

KAF Health Care Training Centre Ltd

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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

About the service:

KAF Healthcare Training Centre Ltd is a domiciliary care agency that currently provides personal care to 28 people living in their own homes, including older adults and younger disabled adults.

People's experience of using this service:

- People and their relatives told us they found the care provided was safe and caring. One person told us, "[Staff] are very good. They do everything."
- Staff understood how to manage people's risks and keep people safe from harm.
- Staff were recruited in a safe manner and the service ensured they were right for the role.
- People were supported to receive medicines in a safe way.
- The service worked well as a team to ensure people received care and support in a timely manner. • The service demonstrated a culture of continuous learning to provide the best quality support
- Staff were provided with adequate training, supervision and an appraisal to provide effective, care and support.
- People were encouraged to keep healthy and well.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.
- People and their relatives felt involved in the care and support provided.
- People were treated with dignity and respect and were supported to be as independent as possible.
- Individual care plans were detailed and guided staff to provide person-centred care and support.
- People felt confident to make complaints and trusted the service would respond in an appropriate manner.
- People, relatives and staff spoke positively about the registered manager.
- The governance systems in place ensured people received high quality care and support.

Rating at last inspection:

- At the last inspection the service was rated Requires Improvement (published: 22 March 2018).
- At that time we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were related to Safe care and treatment; Fit and proper persons employed; Staffing; Person-centred care; Good governance.
- During this inspection we found the overall rating has improved and all breaches had been addressed.

Why we inspected:

- This was a planned inspection based on the rating at the last inspection.

Follow up:

- We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 Well-Led.

Details are in our Well-Led findings below.

Good ●

KAF Healthcare Training Centre Ltd

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was 'older people'.

Service and service type:

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 and younger disabled adults.

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:

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

- Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We also spoke with the local authority commissioners and other health and social care providers.

- Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider had completed a PIR.
- During the inspection, we spoke with five people who used the service and three relatives. We also spoke to two members of staff including the registered manager. We reviewed three people's personal care records, two staff records, staff rotas, medicine administration records and other records relating to the management of the service such as health and safety records and training records.
- After the inspection, we spoke to three care staff. We also reviewed further documents including the statement of purpose and quality assurance documents.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- At our last inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment; the service did not always provide guidance about risk to ensure staff could support people safely. During this inspection, we found this breach had been addressed.
- People and their relatives told us they felt safe. One relative said, "[Person] feels safe. The carers come [to our] home, they know about [person] and [their] disability and the dangers."
- Staff told us they found the risk assessments helpful; "We learn things, it teaches us how to support the client and how to be safe in the work area."
- Staff demonstrated an understanding of how to keep people safe. A staff member told us, "If a [person] is bed bound, we always need to support them and be careful. They might be equipped with a hoist. We support them with repositions and transfers. We get training."
- The registered manager told us, "We make sure the risk assessments reflect how we should support the client. I know, for example, there are [multiple] types of dementia. I know that depending on the type it affects [a person]. I read guidance and make sure it is clearly recorded."
- Records confirmed that individual risks had been assessed. Risk assessments covered topics including medicines, personal care, moving and handling and nutrition and hydration.
- Risk assessments were reviewed every six months, or as and when necessary. This meant people were kept safe from potential harm and risks were appropriately managed.

Using medicines safely:

- At our last inspection, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe Care and Treatment. The service did not follow policies for the safe management of medicines as medicine administration records were not fully completed to reflect medicines administered and contained gaps. During this inspection, we found this breach had been addressed.
- People told us they felt safe receiving support with their medicines from staff. One person told us, "[Staff] give my morning medicine. I'm happy."
- The registered manager told us, "The system we have helps us, as it clearly tells staff if it is prompting or administering. We have done a lot of work to review how we mark Medicine Administration Records (MAR). It shows straight away there is an error, we call the carer."
- Staff told us they found these improvements useful and it helped them to manage medicines safely. One staff member told us, "We learnt about medicines. How to follow the policies and write things down."
- There was a medicines policy in place and staff followed the policy. Staff were trained how to administer medicines and the service completed medicines competency assessment with staff to ensure staff managed

medicines safely.

- We reviewed three people's MAR and found all records were accurate and were audited by management. This meant that people's medicines were managed safely.

Recruitment:

- At our last inspection, we identified a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and Proper Persons Employed. The service did not have effective recruitment procedures to ensure staff employed were fit to work with people. During this inspection, we found this breach had been addressed.
- The registered manager told us, "We make sure the proper processes are followed. If they have less experience we offer a lot of training. Even if they have experience we have the mandatory training. We want to see carers knowledge and understanding, make sure they are right."
- Safe and effective recruitment practices were followed. Pre-employment checks such as Disclosure and Barring Service (DBS) criminal record checks, references, employment history and proof of the person's identity had been carried out as part of the recruitment process. This meant that the service could be assured that staff employed were suitable to provide safe care.

