KCL Care Limited

KCL Care Limited

Inspection report

Unit 39, Lenton Business Centre
Lenton Boulevard
Nottingham
Nottinghamshire
NG7 2BY

Tel: 01158377576
Website: www.kclcare.co.uk

Date of inspection visit:
25 October 2018

Date of publication:
16 November 2018

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place between 18 October to 26 October 2018 and was announced. At the last inspection we rated the service overall as 'Requires improvement' at this inspection we saw the necessary improvements had been made.

This service provides care at home to older adults and younger adults living with a range of health conditions and needs to live independently in the community within the Nottingham area. 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. At the time of our inspection, ten people were receiving personal care as part of their care package.

KCL Ltd had a registered manager in post. 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.
When complaints had been received they had not been processed in line with the providers complaints policy. Care plans did not contain how people communicated their needs or any cultural or religious needs. We saw the care plans were detailed in relation to people's care requirements.

People felt safe with the care staff to protect from the risk of harm. Risk assessments had been completed to cover all aspects of care including the environment and/or any equipment used. There was sufficient staff to support people's needs which was flexible to any requested changes.

Some people had support with medicine which was completed following current guidelines. Individual's health care was monitored and referrals made to support ongoing wellbeing. When people had support with their meals, they were provided with a choice and this was recorded to ensure a balanced diet was available.

Staff had received training for their role. This supported them to provide kind and compassionate care to people. Care was taken to reduce the risk of infections. Relationships had been established which maintained their dignity and respect. Documents were kept confidential.

People had been encouraged to provide feedback on the service they received. Changes had been made as lessons were learnt to develop the service. Staff felt supported and able to obtain guidance for their role.

Partnerships had been established with health and social care professionals and local community services. The provider had completed audits which had been used to drive improvements to training and ongoing service development.

The registered manager understood their role and ensured events were reported. They had displayed the current rating at the service. When recruiting staff, the appropriate checks had been made.

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 was safe

Risk assessments had been completed covering the environment and people's care needs.
Medicines were managed safety.
People received care a team of consistent staff, who had their employment checks completed.
Staff knew how to keep people safe from harm and to reduce the risk of infections.

Is the service effective?

Good

The service was effective

Staff supported people with their dietary requirements and ongoing health care needs.
Training was provided to staff to ensure they had the correct skills for their role.
People were supported to make their own decisions and when required best interest meetings had been completed.

Is the service caring?

Good

The service was caring

People received care from staff who had established relationships with them.
Consideration was made to ensure people's dignity and respect was maintained with information being kept confidential.

Is the service responsive?

Requires Improvement

The service was not always responsive

The care plans contained did not always contain details in relation to communication needs and cultural or religious support.
Care details had been included.
Complaints had not been addressed in line with the policy.
Some people were supported to continue to enjoy social

activities and interests.

Is the service well-led?

Good

The service was well led

The registered manager understood the requirements of their registration.
People's views had been obtained and any suggestions followed up to drive improvements.
Staff felt supported in their roles. Partnerships had been developed with a range of health and social care professionals.

KCL Care 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 was planned to check 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 inspection was announced and completed by one inspector. The provider was given three days' notice because the location provides a domiciliary care service and we needed to be sure that the registered provider and their staff would be available. The inspection site visit activity started on 18 October and ended on 26 October 2018. It included telephone calls to people using the service and relatives. We visited the office location on 26 October 2018 to speak with the registered manager and office staff; and to review care records and policies and procedures. In addition, the inspector also visited two people within their own home who received services.

On this occasion we had not asked the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider and registered manager the opportunity to discuss any developments during the inspection. We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

We spoke by telephone with two people who used the service. We visited two people at home and spoke with their relatives who were present at the visit. We also spoke with three members of care staff, the care coordinator and the registered manager. After the inspection we asked for feedback on the service and received two emails from one social care and one health care professional about the service.

We looked at the care records for four people to see if they were accurate and up to date. In addition, we looked at audits completed by the provider in relation to reviews and medicine management to reflect on the service and its continuously monitored and reviewed to drive improvement. We also reviewed the

recruitment records for two staff to ensure the provider had taken the correct checks prior their employment.

Good

Is the service safe?

Our findings

Our last inspection found whilst the provider was not in breach of any regulations there were aspects of care that could be improved to reduce the risks to people in maintaining their safety. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

Risk assessments had been completed to reflect all aspects of the care to be provided. These included the home environment and any areas of the home to be used. for example, the bathroom and/or kitchen. When people required support with equipment there was a detailed plan which included guidance from health care professionals. One health care professional said, "The staff have communicated any issues or needs which have required professional input. They are helping to put measures in place to support the person to recognise their goals."

Some people had a key safe to their home. This enabled staff to enter the home, when people were unable to get to the door swiftly or safety. The key safe numbers were stored securely on the providers electronic device which was password protected.

Each person had been consulted on their own evacuation plan. These were detailed to consider the persons mobility and the level of support they would require in case of an emergency, such as a fire. The plan identified the best options for evacuation. For one person the fire service had been consulted to support with smoke detectors and advice to reduce their risk.

