

K4 Care Bedford Limited

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Inspection report

2B Ashburnham Road
Bedford
Bedfordshire
MK40 1DS

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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

This inspection took place between 30 July 2018 and 23 August 2018 was announced. This was the first inspection since K4 Care Bedford Limited registered with the Care Quality Commission (CQC) on 21 June 2016.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, people living with dementia or physical disabilities, people with mental health needs and sensory impairment. At the time of the inspection there were 42 people using the service.

Not everyone using K4 Care Bedford Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 27 people receiving the regulated activity at the time of the inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People felt safe, happy and supported by staff from K4 Care Bedford Limited. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally.

Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of staff available to meet people's individual needs.

There were plans in place to help staff understand and meet people's needs at all times. Staff were trained and their competencies were assessed in the areas where people required support. This included personal care, moving and handling, medicine administration and other topics relevant to staff's roles. Staff had regular supervisions to ensure that their development and performance was reviewed and support was in place for them to understand their roles and responsibilities.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff obtained people's consent before providing personal care and support, which they did in a kind and compassionate way.

People told us that staff were kind and caring when delivering care and support and they developed positive relationships based on trust and mutual respect. People and where appropriate their relatives were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information

held about their medical and personal histories was securely maintained.

People told us that staff provided care in a way that promoted their dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences.

People, relatives and staff were complimentary about the registered manager and how K4 Care Bedford Limited was run and operated. The provide had quality assurance systems in place and these were used affectively to assess and improve the quality of the care people received.

Further information is detailed 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?

The service was safe.

People told us that staff made them feel safe when they received care and support. Staff were knowledgeable about safeguarding and how to report their concerns externally and internally.

Sufficient numbers of staff were available to meet people's individual support needs and they were employed through robust procedures.

Risks to people's well-being were assessed and measures were in place to mitigate risks.

People were supported to take their medicines safely when required by trained staff.

Staff used personal protective equipment when delivering personal care to ensure they minimised the spread of infections and keep people safe.

Good ●

Is the service effective?

The service was effective.

People were supported by staff who was trained to meet people's needs effectively.

People's wishes and consent was obtained by staff before care and support was provided. Where there was a need for it people had their capacity assessed and best interest decisions were put in place to ensure that the care people received met their needs and was in their best interest.

People were provided with support to eat a healthy balanced diet and maintain good hydration.

Good ●

Is the service caring?

The service was caring.

People told us staff were kind and caring when delivering care

Good ●

and support.

People and where appropriate their relatives were involved in planning and reviewing the care and support they received.

Care and support was provided in a way that promoted people's dignity and respected their privacy.

People's confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in a personalised way and this was led by the registered manager and the provider.

Detailed guidance was made available for staff to enable them to provide person centred care and support.

People and their relatives told us they had no complaints but they felt confident that if they reported concerns to the registered manager these would have been dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

People and staff were very positive about the registered manager and how the home operated.

Staff understood their roles and responsibilities and felt supported by the management team.

The provider and the registered manager had clear values and ethos of placing people in the centre of the care they received and staff echoed this approach.

K4 Care Bedford Limited

Detailed findings

Background to this inspection

This inspection took place on 30 July 2018 and was announced. We provided 48 hours' notice of the inspection because the service provides support to people in the community and we needed to ensure that the registered manager and staff were available to provide the information we needed to carry out this inspection. The inspection was undertaken by one inspector.

Inspection site visit activity started on 30 July 2018 and ended on 23 August 2018. It included visiting the office and talking to people over the phone and relatives to ask for their feedback about the service. We visited the office location on 30 July 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make

In the office we spoke with five staff members, the registered manager, the provider and the care coordinator. Following the inspection, we spoke with four people who used the service and one relative. We also received a copy of the recent contract monitoring visit carried out by the local authority. We looked at three people's care records, three staff recruitment files and training records. We also looked at further records relating to the management of the service, including quality audits, feedback from people and their relatives to assess the provider's quality monitoring systems.

Is the service safe?

Our findings

People told us they felt safe when staff were delivering care and support to them. They told us they had trust and confidence in staff and felt able to share any concerns they may have had with them. One person told us, "I feel very safe when they are here. I can tell them anything and I trust them." Another person said, "I feel safe. [Staff] are very good and they are here when I need them."

The provider and the registered manager ensured that staff attended safeguarding training and their knowledge was tested after completing the course. Staff were knowledgeable and confident in describing what could potentially harm people and what signs and symptoms were observing to identify potential abuse. Staff told us they were confident in reporting to the registered manager or to external safeguarding authorities if there was a need for it. We saw that safeguarding incidents were identified and reported to local authorities to ensure that a protection plan could be put in place for people to be safe.

People told us staff always turned up at the expected times and very rarely they were late. None of the people we spoke with experienced any missed calls. One person told us, "They always come when I expect them. Maybe very rarely a few minutes late but nothing major." Another person said, "I know they always come and they always do. They never missed a visit. I can rely on them. It's very good."