Staffing:

- At our last inspection we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing; the service did not deploy sufficient numbers of staff to ensure people received their care and support at the expected time. During this inspection we found this breach had been addressed.
- People and staff told us that the time management was good. One person said, "They're very good. They stay long enough. They're punctual." One staff member said, "Timing is fine. We are given plenty of time to reach people."
- We reviewed the staff rota and call logs for the last three months and found that people were receiving support on time and there were enough staff to meet people's needs.

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

- At our last inspection we recommended that the service learn from safeguarding concerns and investigations to ensure people received safe care and support.
- People and relatives told us they felt safe receiving care and support from staff.
- Staff knew how to report abuse and to keep people safe from potential harm. A staff member told us, "Yes, I will call the office, or the police or get in touch with the family depending on what is best."
- Records confirmed that all staff had received safeguarding training and this was discussed during team meetings. Since the last inspection there had been no safeguarding alerts raised. This demonstrated that people were kept safe from potential abuse.

Learning lessons when things go wrong:

- At our last inspection we recommended the service demonstrate how they learnt from accidents and incidents to ensure risk of re-occurrence was minimised.
- During this inspection, we found that the service recorded accidents and incidents and learnt lessons. The registered manager told us, "We had one incident where a person was unwell, the carer started to pray for the person. We explained to [staff] about person centred care and how this is discrimination and this could cause harm. We told them they need to follow the policy. We have a duty of care to support you and provide care." This demonstrated a culture of continuous improvement to ensure people received safe care and support.

Preventing and controlling infection:

- Staff were aware on how to minimise the risk of infection
- Staff were trained on infection control and we saw that staff were provided with Personal Protective Equipment's such as gloves and aprons. One staff member said, "I put on my gloves, my apron. The office supplies it." This meant that people were kept safe from infection.

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.

Good: 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:

- Pre-admission assessments were in place. The assessments provided details about people's health and support needs and their personal preferences about the care and support they would like to receive. This ensured the service could provide person-centred care to people.

Staff support: induction, training, skills and experience:

- All staff completed mandatory training that enabled them to provide effective care and support.
- Staff told us, and records confirmed they received an induction. The induction looked at infection control, communication and respecting privacy and dignity. New staff also shadowed experienced staff. One staff member said, "It did help a lot. They showed us how to use the equipment."
- Staff told us, and records confirmed they received regular supervision and an appraisal. One staff member said, "Every 3 months we get supervisions, we can discuss any problems." This meant staff performance was regularly reviewed to ensure they were providing effective care and support.

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

- Staff demonstrated an understanding of how to support people during mealtimes. One staff member said, "We make sure [people] are sat in an upright position and the food suits their needs."
- People's records contained nutrition plans that stated dietary needs and associated risks. One person's care plan said, 'Before leaving ensure [person] has close by, fresh water and hot drinks.'

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

- Staff told us they worked with other professionals to support people to be healthy; "If we have a client with a pressure sore we call the district nurses to come in."
- Records showed people were supported to receive care from other professionals including social work reviews and liaising with occupational therapists to ensure people had appropriate equipment.

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 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. We checked whether the service was working within the principles of the MCA and found that they were.

- Records showed that people had consented to the care and support; where people were not able to

consent, relatives had signed on their behalf.

- Staff demonstrated an understanding of consent and records confirmed they had completed training on the MCA. One staff member said, "If [person is] non-verbal, we still communicate. [For consent] we should look for body signs, the eyes, the hands like a thumb up. If the person has a family, ask them about how they communicate."

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

Good: 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:

- At our last inspection, we recommended the service review best practice to ensure people received support in line with their wishes regarding relationship management.
- During this inspection, we found that the service discussed important relationships with people to identify if people needed support in this area.
- People told us staff were kind and caring. One person said, "My carer's very polite." One staff member told us, "It's in my nature to be caring, I am passionate about what I do."
- Staff demonstrated an understanding of the importance of equality and diversity. They told us people should not be discriminated against and all people should be treated equally. A staff member told us, "Everyone has their own way of doing things and living their life, we just have to abide by what they do or like. We follow their needs. We respect their choices."
- One relative said, "[Staff] respect the occasions when we say prayers. We ask them to go outside.' This showed that the service worked in a caring manner to ensure people's needs were met in a non-discriminatory way.

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

- People and their relatives could contribute to care planning during the regular care plan reviews. One staff member said, "We always speak to the family. I get in touch with the family." A relative told us, "The manager came around to talk about [person's] needs and to review."