Staff understood the importance of keeping people safe from harm. All the staff had received training in safeguarding. One staff member was able to recall all the areas that had been identified in the training and who they would report any concerns to. We saw how the provider had raised a safeguarding and was working with the local authority to support this person. The social care professional said, "The staff have been working really hard with the person to ensure the family remain engaged. They have attended safeguard meetings and kept any paperwork up to date."

There was enough staff to support people's needs. One person said, "Staff come at the same time more or less. It's a small company so they able to do that." Another person reflected on the consistency of the staff. They said, "I get regular care staff. When a new person starts they are introduced to me first. They never send a stranger." The care coordinator told us they had enough staff to support the requirements for the service. A staff member told us, "There is plenty of staff to support all the calls." The registered manager told us they wanted to grow the company they said, "I want to grow the business, but keep the personal aspects."

When staff were recruited the required checks were completed to ensure they were suitable to work with people. A new staff member told us, "Before I could start they completed lots of checks. I have to provide two references and complete a police check." A police check reviews any criminal convictions which could have an impact on working with people. The registered manager had introduced a form which reflected details of the staff interest and hobbies. They told us, "I use this information to link people with similar

interests as this can be really helpful in making people feel comfortable with the care they receive."

Some people received support with their medicines. When people received this support, there was a risk assessment completed, to identify the guidance required from staff. When this support was in place medicine administration records (MAR) were in place. All the MAR sheets were generated from the providers electronic system, which could be altered when people's medicine changed.

The registered manager had used medicine information to drive improvements. For example, the introduction of the electronic MAR sheets and ensuring they were audited to identify any trends. For example, missed signatures. They had identified that additional training would be useful to the staff and they had arranged for all the staff to receive this training. One staff member who had commenced their training said, "I am doing my training for medicines, which is really interesting. The manager has increased all our training opportunities." We reviewed some MAR sheets and reflected the records during our visits and found them to be completed correctly and in accordance with people's prescribed needs. This meant we could be sure people were protected to receive their medicines safely.

People were protected from the risk of infection. Staff used gloves and aprons when they provided personal care or prepared meals. The registered manager had introduced a cleaning schedule in each person's home when this aspect was provided. They told us, "This will ensure we have covered the areas required and to reflect on any areas of risk not covered or which need adding."

Good

Is the service effective?

Our findings

Our last inspection found whilst the provider was not in breach of any regulations there were aspects in relation to decision making that could be improved. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. We checked whether the service was working within the principles of the MCA. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in people's own home are referred to the court of protection (CoP). At the time of the inspection there had been no applications made to the CoP.

People had been supported to make their own decisions in relation to the care they received. We saw when required assessments had been completed, family or professionals had been consulted in relation to a best interest decision. Staff we spoke with had a good understanding about MCA and how they would support people to make their decisions. One staff member said, "We need to ensure that we give people all the information to help them to make decisions. If the person needs extra support this can be from family or professionals."

People's needs and choices had been assessed to consider standards and evidence-based guidance. In the care plans where people had a specific condition we saw additional information was provided. For example, in relation to pressure care to reduce the risk of sore skin. This meant staff could support people using current guidance.

Some people had support from staff with their meals, one person said, "I get as much help as I want with meals." Staff also provided shopping support for some people. One person said, "I write my list and the staff get it, I have plenty of choice. I choose the food and the staff cook it." Where meals were supported details of the person's needs had been considered. For example, one person was at risk of choking, their care plan reminder staff to observe the person whilst eating and encourage them to swallow. All the meals provided were documented, this meant that staff could reflect on the persons diet and choices to provide a variety in their meals.

Staff told us they had received training to support their role. We saw there was a detailed chart which reflected when staff were allocated a course and when they had competed it. Staff we spoke with felt the training they received was detailed and supported them in their role. When new staff commenced their role, they were supported to compete the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected in the health and social care sector. Some staff did not have English as their first language. We saw how the registered manager was supporting them with some information being translated into their preferred written language. This meant that the staff member

would have a greater understanding from the training and care plans.

People had been supported to live healthier lives, through the support provided from health and social care professionals. In each person's care plan, we saw a range of contacts had been made on behalf of the person to support their ongoing health care needs. One social care professional commented, "The staff work well as part of a multidisciplinary team and make appropriate contacts with other professionals as needed."

Good

Is the service caring?

Our findings

People told us they received care from kind and compassionate staff. One person said, "Staff are nice, I have no worries." Another said, "The staff are brilliant, they get on with their role." All the relatives we spoke with felt the staff respected their relative and provided care which was individual. We observed the interactions between some staff and this was kind. From the conversation it was clear the staff knew the people well and there was a bond made in understanding the needs required.

People had been encouraged to be independent. Care plans reflected people's abilities in addition to their wishes. For example, to encourage walking with the walking aid. One person told us how the staff support them to feel safe by being in their home when they had a shower. They told us, "I never go in the shower without them being here." They added, "They let me do things myself, that I can do."

People felt their privacy and dignity was considered at all times. One person said, "The staff support me as I need them to. They know me really well." People's information was stored securely at the provider's office in a locked cabinet. When information was represented on a computer password protected was in use.

