structure in place which the staff were clear about. Any concern could be reported, and

action taken in response. Staff worked in partnership with professionals who told us there was good lines of communication.

Quality monitoring systems were in place and improvements identified. The provider had invested in an electronic care planning system which gave them better oversight of people's records. The next stage of the service improvement plan was to add audits to the electronic system. This would help the service be more paper free and give the provider oversight of the service in one place.

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

Rating at last inspection

The last rating for this service was good (published 7 November 2019).

Why we inspected

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

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kumari Care on our website at 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Kumari Care

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

This inspection was carried out by 1 inspector and 2 Experts by Experience. 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 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 not a registered manager in post.

Notice of inspection

This inspection was announced. 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.

Inspection activity started on 8 March 2023 and ended on 20 March 2023. We visited the location's office on 10 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people and 13 relatives about their experiences of care received. We spoke with 4 members of staff, the quality and compliance manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We contacted 7 healthcare professionals for their feedback about the service and heard back from 5 by email.

We reviewed care and support records for 8 people including medicines records. We also reviewed incidents and accidents, safeguarding records, complaints, compliments, training information, staff newsletters, staff meeting minutes, quality monitoring records and 3 staff recruitment files.

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. At this inspection the rating 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 and relatives told us people were safe. Comments included, "We do need the carers and they make us feel safe" and "I think they [staff] are absolutely brilliant. Our carer goes above and beyond, so caring and attentive."
- Systems were in place to keep people safe. The provider had a safeguarding policy and staff received training in this area. Staff were able to access policies on their phones via an electronic application.
- Staff we spoke with had an understanding of safeguarding, but we were not sure all of the staff were clear about whistleblowing processes. We discussed this with the provider who told us they would share relevant policies with staff and check their understanding. Records seen demonstrated staff were reporting incidents of safeguarding so appropriate action could be taken.

Assessing risk, safety monitoring and management

- Risk assessments were in place and reviewed regularly or when people's needs changed. Plans were in place for areas such as moving and handling and reducing risks of developing pressure ulcers.
- If needed staff worked with professionals to review people's needs and get further guidance on using equipment safely. For example, staff worked with a local occupational therapist to make sure people had the right equipment to support people to move safely.
- The provider had moved people's records onto an electronic care plan system. This enabled them to log in and view records at any time which meant updates could be completed responsively.
- Management had assessed people's care delivery and provided a risk rating. This helped identify visits that were critical in the event of staffing challenges.

Staffing and recruitment

- Comments about staffing were mixed. Some people told us staffing had been an issue for them. Comments included, "They are short staffed especially at weekends. They don't phone to let you know when people are late" and "They have difficulty with staffing. There is no steady flow of staff and retention is difficult. Sometimes a new one [staff] comes in and shadows and then never comes back, that's happened a couple of times."
- However, some people told us they were happy with their regular care workers. Comments included, "They find it very difficult to find carers. They do their best and we are pleased with the regular carers, we have two regulars" and "I have a regular carer who is very good, and it works well."
- Staffing had been a challenge for the provider. They told us they were struggling to attract new staff and some packages of care had been handed safely back to the local authority. One professional told us, "As is the case with most other homecare providers, Kumari has experienced staffing and recruitment difficulties

since the Pandemic. Despite this, the management team has worked incredibly hard to ensure care calls are covered and any disruption to service user's care delivery is minimised."

- The Provider told us they had applied for a license to recruit staff from overseas. They hoped this would help them grow the service. At the current time they were not able to take on any new referrals as this would impact on quality.
- Staffing schedules were online which meant office staff could track whether visits were started on time. If staff were running late people could be phoned to be updated.
- Staff continued to be recruited safely as the required pre-employment checks had been carried out.

Using medicines safely

- People had their medicines safely. There was guidance in people's records about what medicines they were prescribed and what support was needed.
- Staff had training on administering medicines and checks on their competence. Staff we spoke with told us they felt confident administering medicines once trained.