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

- The service supported people to be as independent as possible. One staff member told us, "I help [person] with their washing. I give them the flannel and encourage them to wash their face. Even if they don't do it well, it is a start. When they put their slippers on, I ask them which foot they can try themselves."
- People told us, and records confirmed that people's privacy and dignity was respected. One staff member said, "If I am giving a client a wash, I go into their room and I close the door. I make sure they feel comfortable." One person's care plan said the outcome for their care was, 'To respect choice, maintain dignity and boost self-confidence.'

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At our last inspection, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person Centred Care; people did not receive care that reflected their personal preferences. During this inspection we found this breach had been addressed.
- The registered manager told us they, "Visited all the [people receiving care and support]. We started doing more spot checks and supervisions. It really helped us understand [people and staff]. I saw care from both sides. We have adjusted the service to meet [people's] needs."
- People and their relatives told us they received care that was person centred. One person told us, "I tell them at the time when I need something done. They're quite flexible." One relative said, "[Person] prefers female carers. That's respected."
- Staff could tell us how they provided personalised and responsive care and support. One staff member told us, "[Person] can't speak much but can communicate with us what [person] wants through body language."
- Care plans advised staff what people liked to be called and guided them to provide care that was responsive and met individual needs. One person's care plan said, 'Carer to ensure I am not idle at all times and to engage me in conversation to reduce boredom.'
- Staff told us they found the care plans helpful; "Even if I am in a new place with a new [person], I know what to do and what order to do it. I believe they (care plans) are very helpful."
- This showed that people were supported with person-centred care and support to enhance their wellbeing.

Improving care quality in response to complaints or concerns:

- People and their relatives told us they knew how to make a complaint. One person said, "If something goes wrong, I'd tell the manager. They will sort it straight away."
- The service had a complaints policy and procedure in place. Records showed the service had responded appropriately to complaints and were able to show us they had followed their policy.

End of life care and support:

- People were supported to receive appropriate end of life care. One relative had complimented the service; '[Staff] gave my [relative] so much love and care and attention in [person's] final years, nothing was too much for them. Perfect in my opinion.'
- The service had an end of life policy. Within people's care plans, end of life information was discussed with people and their relatives and their preferences were included on care plans.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- At our last inspection, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. The provider did not assess, monitor and improve the quality and safety of the service. During this inspection, we found this breach had been addressed.
- The registered manager told us, "I have introduced a new system, it has helped a lot. We have moved from paper to the [electronic system]. We still have a paper log book in case there is a problem. That way there is no excuse for care not to be recorded. We want to make sure the people are safe and well taken care of. I try to cover every area."
- We found clear systems in place to audit the overall running and development of the service.
- Records confirmed that the registered manager completed unannounced monthly spot checks of care being provided at home. These spot checks looked at time keeping, documentation, infection control and effective communication.
- We also saw that the registered manager monitored the service via quarterly telephone calls. We reviewed the feedback from the last quarter and found that feedback was positive. One person said, 'My carer is very respectful and careful.' Another person said, 'My carer does not rush me through the routine.'
- The service demonstrated they had addressed the concerns found at the last inspection through good governance and leadership and had made clear improvements. This showed the service was ensuring people received high quality care and support.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People and their relatives spoke positively about the registered manager and the management team. One person said, "I'd give the management 9/10."
- Staff told us they felt supported by the management team. One staff member said, "[They] are supportive and helpful. If I have any problems, I discuss with them and they help me."
- The registered manager was supported by their line manager. The registered manager told us, "Anything I feel is good for the company, I speak to him [line manager] about it and he gives us an opportunity to see if it works. We have a lot of meetings; we have management meetings and staff meetings."
- This showed there was a clear sense of a positive management team that ensured people, relatives and staff felt able to provide person-centred, high-quality care and support.

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

characteristics

- Records confirmed the service sought feedback through annual surveys from people, relatives and staff. One staff member said, "You are able to make suggestions. They listen to you. They make you want to stay and work there."
- We reviewed the last annual survey completed by people and found that feedback was positive. One person said, 'My carer is an angel. I like [care co-ordinator] too, is very helpful.' Another person said, '[Staff] are very respectful. The office is always there to help.'
- Staff attended team meetings every two months. One staff member told us, "We share our thoughts, our good news and challenges. Sometimes we get concerns from family members. We raise them and the management tell us what to do." Records confirmed team meetings looked at medicines, safeguarding, communication and findings from spot checks.
- This showed that the service involved all people receiving care and those delivering care to provide feedback about the service to ensure high quality care is provided.

Continuous learning and improving care. Working in partnership with others:

- The registered manager told us, and records confirmed they managed their professional development by attending meetings and training with external providers including the local authority.
- This showed that the service worked well with other organisations to ensure the service was well-led and people received support that was informed by best practice and up to date guidance.