

K.C.Carers Limited

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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?	Good ●

Summary of findings

Overall summary

K.C. Carers provides personal care to people living in their own homes. At the time of the inspection they were providing care to 44 people living in Northamptonshire.

At the last inspection in August 2015, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive care and support from K.C. Carers in a way that maintained their safety. Risks to people had been assessed and steps taken to mitigate people's assessed risks. People could be assured that sufficient numbers of staff were available to provide their care and that they would receive their prescribed medicines safely.

The staff providing people's care had received the support, supervision and on-going training that they needed to provide people's care effectively. People were supported to maintain adequate nutrition and staff promptly referred people to medical professionals when required.

People continued to be consistently treated with dignity and respect and staff worked in a way that maintained people's privacy. Staff were committed to providing care according to people's individual preferences.

There was a strong system of quality assurance overseen by a visible and supportive management team. The management team was committed to the on-going development of the service and responded positively to suggestions and comments from people, commissioners and staff. The management team encouraged an open culture that promoted person centred care for the people that K.C Carers supported.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

K.C.Carers Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced comprehensive inspection took place over two days on the 2 and 3 August 2017. We gave the provider 48 hours notice of our inspection because we needed to be sure that a member of the management team would be available in the office to support the inspection. The inspection was completed by one Inspector and one 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. The Expert by Experience for this inspection had experience in coordinating community care services for the relatives.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who monitor the care and support of people living in their own home.

During this inspection we spoke with four people receiving care from K.C. Carers, seven people's relatives and five members of staff including the registered manager and the provider.

We reviewed the care records of three people that used the service and the recruitment records for three members of staff. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People continued to receive care from staff that knew how to maintain people's safety. One person told us "I feel very safe. They [Care Staff] will do anything for me." Another said "I trust them [Staff] in my home." One person's relative told us "[Person] has had many falls in the past but since K.C. Carers took over she has had only one fall because they know how to keep her safe." Risks to people had been assessed and regularly reviewed and plans of care had been developed to guide staff in mitigating people's known risks. For example detailed plans of care had been developed to provide guidance for staff in supporting one person to transfer safely from their bed to their chair using specialist equipment.

People could be assured that there were sufficient numbers of staff that had been subject to robust recruitment procedures to provide their commissioned care. One person told us "The carers always arrive when they should and I have the same people come and help me which I like." Staff told us "We get our schedules in advance and we always have enough time to travel between all of our calls. We don't have to rush as we never feel under pressure. It means that we can stay for the right amount of time with people." The provider had recently recruited a care coordinator to improve the scheduling of people's care.

People received their prescribed medicines safely. One person's relative told us "They make sure that her medication is taken on time and warn me when it is getting low." One member of staff told us "We have had lots of training in how to administer people's medicines. I was observed doing it to make sure I did it properly before I was allowed to do it on my own." We reviewed the Medication Administration record (MAR) charts for three people and found that these had been completed accurately and were reflective of people's prescribed medicines.

People continued to be protected from the risk of harm. Guidance was available for staff regarding the action that they should take if they were concerned that a person may be at risk. One member of staff told us "If anyone had ever been harmed or I thought they were at risk I would report it straight away. I would tell the manager or the Councils' Safeguarding Team or call CQC." Where the provider had been allocated investigations to complete by the Local Authority these had been completed thoroughly and in a timely manner by the registered manager.

Is the service effective?

Our findings

People received care from staff that had received the training, supervision and ongoing support that they needed to provide people's care effectively. One person told us "They are obviously well trained because they know what they are doing." One member of staff told us "I had never worked in care before coming here. I have had lots of training since I started working here and it's been great. It's meant that I feel confident when I am helping people."

There was an on-going programme of training for staff to ensure that they regularly updated their knowledge in key areas such as moving and handling and safeguarding. Staff were encouraged to complete formal qualifications such as Diplomas in Health and Social Care. The provider also supported new staff to complete the Care Certificate as part of their induction when they commenced their employment with K.C. Carers. The Care Certificate consists of a period of assessed practice and is designed to ensure that all care workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support. New staff received regular supervision and were observed by more experienced staff to ensure that they were competent in providing care and support to people.