Preventing and controlling infection

- Staff received guidance and training on good infection prevention and control procedures. Staff we spoke with told us they felt they had enough guidance to work safely.
- Staff had access to personal protective equipment (PPE) and were able to get more stock when they needed it. We observed ample stock of PPE at the office location. One member of staff told us, "We have enough stock, they give us what we need, masks, aprons and gloves. I have been shown how to put it [PPE] on and take it off safely."

Learning lessons when things go wrong

- Accidents and incidents were recorded with any actions to prevent reoccurrence. The provider told us they shared learning or updates with staff in a variety of ways. Information was sent out by email and via their monthly staff newsletter. Management also spoke with staff on the phone and regular unannounced spot checks were being carried out to check learning was implemented.

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. At this inspection the rating has changed to 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

- There was no registered manager in post and the service had been without a registered manager since 2021. The service was managed day to day by the nominated individual who was also the owner of the service. They told us recruitment of a new registered manager was proving challenging.
- Despite not having a registered manager people, relatives, staff and professionals told us the service was well managed. The nominated individual was hands on at the service and referred to as the manager. One professional told us, "[nominated individual] is the manager of Kumari and she is very friendly and approachable. [nominated individual] appears very knowledgeable on care services and believes she manages her staff to a high standard, and we have no concerns for placing a service user on their care books."
- The nominated individual was aware of their regulatory requirements, but we found some historical safeguarding incidents which had not been notified to CQC. Action had been taken to safeguard individuals, but CQC had not been informed in all cases. The nominated individual told us they would make sure systems were reviewed to address this shortfall.
- Systems were in place to monitor quality and safety for a range of different areas. Audits included areas such as medicines, supervisions, complaints and training. Where action was identified it was recorded and monitored by the quality and compliance manager until completed.
- The provider had invested in a new electronic records system so all of people's records had been moved onto this prior to our inspection. Staff were now carrying out quality checks of people's care plans and risk assessments to review and update where needed.

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

- Overall people were happy with their care and thought the service was well managed. Comments included, "[nominated individual] is the owner and brings a very personal touch to the business, I would be happy to speak to them anything. She is very caring and rings me regularly to make sure we are happy and comes out to visit" and "The manager is [nominated individual] and she is very good."
- People's visits were recorded in their records. A step-by-step plan was provided with information on the person's wishes. This helped staff get to know the person and provide them with person-centred care.
- Staff told us they could talk with the management at any time, and they were very approachable. One member of staff said, "They are available all the time, they always help me. I have never had a problem as the office staff give me support. I can call them, and they always answer my questions."

- We found people's records had details on how staff could maximise independence and encourage people to do as much for themselves as possible. The provider told us, "The procedure of assessing clients` needs and risks, and preparing a person-centered care plan was established years ago with these principles in sight: respect, dignity, maximising independence, right to choice and consent. The same principles are communicated to carers during their induction training."

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 provider had a duty of candour policy and process which stated action to be taken when notifiable safety incidents occurred.

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

- People and relatives were able to share their views on care delivery as reviews were completed regularly.
- People and relatives felt able to raise any issues or concerns. Comments included, "Our initial visit was with [nominated individual] and it was a long visit and she wanted to know how [person] liked to live and everything about [person]. She took a long time and listened to us, really listened" and "A month ago they came and did a review and asked what I needed."
- We found records of quality visits in people's records where people were encouraged to share their feedback. Any issues raised were reported to the office so action could be taken.
- The provider had sent out a formal quality survey prior to the inspection. They were still collecting responses and would analyse results once all information was collected.
- Staff had opportunity to join staff meetings and share their ideas. The provider also produced a monthly staff newsletter which updated staff on key areas and updates.
- People and relatives told us they would recommend the service to others. Comments included, "The service we get is excellent. I'd recommend them" and "[relative] is happy and content with it [the service] I would recommend it."

Working in partnership with others

- Staff worked with local healthcare teams to help make sure people's health needs were met. Professionals told us there was good communication with the service and they were responsive. One professional told us, "Kumari is able to engage with professionals, service users and relatives in a friendly and approachable manner. Regular reviews are held, and assessments take place in person."