The registered manager and the provider effectively monitored the service in terms of capacity for care packages and they only took new people on when they had staff available and the required visit time slots. There were enough staff to ensure that people received support at the required time. Missed and late calls were closely monitored by the care coordinator and registered manager. Staff told us they followed a well imbedded system where in case they had to stay longer at a person or for some reason they were late they alerted the office. The care coordinator or the provider themselves carried out the next scheduled visit to ensure that people were safe and their needs met. There were two missed calls in the last six months and we saw that these were appropriately recorded and reported. Actions were put in place as a result to prevent reoccurrence.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. We noted all the necessary pre-employment and identity checks were in place before staff could work. This included verifying references and investigating any employment gaps in staff's work history.

Before people started using the service the care coordinator or the provider arranged for an assessment to be carried out. The assessment involved people and where appropriate their relative so a care plan could be created to reflect what people's needs were and how people wanted their needs met. Risks to people were considered and assessed in regards to the care they received but also risks for staff in relation to the environment. Risk assessments were developed and gave staff guidance in how to mitigate risks as well as how to keep themselves safe while lone working. For example, a person required a hoist for transfers. The assessment identified the right equipment to be used by staff but also the required sling size and a description of how to use the equipment safely. Staff told us that they were regularly assessed for being

competent in using the equipment by their managers.

There were processes in place to monitor incidents and accidents. Staff were familiar with the reporting and recording procedures. Staff understood that reporting was important to ensure that steps would be taken to monitor and reduce identified and potential risks.

People who used the service were supported to take their medicines safely when required. Staff had been trained in safe administration of medicines and knew how to ensure people received their medicines safely. Staff had their competencies regularly checked and there were regular spot checks completed to ensure best practice. We saw that medicines were regularly audited by the office staff who had been trained in medicine management.

Staff told us they had received infection control training and they had personal protective equipment made available to them by the provider so they could protect people from the risk of infection. Staff told us they were observed by managers if they washed their hands regularly and if they used gloves and aprons when they supported people with personal care.

Is the service effective?

Our findings

People who used the service and their relatives were positive about the staff that provided care and support. People told us they felt happy with the service they received. One person said, "Staff are good and they know how to help me." Another person said, "I used other agencies before. This is the best one. Staff are good and knowledgeable. I am happy." One relative told us, "I can always rely on their [staff] advice and I think they know what they are talking about. I trust their judgement and they never let me down."

New staff members were required to complete an induction programme during which they received training relevant to their role and achieved a nationally recognised 'Care Certificate'. They worked alongside other experienced colleagues and were not permitted to work unsupervised until they were competent in their duties. Staff received training in areas such as safeguarding, medicines, health and safety and first aid. One staff member told us, "There was no pressure when I started to work on my own. I did it when I was ready and felt confident." Another staff member said, "I was observed by the senior colleague I worked with when I started and they gave me feedback what I was doing well and what else I needed to do. I had enough training to understand what I had to do."

Staff confirmed they received 'one to one' supervision where they had the opportunity to review and discuss their performance. One staff member told us, "I have regular supervisions. I feel supported. If I have any questions they [staff and managers] will support me." Staff told us that the registered manager and the provider was approachable. They confirmed they had the opportunity to attend meetings and staff we spoke with felt they had a voice and they were listened to.

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported.

People where required had their capacity to make certain decisions assessed and a best interest decision was put in place in case they lacked capacity to ensure that the care they received met their needs. However, staff told us that they always asked people for their consent before they delivered care and support. This had been confirmed by people. One person told us, "They always check with me if I am alright and ask what I need doing. They know by now but it's nice to be asked."

Staff helped, supported and encouraged people to eat a healthy balanced diet that met their needs. One staff member told us, "Some people need our help to eat or to cook meals. We all had training and we go shopping with them or let the family know they need things. We will discuss what people want to eat and do what they want." We also found that staff paid attention to how much people were drinking. For example, a person spent all their time in bed staff told us they made sure the person had plenty of drinks in reach and they always made sure they encouraged the person to drink whilst they carried out their visits."

People were supported to attend hospital appointments or request GP visits mainly by their families, however we saw and relatives told us that staff prompted them to request people`s medicines or a GP visit when they felt it was needed. This meant that staff were skilled enough to recognise when people`s health needs changed and ensured the right support could be accessed for people to keep in good health.

Is the service caring?

Our findings

People and relatives told us staff were very kind and caring. One person said, "The girls are very kind and caring." A relative said, "I would recommend them to anyone. The staff are kind and caring and they go over and above to make sure [relative] is well looked after."

People told us how much it meant to them that they could rely on staff. One person told us, "It is so nice to know that they will be coming. I never doubt them." The registered manager and the provider told us they allocated as much as possible the same staff to support people. This was confirmed by people and staff. One person said, "I always know who is coming. Usually I have the same staff but if they change than they let me know." Another person said, "I know the staff and if new staff comes they introduce themselves. It`s nice to have a relationship with them and to know them."

