

KS Care Ltd

KS Care

## Inspection report

Safestore Offices  
Elstow Road  
Bedford  
MK42 9QZ

Tel: 01234965583  
Website: [www.kscare.co.uk](http://www.kscare.co.uk)

Date of inspection visit:  
17 October 2023  
18 October 2023  
31 October 2023

Date of publication:  
16 November 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

KS Care is a domiciliary care service providing personal care to people living in their own homes in the community. The service provides support to adults living with a physical disability or a sensory impairment including people who may be living with dementia, mental health needs, a learning disability or may be autistic. Some people were supported on a full-time basis by 'live-in' care staff.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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 there were 69 people receiving personal care at the service.

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

The management team's governance systems were not always effective in monitoring the service or identifying where improvements could be made. This included areas such as visit times and durations being monitored. People did not always have the right care plans in place, and these were not detailed enough. There were limited overarching audits to monitor the quality of the service. The management team were not informing us of events which happened at the service in line with legislation and statutory guidance. We have made recommendations for the provider to review call monitoring systems and review and update people's care plans.

Despite our findings people were positive about the support from staff. One person said, "As far as caring staff go this service is the best. They take their time to make sure I am happy."

People and relatives told us they/ their family member were safe being supported by staff. There were enough staff to support people with their care visits. People were supported safely with medicines. Staff followed good infection and prevention control (IPC) practices.

Staff had the training and supervisions to be effective in their job roles. People were supported to eat and drink if this support was needed. Staff supported people to see health professionals if they needed this support. 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.

People told us staff were kind and caring and treated them with compassion. Staff made efforts to get to know people as individuals and support them in line with their preferences. People were supported to make

choice about their support. Staff supported people with dignity and respect. People were supported to follow their social interests and pastimes if staff provided this support. The management team responded to complaints and concerns promptly. People were treated with dignity at the end of their life.

The management team were passionate about providing a good service and staff felt well supported in their job roles. People and the staff team were able to give feedback about the service. Staff worked well with other professionals to help people achieve good outcomes. The management team responded immediately to our feedback during the inspection and started implementing improvements.

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

The last rating for this service was good (published 13 June 2018)

#### Why we inspected

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

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

We have found evidence that the provider needs to make improvements. Please see all the sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We have identified a breach in relation to the way the service is managed at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# KS 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 2 inspectors and an Expert 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 in the community.

#### 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 the provider and registered manager's support with the inspection process in setting up calls with people and their relatives and the staff team.

Inspection activity started on 17 October 2023 and ended on 31 October 2023. We visited the location's office/service on 18 October 2023.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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. We used all this information to plan our inspection.

### During the inspection

We spoke with 8 people who used the service and 8 relatives about their experience of the care provided to them/ their loved one. We spoke or received e-mail feedback from 23 members of staff including care workers and senior care workers. We also spoke with the registered manager and other members of the management team

We reviewed a range of records. This included 5 people's care records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, audits and call time analyses were reviewed.

# 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 changed to 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.

### Staffing and recruitment

- The management team had systems in place to monitor if people were receiving care visits on time and for the correct duration. However, these systems were not effective in identifying where people's calls were early, late, or not the correct duration. People would request later or earlier visits directly with care staff who did not communicate these changes to the management team. These changes had the potential to have a knock-on effect to other people's care visits. The management team told us they could not effectively monitor this with the current systems.
- The management team were using several different systems to monitor care visits however these systems did not work well together. This made visit times and durations difficult to monitor and analyse. One relative said, "It is hard as sometimes staff show up at [time] and sometimes another [time]. It can vary a lot and sometimes they stay the full time and sometimes only for a few minutes. I am not sure this is being picked up on."

We recommend the provider improve their systems and governance in relation to the monitoring of people's care visit times and durations.

- Despite our findings the risk to people was low as staff knew people well and worked with the same people over extended periods of time. Most people, relatives, and staff all confirmed they were not concerned with staff arriving on time. One person said, "I have the same carer every day in the week and a different one at weekends and they are always on time." A relative told us, "There are enough staff and management replace a carer if they are held up on the visit before."
- The provider had checks in place to help make sure staff were recruited safely and were suitable for their job roles.

### Assessing risk, safety monitoring and management

- The management team had assessed risks to people and put plans in place to help mitigate risks. However, risk assessments and care plans were not always detailed or specific to guide staff in relation to people's individual support needs. For example, people did not have detailed care plans for living with epilepsy or being supported with pressure area care.
- People's care plans and risk assessments were not always detailed in relation to how to support them during a care visit. For example, a care plan might tell staff to help a person move from their bed to chair, but not a step-by-step process as to how to do this. One relative said, "The staff who see [family member] know them well but I do worry that new staff would not know what to do with the instructions."