Some people had the support of an advocate. An advocate supports people and can speak on their behalf to ensure that their rights and needs are recognized. When advocates were involved this was respected and links made to ensure they were included in the decision-making process for people.

Requires Improvement

Is the service responsive?

Our findings

Care plans reflected people's care needs, however there was no detail in how people would require information to support their understanding. For example, large print care plans and information with regard to safeguarding or complaints. It is a requirement of providers to meet the Accessible Information Standards (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. In addition, the plans did not reflect people's cultural and diverse needs, including their religion.

We discussed the care plans with the registered manger they told us they planned to review their documentation. They told us the new care plans would be clearer in identifying the needs for the care staff and they planned to have a hospital information sheet to support people in an emergency. We will review these plans at our next inspection.

People felt they could raise any concerns, one person told us, "I raised a concern a while ago and it was dealt with. We reviewed the complaints received at the office. The provider had a complaints policy which set out the details of how a complaint should be responded to with template forms. However, we saw this policy was not being followed. Although any complaints had been addressed, we could not be sure these were in line with the agreed policy. The policy also had a tracker which was to provide an 'at a glance' view of any complaints received and their progress. The registered manager told us they would review this process immediately and moving forward follow the requirements in the policy documentation.

In each home there was a folder which contained the care plan and details relating to the person's care. This also included information about the providers service and how to contact them in an emergency. One person said, "The folder, I call it the bible, it has everything in there and the staff are always using it." People and relatives had been involved in the development of their care plan. One person said, "I have been involved in my care plan. We talk through it and update it. I am not out of the loop, I have the folder in my home with all the details in." Staff we spoke with felt all the information they required was available. One staff member said, "The care plans are in place for everyone and quite straight forward."

Relatives we spoke with told us how flexible the service was, for example, they told us how additional calls could be added if these were needed. Another relative told us, "I cover the weekends, however if I am on holiday I only have to call and additional calls are added. This gives me peace of mind to know they are so flexible."

We saw that daily logs were detailed and personal. The daily entry included the mood of the person along with the tasks completed. The registered manager said, "It helps you to understand the person's needs and reflect if there are any changes." The daily logs were reviewed by the registered manager to reflect on the content and to consider if the person was still receiving care as documented in their care plan.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this. The registered manager told us they were introducing elements to the care plan

to reflect this area and how to support people when this was required.

Good

Is the service well-led?

Our findings

At our last inspection in October 2017, we found that the provider was in breach of Regulation 14 of the Care Quality Commission (Registration) regulations 2009 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured the correct measures had been taken in relation to the registration requirements. At this inspection we found that the required improvements have been made.

Since our last inspection a new manager had been employed who had registered with us. 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.

People, relatives and staff reflected positively about the improvements which had taken place since the new manager had been employed. One person said, "They so want to help the company move forward and have made lots of positive changes." A relative told us, "We chose this company following a recommendation and we have been happy with the care." Staff we spoke with also referenced the changes the registered manager had implemented. One staff member said, "They're doing an amazing job, I am glad they're on board and feel more secure in my role now."

It was also identified at the last inspection a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to quality checks not always been completed and a system in place to recognise when people had or had not received their calls. At this inspection we found that improvements had been made in this area.

The registered manager had introduced an electronic system which identified when the staff member arrived and departed a call. This was through the use of an application (App) on the staff members phone. All the information logged on the App appeared at the office which raised an alert if the staff member had not arrived within 30 minutes of the planned call time. The care coordinator said, "If this happens you can check the call before and know if they have left that call or get in contact with the staff to see if there had been an unforeseen situation which impacted on the delay." This information was live and was used to support this area during office hours and out of hours. This meant people's call could be monitored.

We spoke with staff who used the system. One staff member said, "We all have to sign in and out. Its good as then the office knows we have been to the calls. It is also a safety check for us as workers." The registered manager told us they planned to use the reports from the system to support their ongoing auditing and monitoring. For example, if a staff member had alerted the office that a person's needs had increased. They could reflect on the calls information to review the time the calls had been taking and take this information to the family or the commissioners.

We saw that partnership with other agencies had been established. A health care professional said, "I have

been impressed with the relationship which has been developed. They are an essential part of the multidisciplinary team and their presence and commitment has enabled the person to remain living at home in the community." We saw other partnerships had been made with local communities, for example, the local shops. These enable a more holistic approach to be provided for people's care.

Staff we spoke with all felt supported in their role. Staff had received supervision which gave them the opportunity to review their role and any needs they may have. One staff member said, "I feel supported. You can ask for help anytime and everyone is really helpful." Staff were encouraged to be part of the development of the service. During team meetings staff views were considered and information provided was used to update the care plans or people's needs. For example, if a person was struggling with their mobility a referral would be made to obtain current guidance or equipment.

We saw that people had been encouraged to feedback on the care they received. As the service was currently small, feedback was done on an individual basis. The registered manager told us they planned to ask the person to complete a short survey when they had a review. All the written feedback we reviewed and the comments we received on the day of the inspection were all positive.

The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed at the service and on the provider's website in line with our requirements.