

Karva Care Services Limited

# Karva Care Services Limited

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Karva Care Services Ltd is a domiciliary care service providing personal care people in their own home. At the time of the inspection, 8 people were receiving support from 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

People and their relatives told us they received care and support from staff who were kind and competent in their role. They told us they felt safe when being supported and staff treated them with dignity and respect.

Staff had access to people's care plans and details of their support requirements on the provider's digital care management software system. They recorded their visit times and how they had supported people on the system.

Some relatives raised concerns about the variable times of people's care calls which was discussed with the registered manager. They provided some explanation of the delays for example due to traffic. However, the registered manager had not used their own quality assurance system to appraise the punctuality of staff and to identify if staff rotas needed to be amended to ensure people received their care on time. The registered manager recognised that they needed to further develop their systems to monitor staff observations to ensure their records demonstrated their assessments staff practices.

We have made a recommendation about the provider's recording of their quality monitoring systems and the management of people's medicines on their digital care management software system

People received care and support which was personalised and met people's needs. The registered manager had a good insight into people's care delivery and staff care practices as they frequently delivered care to people and worked along staff.

The registered manager valued people's feedback and told us they would respond promptly to any complaints in line with the provider's policies.

People were supported by staff who had been trained and supported to carry out their role. They were recruiting with the aim to expand the service.

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.

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 22 February 2021 and this is the first inspection.

#### Why we inspected

This service had not been inspected since their registration; therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

#### 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 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.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Karva Care Services Limited

## 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 by one 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.

The service had a manager registered with the Care Quality Commission. 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

This inspection was announced. 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.

Inspection activity started on 9 February 2022 and ended on 15 February 2022. We visited the location's office/service on 9 February 2022.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke by telephone with one person and three relatives of people who use the service. We spoke with four members of staff including the registered manager and three care staff.

We reviewed a range of records. This included the care records of four people and their medication records. We looked at three staff files in relation to recruitment and staff development and support. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and quality assurance records.

# 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 Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medicines as prescribed as safe medicines management processes were being used and staff had been trained in good medicines practices.
- Information about people's required medicines support was documented in their care plans. Staff recorded when they had supported people with their medicines on the provider's digital care management software system. This provided the registered manager with assurances that people had received their medicines as prescribed.
- We reviewed a sample of people's medicines records on the systems and found gaps in two people's medicine administration records (MAR). This was raised with the registered manager who provided an explanation for the gaps in people's medicines such as people attending day centres and therefore staff did not support them with their medicines. They agreed to review people's medicines records to ensure there was an accurate record of when staff should support people with their medicines.

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

- Systems were in place which safeguarded people from harm and abuse.
- A person receiving care told us they felt safe being supported by staff and said, "I am very satisfied with my carers. I have no concerns about my safety when they visit." Relatives also told us their loved ones were safe when being supported by the service.
- Staff had been trained in safeguarding to help to protect people from abuse. Staff were aware of their responsibility to report any accidents or concerns about people's wellbeing to the registered manager. However not all staff were fully aware of aspects of the provider's safeguarding policy on the action they should take if the registered manager had not taken appropriate action such as informing external safeguarding agencies. This was raised with the registered manager who agreed to take immediate action and review safeguarding policy with staff.
- The registered manager stated there had been no safeguarding concerns since their registration. They were able to describe their processes if a safeguarding incident occurred in line with their policy.

### Assessing risk, safety monitoring and management

- People's risks associated with their health and mental well-being had been identified and assessed as part of their initial assessment.
- Risk management plans were in place which provided staff with the control measures that needed to be taken to help minimise the risks to people such as applying prescribed creams to people who were at risk of skin breakdown. Guidance was in place on how to safely support people who had mobility difficulties and at risk of falls.

- Staff were provided with information about the control measures to help manage any known environmental and lone working risks.
- Staff had received training in moving and handling, health and safety and basic life support. They were able to describe the actions they would take in the event of an emergency such as in a medical emergency or a missing person.
- Policies and processes were in place to support staff if people did not answer their front door or refused care. For example, the registered manager provided an example of how they had implemented a strategy to encourage one person to accept assistance with their personal hygiene.

