

K J Divine Care Ltd

KJD Care

## Inspection report

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Date of inspection visit:  
29 June 2021

Date of publication:  
04 August 2021

## 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

KJD Care is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of this inspection, three people were receiving assistance with their personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People told us they were treated with respect and dignity, and their care was personalised. They told us staff listened to them and understood and supported their individual needs, interests and preferences.

Systems were in place to protect people from abuse. These included safeguarding policies and training for staff. Personalised risk assessments helped keep people safe and supported their independence. Appropriate infection control practices were in place.

Staff participated in the regular COVID-19 testing and vaccination programme.

When people needed support with their medicines, this was provided by staff whose competency to administer medicines had been assessed.

The provider ensured that there were enough suitably skilled staff to provide people with the care and support they needed and wanted. People spoke highly about the care and support they received from staff. They told us they received care from regular care staff who were punctual and stayed for the duration of their visit. Appropriate recruitment processes helped ensure only suitable staff were employed to provide care and support to people using the service.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were quality assurance systems in place that monitored the service provided to people. These included obtaining feedback from people about the quality of the service they received. Improvements to the service were made when needed.

People spoke positively about the service provided by the care agency, and told us they felt it was well run, and they would recommend it.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 23/12/2019 and this is the first inspection.

### Why we inspected

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 ●

# KJD Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 June and ended on 2 July 2021. We visited the office location on 29 June. We made phone calls to people on 2 July 2021.

#### What we did before the inspection

Before the inspection we looked at information we held about the service. This information included the last inspection report, feedback we had received about the service and any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Following the visit to the office, we spoke with three care staff, three people using the service, one relative, and received written feedback from one social care professional.

We reviewed a range of records which related to people's individual care and the running of the service.

These records included three people's care files, three staff records, policies, medicine administration records and a range of records relating to the management and quality monitoring of the service.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. The registered manager was responsive in providing us with information and documentation to do with the management and running of the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care from staff. Comments included, "I feel safe, very safe", and "I feel absolutely safe."
- The provider had a safeguarding policy in place. This outlined its responsibilities in helping to keep people safe from the risk of abuse or avoidable harm.
- Staff had received training about safeguarding adults. They were knowledgeable about types of abuse and knew that they needed to report all allegations and suspicions of abuse without delay.
- There had been no safeguarding concerns since the service was registered with us. The registered manager understood their responsibilities in safeguarding people. They knew they needed to make appropriate referrals to the local safeguarding team when there were concerns about people's safety and/or abuse was suspected.

Assessing risk, safety monitoring and management

- People had personalised up to date risk assessments. These included risks associated with their personal safety, mobility, and home environment, and guidance for staff to follow to manage identified risks, reduce the risk of harm, and to support people's independence. Following the inspection, the registered manager improved people's falls risk assessments so they were more personalised and effective.
- The registered manager and nominated individual operated a telephone based 'on call service', which was active during and outside of office hours. This enabled people, relatives and staff to contact the provider at any time. People and care staff confirmed they could contact management at any time.
- Staff knew what to do in the event of an emergency. They knew when they needed to contact the emergency services, NHS helpline and/or health professionals for advice.

Staffing and recruitment

- People told us consistent staff provided their care, who were punctual and kept to agreed times. They spoke highly about staff. Comments included, "The carers are brilliant. They know what I need and what I want", "They [staff] are punctual", and "I have a care worker, she is very nice. I get the same regular carers."
- The registered manager had systems in place to make sure that there were enough staff to meet people's needs and keep them safe. There had been no 'missed' calls.
- Staff had been safely recruited. All staff had pre-employment checks to check their suitability before they started working with people. For example, criminal record checks, and obtaining references from previous employers. We noted that one care staff records included only one reference. The registered manager told us that the second reference had been obtained via a phone call and would ensure the details of this were included in the staff's personnel records.

### Using medicines safely

- The provider's medicines policy detailed the support they were able to give people with their medicines and the procedures staff were required to follow in line with best practice guidance.
- Staff had received medicines training and their competency to administer medicines safely had been assessed.
- The level of support people needed in the management of their medicines was documented in their care plans. Staff recorded the administration of people's medicines on medicines administration records. This helped to ensure there was an accurate record of when medicines had been administered.
- The provider had ensured that staff received training about the risks of oxygen, when one person, due to their medical needs had needed oxygen to be administered in their home.

### Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices when providing people with care and support. One person told us, "They [staff] follow the rules. They wear masks and ensure everywhere is clean."
- During the COVID-19 pandemic the provider ensured that staff were supplied with the personal protective equipment (PPE) they need to minimise the risk of infections spreading.
- Staff told us they had received the infection, prevention and control information and guidance during the pandemic. This included putting on and taking off PPE safely.
- The registered manager told us during spot checks of staff practise in people's homes, they checked whether staff were wearing PPE correctly.