People who received a service, and where appropriate their relatives, were involved in the planning and reviews of the care and support they received. One person said, "They [staff] discuss the care with me and always ask me if everything is fine." A relative told us, "[Name of the provider] is very good and comes out to discuss the care often and this is in addition to the calls. The service is beyond expectations. All the staff are very empathetic and they really care."

Staff we spoke with could tell us personal information about people and they spoke about people in a kind and empathetic way. One staff member said, "It is very important for people to know us and for us [staff] to treat them kindly. If I can make them happy and smile than I`ve done my job well. We [staff] were all told [by management] that people needs to be in the centre of everything we do and it`s nice that we can make people feel important and help them."

Staff we spoke with knew people well and we found that care plans had good guidance for staff about the support people required. Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

People told us that the care plans were kept in their homes and they could access the information recorded in the care plan any time they wanted. One person said, "I can read the care plan if I want, but I know what is in it. They all know what I like and how I like it." Another person said, "I don't really read my care plan. I know what they [staff] record in it."

People told us staff helped them in a way they liked to receive help. One person said, "The girls know how I like them to do things and what I like to eat. They do things the way I like and prefer. They really listen."

Staff told us that they were flexible in delivering care and support for people. They told us that the registered manager and the provider scheduled their visits to people factoring 15 minutes travel time between the visits and also took account of travelling distance between visits. Staff told us that this enabled them to support people without rushing. One person told us, "They will never rush me."

People's care plans were developed to give staff guidance in how to meet people's needs effectively and also detailed people's likes, dislikes and preferences in every area where they required support. There was detailed plan for each visit people had to ensure nothing was missed by staff. For example, a person's care plan detailed that they had a visit from staff four times a day. The length of the visits varied between 45 minutes and up to one hour. In the morning staff had to prepare breakfast for the person. The care plan included details about what the person liked for breakfast so staff could communicate with relatives about what shopping was needed.

There was an effective system used by the provider to gather feedback from people about the care and support they received. After one week of using the service the provider carried out a review of the care. Part of this review process was a survey completed by people to indicate how happy they were with the service and what could have been improved. This process was then repeated at three weeks after using the service, seven weeks and 11 weeks. We saw that people were positive and very happy with the service they received.

People told us they were confident in raising any issues they had with staff in the office. They told us they had no reason to formally complain as anything they discussed with staff was immediately resolved. One person told us, "I can phone the office any time if want but I have no reason to complain. They are all very good." Another person said, "I have no complaints. I would recommend them to others." The provider had a complaints procedure in place which they shared with people when they started using the service, however no complaints had been received since the service registered with CQC in 2016.

Is the service well-led?

Our findings

People and relatives told us they knew who the registered manager and the provider was and they felt the service was effectively managed. One person said, "It is a well-led [service]. The [registered] manager is very good." A relative said, "The service is very good. We are very pleased with it and we would recommend it. We feel it's safe and staff are so good."

Staff were proud to work for the service and told us they felt valued by the registered manager and the provider. One staff member told us, "This is the best company I ever worked for. I feel an important member of the team." Another staff member said, "I am listened to and my opinion matters here. We know that people are in the centre of everything we do but they [management] tell us we [staff] are important as well. I am very happy working here."

There were regular team meetings where staff could voice their opinions and the managers shared information relevant to the service to ensure if any lessons had to be learned these were shared with staff.

The registered manager and the provider were knowledgeable about the people who received support. They ensured that staff had the tools, resources and training necessary to meet people's needs. They regularly visited people to get feedback about the service or they stepped in to carry out care visits when there was a need for it. The registered manager and the provider were clear about the values and the purpose of the services provided and this was echoed by staff we spoke with. One staff member said, "I would definitely say that the ethos and values of this company are to put people in the centre of everything."

The provider told us they had plans in place to ensure that if the numbers of people they provided a service for increased then they could maintain the same level of personalised care for everyone. They told us they always recruited and trained staff before they accepted new people. This was confirmed by staff who told us, "We always have enough staff and they [managers] recruit more when we have new people."

The provider also told us they were looking at ways to fund an electronic care monitoring system in the future if the numbers of people using the service increased. Although at present they could monitor calls easily they realised that they needed a more efficient system for the future.

There were systems in place to monitor the quality of the service. We saw that the registered manager and the provider completed regular audits where they checked if care plans were completed and regularly reviewed but also carried out regular spot checks. Spot checks were unannounced and meant to observe if staff turned up at the correct time at people's homes, if they wore their uniform and observe how competent they were in delivering care and support to people.

We found that the provider had a close working relationship with the local council and constantly reported back to funding authorities if there was a need to increase people's visiting times. We received the contract monitoring report carried out by the local authority in July 2018 and found that there were little actions resulting from this audit and these were actioned at the time of the inspection. The local authority rated the

service Good.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.