#### Staffing and recruitment

- People were supported by an established staff team who knew them well. There were enough staff available to meet and respond to people's needs.
- Some people's relatives were concerned about the variable times that staff arrived. We discussed the management of people's care visits with the registered manager who stated that they had not been made aware of these concerns but agreed to review their systems.
- The registered manager stated that recruiting suitable staff had been an ongoing challenge which had been a barrier to expand the service.
- An on-call system enabled staff to request additional support if required.
- People were protected from staff that may not be fit and safe to support them as safe recruitment practices were being used.
- Checks were completed on the suitability of all new staff including obtaining references, employment and criminal background checks with the Disclosure and Barring Service (DBS). (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that staff had access to a good stock of personal protective equipment (PPE) and were using it in line with infection control guidance.
- People and their relatives told us staff wore the correct PPE at all times and were happy with staff infection control practices.
- Staff told us they had all completed infection prevention and control training and received updates of COVID-19 guidance. People's care plans also reminded staff of safe infection control practices.
- Staff were tested for COVID-19 in line with government guidance. The registered manager described how they received staff COVID-19 test results.
- Staff had access to the provider's COVID-19 policy and procedure which had been updated in line with government guidance.

#### Learning lessons when things go wrong

- Systems in place for staff to report and record any incidents and accidents. Records of incidents were reviewed by the registered manager and actions taken to prevent further incidents. Changes in people's care needs were shared with staff.

# 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 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 received effective care based on current best practice when supporting people with their personal care needs in their own home.
- People's care and support needs were assessed before they received a service to ensure the person's needs could be safely and effectively met.
- The provider had invested in a digital care management software system. Staff had access to people's care records and were able to record their delivery of care on the system.
- If requested (and if in the best interest and/or agreement of the person), people's families were also given authorisation to access the provider's digital system. This allowed them to see records of their relative's well-being and how they had supported people to achieve their personal objectives.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and given opportunities to develop and achieve additional training and qualifications.
- Staff had been provided with an effective induction period. They were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Records showed that staff had received the training they required to carry out their role. This was confirmed by staff. They told us they felt supported and confident in their role.
- Staff told us they received regular supervision and their skills were checked by the registered manager. We reviewed a sample of documentations which evidenced this; however, the registered manager acknowledged that they needed to expand the recording of their staff checks to demonstrate the level and types of competency assessments that been completed.
- People and their relative confirmed they felt staff were suitably trained and experienced.

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

- The care plans of people who required support with their nutritional intake, outlined people's dietary needs or support with their meal preparations.
- Daily notes demonstrated how staff supported people to maintain a balanced diet and good hydration.
- Staff were aware of people's dietary/drink preferences and their required support. They told us how they supported people to make meal choices and used different strategies to encourage people to eat and drink when their appetite to drink and eat was poor. Any concerns with people's nutritional and fluid intake was

shared with people's families and the registered manager.

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

- Staff worked collaboratively with people's families to ensure people accessed health care services in a timely manner.
- Staff were clear on the actions they should take in the event of a medical emergency.
- The registered manager provided examples of when they had referred people to health care services for additional support and advice. This had enabled staff to better understand the management of people's risks and health conditions.
- With authorisation from the provider, visiting health care professionals could access the provider's digital care management software system to assist them in understanding people's medical history and support requirements. The provider was considering providing a paper copy of key information about people which could be promptly shared with relevant professionals if they were unable to access their digital system.

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.

- Staff had received training on the Mental Capacity Act and had access to the provider's policies and procedures relating to people's capacity to agree to receiving personal care.
- People's care plan's prompted staff to seek consent before helping people with their care or daily activities and provide them with choices of how they would like to be supported.
- People and relatives (on behalf of people) told us they were fully involved in decisions about their care.
- We discussed the principles of the assessment and recording of people's mental capacity if people lacked capacity to make specific decisions about their care. The registered manager recognised that whilst consent to day to day decisions was recorded in people's care plans and they would need to implement an assessment of people's mental capacity in relation to specific decisions about their care. This would ensure that the provider was working in line with the principles of the MCA and care was being delivered in the best interest of people.

# 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 had developed positive relationships with staff. They all complimented the caring and kind approach of staff. One person said, "They are all very friendly and delightful."
- Relatives confirmed they felt staff treated people well and with respect. One relative explained that they felt staff had a good understanding of their relative's cognitive needs and had been patient in supporting them at their own pace.
- The registered manager and staff recognised the importance to supporting people respectfully and without discrimination and judgment.
- Staff involved people in decisions about their personal care and support such as providing choices about their meals and clothing. Where people had limited mental capacity, staff supported people in their best interest based on their knowledge about people's preferences.

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

- The registered manager delivered care to people and was in frequent contact with people's relatives. This gave people and their relatives an opportunity to raise any issues or concerns.
- Relatives confirmed they were actively involved in decisions about the care of their loved ones and communication from the service was good.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. They described how staff ensured their dignity was respected whilst they were being supported with personal care. Relatives also confirmed from their observations that staff were kind and respectful. One relative said about staff, "Mum always sings their praises. She likes them [staff] a lot."
- Staff encouraged people to maintain their independence by doing as much as they could for themselves. People's care plans described how staff should support them to maintain their independence and positive outcomes.
- From our discussions with staff and the registered manager showed they knew people's preferred routines and how they wanted to be supported.