We recommend the provider review all care plans and risk assessments to help ensure they are detailed enough to fully guide staff how to support people safely.

- Despite our findings staff knew the risks people faced well and people and relatives were confident staff would support them safely. One person told us, "I recently started using [piece of equipment] and staff were on the ball from the start. They know how to use it."

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they/ their loved one were safe being supported by staff. One person said, "I feel very safe. It is always the same staff, and the office is open 24 hours a day if there is a problem." A relative told us, "[Family member] is very safe and if I ever worried, they were not I could speak to [managers] and they would put measures in place."
- Staff were trained in safeguarding and knew how to report concerns both at the service and to organisations such as CQC or the local authority.

Using medicines safely

- Staff supported people safely with medicines if they needed this support and the management team checked staff competency to do this.
- People had protocols in place for 'as and when required' (PRN) medicines to guide staff as to when these should be administered. One person told us, "Never had any concerns with medicines. I can take them myself, but the staff just remind me and record I have taken them."

Preventing and controlling infection

- Staff supported people to keep their homes clean if this support was needed. One person said, "I need help to use the washing machine and staff tidy my kitchen when they visit as well. They offer to do anything else I need too."
- People and relatives told us staff wore Personal Protective Equipment (PPE) in line with guidance.

Learning lessons when things go wrong

- The management team shared lessons with staff in meetings to help learn lessons when things went wrong. There was a log of incidents and accidents and any actions taken were recorded to help mitigate the risk of recurrences in the future.

# 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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed when they started using the service. These were used as a basis to find out what support they needed. The management team then met with people and relatives several times in the first weeks of the person using the service to make sure their support needs were being met. One person said, "[Management] met with me to discuss my care needs but kept checking in to make sure I had everything I needed."
- The management team stayed up to date with guidance and the law by attending manager seminars and researching current best practice. This was then incorporated into the services policies and procedures.

Staff support: induction, training, skills, and experience

- Staff had training in areas relevant to their job roles such as supporting people with mobility and supporting people with catheter care. The management team completed spot checks whilst staff were working to make sure training had been effective. One person told us, "They have had training and understand my support needs. [Management team] have been here a few times to make sure they are doing things right."
- Staff spoke about how their induction at the service supported them to get to know the people they would be supporting. Staff were confident and knowledgeable about their training and felt well supported with their supervisions.

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

- People were supported to eat and drink in accordance with their support needs if they needed this support. One relative said, "[Staff] make sure [family member] has enough to eat and drink and always leave a flask of drink with them when they leave."
- People's care plans in relation to eating and drinking needed to be more detailed to help guide and support staff. The management team acted on this immediately and updated these care plans.

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

- Staff worked with professionals such as district nurses and GP's and referred people to these professionals if their support was needed. One relative said, "If there is a problem the staff spot then they call the district nurse. They have also called an ambulance in the past and have stayed with [family member] helping them feel OK until I got there. This was excellent."
- Health professional advice was recorded in people's care plans to help guide staff how to support them to live healthily. A visiting health professional said, "I have never had any issues and whenever I visit [person],

staff have always followed my advice. This has led to good outcomes for people."

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 had a good understanding of the MCA and how this impacted on the way they supported people. One person said, "[Staff] respect my choices. They know how I need to be supported but if I do not want them to help me one day, they won't force it."
- If people lacked capacity. The management and staff team worked with them and their relatives to put capacity assessments in place and make decisions in their best interests.

# 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.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to 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 relatives were positive about the kind and caring nature of staff. People's comments included, "[Staff] are kind, caring and they listen to me." and, "[Staff] are wonderful. I cannot believe how lucky I am. They are the best staff around and I really look forward to seeing them." A relative told us, "[Staff] are genuine and empathetic."
- People told us staff knew them well and respected them as individuals. One person said, "I know [staff] really well and they have worked with me for a long time, so they know how I like things." A relative told us, "I think staff know [family member] well. We were having dinner and a carer came over and their face lit up when they saw them. They have conversations. [Family member] refers to the carer as being like her daughter. A lovely rapport."

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

- Staff supported people to make day to day choices about their support such as how they wanted to be supported with personal care or what they wanted to wear. One person told us, "[Staff] respect my choices and know me well enough to know if I am too tired to do things."
- People and their representatives were supported to take part in reviews of their support and care plans. One relative said, "There is a care plan, and we talk about this quite regularly just to make sure it is up to date."