Staff were vigilant of changes in people's health and made referrals to health professionals promptly. For example in response to changes in one person's mobility staff had made a referral to an Occupational Therapist to obtain specialist equipment to support the person to move freely in their home. One person's relative told us "They [Care Staff] noticed that she was starting with a bed sore. They were straight on to it. They phoned the doctor and district nurse. It was sorted out."

People continued to be supported to maintain adequate nutrition and hydration. One person's relative told us "They make sure she eats properly. I leave them notes and it's never any trouble." Another person's relative told us "They [Care Staff] give her a choice of meals. They get meals out of the freezer and say what is there. But if she doesn't want one they will cook her egg on toast; whatever takes her fancy."

People were asked to give consent for their care and support and staff were knowledgeable about their responsibilities in relation to the Mental Capacity Act 2005. One person's relative told us "They explain what they are going to do and gain permission before doing it." One member of staff told us "We always ask people before providing any sort of care and ask what help people would like." 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 Act 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.

Is the service caring?

Our findings

People had developed positive relationships with the staff providing their care and support. People were supported by staff that knew them well. Comments from people included "They [Care Staff] are all so kind," "The staff are all lovely and have great people skills" and "The staff all have a chat with me and are friendly." One person's relative told us "[Person] knows the staff well. He has nick names for them all and they get on well together and have a laugh."

People told us that the care staff respected their dignity, privacy and right to make choices. One Person's relative told us "My husband is blind and the carers are always careful to ask him if he needs cream on his skin and tell him if he has any red areas to help him make a choice as he cannot see them himself."

People or their nominated representative had been involved in developing their plans of care. People continued to have choice and control over the care and support that they received from K.C. Carers. One person's relative told us "We reviewed [Person's] plan of care together recently when their medicines changed." Feedback from people was sought by senior staff when they provided people's care, during annual reviews and through spot checks completed by the management team. Staff continuously involved people in decisions about their care and support. They did this by offering choices, for example about what clothes people wanted to wear, what they wanted to eat and how people wanted to spend their time. People were involved reviews of their care plans if they wanted to be involved.

Is the service responsive?

Our findings

People continued to receive person centred care and support in line with their assessed needs. One person's relative praised K.C. Carers for their responsiveness to their relatives changing needs and told us "They always rearrange visits to suit [Person's] needs depending upon what they have planned for the day. On one occasion I told the care supervisor that [Person] needed a special yogurt drink for their diverticulitis. The carers responded immediately and added it to their care plan. They always ask them [Person] if they want it and make sure they are offered it everyday." Another person told us "If I need any extra help I can ring up and they'll always fit me in."

People's individual plans of care were updated regularly and reflective of people's current care needs. People had detailed plans of care in place to guide staff in providing their care and support. People had been involved in developing their plans of care to ensure that they received care in line with their individual preferences. The provider was in the process of reviewing and strengthening their assessment and care planning procedure to ensure that people continued to receive consistently personalised care and support.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be acted upon. The provider had a complaints procedure in place that was accessible to people who used the service and their relatives. Records were maintained of all issues raised with the provider, for example feedback people gave about their care call times had been reviewed and a care coordinator had been employed to improve the scheduling of people's care.

Is the service well-led?

Our findings

The service continued to be managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a strong system of quality assurance in place utilised by the provider. This included an analysis of people's commissioned care call times, call duration as well as the quality of people's plans of care and an analysis of feedback from people that received support. In response to the audits of people's call monitoring information and feedback from people the provider had recently employed a care coordinator to improve the scheduling of people's care. This had been effective at improving the consistency of people's call times and supporting staff in not feeling rushed to travel between people's care calls. One person told us "The service has improved a lot recently. The call times have got much better and the consistency of carers has improved."

The provider had an open culture that involved people and staff in making decisions about developing the service. Staff were able to raise concerns if they had any through a whistleblowing procedure, through supervision meetings or at any time through dialogue with the registered manager. Staff knew they could contact the Care Quality Commission and local authority safeguarding teams if they had any concerns about people's welfare.

The provider had ensured that their previous inspection rating was displayed prominently within the registered office.