### Learning lessons when things go wrong

- There had been one incident since the service registered with us. Records showed that appropriate action had been taken in response to it, which had included reviewing and updating the person's care plan. The registered manager knew that all incidents needed to be investigated and reviewed, looking for causes and trends to help reduce the risk of incidents reoccurring.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before their care visits commenced. This helped ensure suitable personalised plans of care and support were in place. The initial assessment involved meeting the person and gathering information from them and where applicable others involved in their care. This helped ensure the care provided met people's needs and wishes. People confirmed they had been fully involved in the assessment of their needs, and their preferences had been listened too and acted upon. One person told us, "I was asked questions about what care I wanted."
- Personalised care plans were developed from this initial assessment and when applicable, any information from other commissioning local authorities. This ensured care staff had the information and guidance they required to provide each person with personalised effective care.
- People's care records included details of their needs and choices, and showed their religious, cultural, dietary, sensory, and other specific needs had been considered by the service.

Staff support: induction, training, skills and experience

- New staff received an induction. This included shadowing more experienced staff and learning about the care agency. Staff told us they had found their induction very helpful and that it had prepared them for carrying out their role and responsibilities.
- Staff spoke in positive way about the training they received, which provided them with the information and guidance they needed to provide people with personalised, safe care.
- People told us they felt that staff were skilled in their role. Comments included, "I am very happy with the care. I have nothing but good things to say about it. The carers are brilliant. They know what I need and what I want", and "They (staff) know what they are doing."
- Staff received ongoing support and supervision in their role. The registered manager regularly met with care staff to review their working performance and identify training needs. The registered manager also carried out 'spot check' observations of staff whilst they were carrying out their care visits. This helped to assess their competence in key areas, such as using PPE safely and medicines administration.

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

- The provider ensured specific dietary requirements were identified in people's care plans, so they were known to care staff. These included details of people's medical, cultural and/or religious dietary preferences.
- Staff were aware of supporting people's dietary choices, healthy eating, and promoting good hydration by encouraging, and reminding people to have regular drinks.
- People told us that staff asked them what they wanted to eat and drink and supported their dietary

preferences.

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

- The provider had engaged closely with a national charity which provided specific emotional support and care for some people using the service. They had also worked with healthcare professionals when providing end of life care.
- The registered manager provided us with examples of their contact with GP services regarding people's care and treatment. They had also supported people in making healthcare appointments and had provided transport and support when people attended COVID-19 vaccination, and chiropody appointments.
- Staff knew that if they had concerns about a person's care or well-being, they would report it to management staff who then, when applicable would communicate with people's relatives and healthcare or social care professionals involved in people's care.
- People received the support they needed to keep active, such as being accompanied by staff on walks in the local area. One person told us, "They [staff] help me with exercises."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- At the time of the inspection people who used the service had capacity to make their own choices and decisions. The registered manager understood their responsibilities in seeking consent and acting in line with the principles of the Mental Capacity Act 2005. They knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.
- Staff completed training to help them understand the principles of the MCA. They understood the importance of gaining people's consent before providing care and support and promoting people's rights and choices.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind and caring. Comments included, "They are respectful, very trustworthy and very professional. They ask me what I want all the time", "They are friendly." They have a sense of humour, we do laugh at times", and "The carers are brilliant. They know what I need and what I want."
- The nominated individual and the registered manager understood the importance of providing a consistent and reliable service. They arranged people's care visits at the times they wished and were flexible in changing the time of visits when this was requested, such as when people needed to attend health appointments.
- The registered manager ensured that when staff changes needed to be made, people were informed and satisfied with the arrangements. People told us they were kept well informed about any changes to their agreed plan of care and support.
- The provider's values promoted an inclusive culture across the organisation that respected people's rights, equality and diversity. The provider's assessment processes considered people's protected characteristics as identified in The Equality Act 2010. This helped to ensure that people's individual needs were understood and reflected in the delivery of their care. Staff had a good understanding of the importance of respecting people's differences.

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

- People told us they were fully involved in decisions about their care. One person told us, "I am fully involved in my care. They [staff] follow the plan."
- Care staff spoke about involving people in making choices, which included decisions about what they wanted to wear, eat and drink.
- The registered manager maintained regular contact with people through telephone calls and visits. This gave people opportunities to discuss and provide feedback about their care. Records showed that people also had the opportunity to complete feedback questionnaires about the service they received. One person told us, "[Registered manager] helps with my care and asks me how things are."