Respecting and promoting people's privacy, dignity, and independence

- People were supported to be independent if this was their choice. One person said, "I can still do quite a lot myself and staff know this. They help me in any way they can."
- Staff supported people with dignity and respect, for example by knocking on people's doors when they arrived, despite having a key to access a person's home. One person said, "[Staff] treat me with dignity and respect. They give me [personal care] and get me downstairs safely. They call me by my preferred name. They respect my privacy."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- The management team had not ensured people had detailed or specific care and support plans in place. For example, people did not have specific care plans in place for living with epilepsy, dementia, substance misuse, support to eat and drink or support with pressure area care. This put people at risk of not having these support needs met if unfamiliar staff need to support them.
- People's care plans were often unclear or contained conflicting information about what people could do themselves or how they wanted to be supported. A relative said, "Some staff do a lot, and some staff seem a bit unsure. I think carers could have a bit more detail about how to best support [family member]."
- Staff recorded how they supported people during care visits. However, daily notes did not record how people were feeling and only recorded what support staff had given in relation to essential care needs such as personal care. This made it more difficult to monitor if people were receiving personalised care.

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 (AIS). 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.

- There was limited information in people's care plans relating to how staff could communicate with them. The management team did not share any documents with us which had been produced in an easy read format. We could not be assured people were being fully supported in line with the AIS.
- The management team acted on our feedback immediately and started putting specific care plans in place in relation to people's support needs, including in relation to the AIS. They also held team meetings with staff to discuss recording people's daily notes in a more personalised way.
- Despite our findings people and relatives told us staff knew them as individuals and understood their likes and dislikes. One person said, "[Staff] know my likes and dislikes. They have supported me for a while now."
- People and relatives told us staff were flexible to meet their needs. One relative said, "[Staff] listen to [family member] and help in any way they can if they need to do something outside the ordinary, like organise an appointment."

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

- Staff supported people to follow their social interests and past times if they needed this support. A relative said, "As well as personal care [staff] also help [family member] with a social visit and take them out and

about. [Family member] loves this and looks forward to it every week."

- People were supported to maintain relationships with those important to them. One person said, "[Staff] give me and my family space when they come to visit as they know this is important to me."

Improving care quality in response to complaints or concerns

- The management team had a complaints policy and procedure in place at the service. Any concerns raised were dealt with in a timely manner. People and relatives told us they had not had to raise many concerns but felt confident in doing so. One relative said, "Things are all going very well but if I had a problem I would contact [management team] and I know things would be sorted out quickly."

End of life care and support

- People had plans in place for the end of their life if they chose to put these in place. These guided staff how to support people at this time. Staff also knew how to contact outside professionals for support at this time.

# 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

- The management team did not have effective governance systems in place to monitor some aspects of the service. Audits were either not in place or were not effective in identifying areas for improvement as we identified at this inspection. For example, in areas such as monitoring care visit times and durations and care plans not being detailed enough to guide staff.
- We asked to see evidence of quality audits completed at the service however the management team did not send us many of these. This made it difficult to see how the management team were governing and monitoring the service.
- The management team had no service improvement plans in place at the service. They put plans in place during our inspection. However, we could not be assured these plans would have been put in place without our direct feedback.
- The management team were aware of areas for improvement at the service, for example in relation to call monitoring systems not working well together. However, they did not work to resolve these issues in a timely manner. The management team evidenced they had tried to resolve the issue in March 2023 but had not tried again until October 2023. This showed a lack of urgency to resolve known issues.

We found no evidence people had been harmed. However, governance systems were not effective in monitoring the quality of the service or driving improvements. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team responded to our findings immediately. This included a review of how care visits were being monitored and a review of people's care plans to make sure all care plans were in place and were of sufficient detail.
- Despite our findings people and relatives were positive about how the service was managed. One person said, "From what I can see [management team] are doing a good job and I have never had any issues." A relative told us, "I think the management team do a good job and they are visible, checking to make sure staff are doing a good job and all is going well."

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 not informed us of statutory notifications which they are required to do so by law. For example, they had not let us know of serious injuries to people such as pressure sores or a fall which ended

up in an injury for a person. The management team completed this retrospectively during our inspection.

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

- People and relatives were positive about the support staff gave them. People's comments included, "[Staff] are fantastic and have made a massive difference to my life." and, "I think the service is great. No improvements." A relative told us, "[Staff] are like family to [family member]. I hear them chatting away and hear how happy they are."
- Staff were passionate about supporting people and felt well supported by the management team. One relative said, "[Staff] do their job really well and have a lot of time for [family member]."

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

- People and relatives were asked to feedback about the service formally in the form of questionnaires and informally through telephone calls. One relative told us, "[Management team] ring and speak to us every few weeks but we see them a lot when they do the spot checks on staff as well."
- Staff were encouraged to feedback about the service in meetings and supervisions. Staff told us they felt they could voice their opinions about the service, and they were listened to.

Working in partnership with others

- Staff worked well with health professionals to help people achieve good health outcomes.
- The management and staff team worked with commissioners to help ensure people's support 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 17 HSCA RA Regulations 2014 Good governance  We found no evidence people had been harmed. However, governance systems were not effective in monitoring the quality of the service or driving improvements.