# 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 Good. This meant people's needs were met through good organisation and delivery.

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

- People received care which was personalised and responsive to their needs. People complimented the staff and told us staff were very attentive and ensured they were comfortable and had everything they needed before they left.
- Staff recognised the importance of being patient and ensuring people did not feel rushed when being supported with their personal care. Records showed that staff often exceeded the agreed visit time to ensure people's support requirements had been completed.
- Staff had access to people's support plans on the provider's digital care management software system on their mobile device. The digital system provided them with details of people's backgrounds, assessment and management of their support needs. Staff logged the support they provided on the system which provided a 'real time' understanding of people's wellbeing.
- Staff had a good understanding of how to support people and provide tailored care. However, the registered manager recognised that some people's care plans would benefit from more details about their personal care preferences such as how they wished to be supported with their personal and oral hygiene and grooming. This personalised information would assist staff in supporting people in their best interest if they were unable to describe how they wanted to be supported.
- As the service was small, the registered manager had a comprehensive understanding of people's needs which enabled them to respond to any additional requests of support.

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.

- People's communication needs had been assessed as part of their initial assessment. Information about the person's hearing and visual impairments and the impact of any cognitive difficulties on how people may communicate had been recorded.

Improving care quality in response to complaints or concerns

- The provider aimed to respond to people's complaints in line with their complaints policy.
- The registered manager said they take all concerns seriously and would immediately respond to any complaints. They said, "If they are upset about something and it is not being done as they like, then we need to respond."

- Relatives told us they felt confident in raising any concerns with staff or the registered manager and were assured that their concerns would be acted on.

#### End of life care and support

- End of life care processes were available to staff when they needed to support people during the final stages of their life.
- The registered manager told us they would continue to deliver compassionate and sensitive care to people in their own homes as long as people remained safe and within the skills of their staff. They stated they would update people's current care plan to reflect any changes in the people's support requirements.
- Staff had received end of life training and told us they would work in conjunction with people, their families and key professionals to ensure people remained comfortable and pain free and respect their end of life wishes.

# 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

- People's care plans were comprehensive and reviewed on the provider's digital care management software system. However, they were not always explicit in describing the involvement of people and their families in the management of their own care or the strategies being used to support people who may refuse care. For example, staff would benefit from more detailed information about people who self-medicate or where medicines were jointly managed with people's families. More guidance on when staff should administer 'as required' medicines and the impact of the medicine (if known) would clarify the reason for administration and whether the medicine had been effective.
- The risk to people receiving unsuitable care was reduced as staff knew people well and communicated regularly with their families. This was confirmed by relatives.
- A system had been implemented for staff to log when they arrived and left a person's house. The registered manager acknowledged that they had not used the system to assist them in identifying and addressing any trends or concerns in the timekeeping of staff.
- Systems were in place for staff to share their COVID-19 test results with the registered manager. However, the provider needed to consider how they would demonstrate that they were monitoring and meeting the COVID-19 testing and staff COVID-19 risk assessments requirements of care staff.
- The registered manager was able to monitor people's quality of care and staff practices as they frequently delivered care to people.

We recommend the provider seeks further guidance on recording of their quality monitoring systems and the management of people's medicines on their digital care management software system.

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

- Karva Care Services Ltd is a family run business that had relocated to support people with their personal care needs in their own homes in Gloucestershire. The registered manager and staff told us they were adjusting to working in a more rural county and within the policies and procedures of the local authority.
- The registered manager had a clear vision to deliver high-quality that promotes a positive and person-centred culture.
- The provider was reviewing how they attracted and recruited new staff to the service to enable the service to expand. Additional staff on top of the current family staff team would also help to safeguard the culture of the service.

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 registered manager provider stated they took every opportunity to learn from all incidents and feedback. They explained that they had an open approach and would communicate any incidents with people and their relatives.

- All incidents and near misses were reviewed and actions were taken to mitigate further incidents such as staff development.

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

- Staff told us communication was good across the service and the registered manager always kept them informed of any changes in people's support requirements. Staff told us they had a good and open working relationship with the registered manager.

- People and their relatives complimented the service and told us they had appreciated care from regular care staff who knew them well.

- Relatives felt staff and the registered manager had the skills and experience needed to deliver safe and effective care.

Working in partnership with others

- Staff worked in conjunction with people's relatives and key health and social care services to ensure there was a cohesive approach which enabled people to remain in their home.