Respecting and promoting people's privacy, dignity and independence

- All the people we spoke with told us their privacy, dignity and independence were respected. People told us, "They [staff] are respectful, very trustworthy and very professional", and "They [staff] know I can do a lot of things by myself. Whatever help I need, they provide it."
- The registered manager worked with staff to ensure they knew how dignified care should be delivered. Staff knew the importance of addressing people by their preferred name and respecting people's cultural and/or religious needs.

- 'Spot checks' of staff carrying out personal care included checks as to whether staff provided care in a dignified and respectful manner.
- The provider ensured people's personal information was stored securely. Staff understood why people's confidentiality must be respected. They knew they must not talk about people and their care unless they had consented, such as with those involved in the person's care.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans and assessment information showed that the provider involved people and their relatives (when applicable) in planning people's care. People's personal care routines were clearly specified in their care plans. This helped staff deliver care in a way which people were familiar and comfortable with.
- People's care plans included a very detailed summary about the person's life, which included information about their childhood, family and working life. This helped staff to know and understand the person more fully and helped them to provide good personalised care.
- Staff we spoke with were knowledgeable about people's individual needs and preferences. They told us they got to know about the care people needed by reading people's care plans and speaking with people and their relatives.
- Arrangements were in place to make sure staff were informed about any changes in people's needs. People's care plans had been reviewed with their involvement and when applicable, their relatives. This helped ensure that people received personalised effective care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the time of this inspection no one using the service had their care publicly funded. However, the registered manager was aware of the importance of information being accessible to people. People's individual sensory needs, such as sight and hearing needs were detailed in their care plans, so that staff knew how to best communicate with each person.
- Staff supported people who had sensory needs to do day to day tasks. One person told us that staff had helped them considerably by reading to them and writing letters for them.
- All the people we spoke with told us that they found communication with the management staff to be good.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People told us they were happy with the care they received and felt comfortable raising concerns and complaints if they needed to. They commented, "I have no complaints", and "I can speak with [registered manager] at any time."
- There had not been any complaints about the service. The registered manager told us that they would ensure that every complaint would be responded to effectively by following the complaints procedure, and

any lessons learnt would be shared with staff.

- Staff knew any complaints and concerns about the service that were brought to their attention by people, people's relatives or others needed to be recorded and reported to the registered manager.

#### End of life care and support

- At the time of the inspection there was no one receiving end of life care. There had been one person who had received end of life care and support. The registered manager had ensured that staff had received the training and support they needed to provide the person with personalised end of life care.
- The registered manager informed us that when providing people with end of life care they would always ensure they liaised closely with people's relatives, healthcare professionals and others to ensure each person received the care they needed and wanted at the end of their life.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they received good quality personalised care. They spoke highly of the staff and told us they enjoyed the care visits. One person told us, "We get on very well. They [staff] are nice, like good friends. They are so good."
- People spoke of the registered manager and nominated individual as being approachable, kind and caring. They told us they were listened to, and management were always responsive to their feedback.
- Staff told us they enjoyed providing people with personalised care and support. They spoke highly of the support they received from the registered manager and nominated individual in carrying out their role and responsibilities. They confirmed they were received the information and up to date guidance they needed to provide people with personalised effective, safe care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The nominated individual and registered manager were aware of duty of candour expectations, including informing people truthfully about any untoward incidents and knew the importance of being open and honest with people when something goes wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The nominated individual, registered manager and care staff were clear about their roles and responsibilities.
- There were systems in place to assess, monitor and check the quality of the service provided to people. Regular spot checks of staff carrying out their duties including assisting people with personal care, were carried out by the registered manager. This helped monitor the performance of staff and the quality of the service provided to people.
- Checks of care plans, care records, medicines administration records, staff training, and other areas of the service were also completed. Improvements were made when needed. For example, following a recent check, the recording of visit communication notes had been improved.
- The registered manager understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

characteristics; ; Working in partnership with others.

- Care staff told us they felt confident to seek advice and guidance from the registered manager at any time. Comments from staff included, "[Registered manager and nominated individual] are professional and very approachable. They keep in touch with us and ask how we and the clients are", and "I always call them if I don't understand something, they are very good."
- The registered manager and nominated individual promoted open communication with relatives, people using the service, and healthcare and social care professionals.
- People and a relative told us they had a good relationship with management staff, and communication with them was very good. One person's relative told us, "When I pass on information about [person's] care needs, they pass it on to staff so they are aware. They communicate well." A social care professional spoke highly about the professionalism of the nominated individual, and of the care and support provided to people. They told us that people's well-being and safety were at the "forefront" of people's care planning.
- The registered manager gained feedback about the service through regular visits, feedback questionnaires and telephone calls to people. All the people we spoke with told us they would recommend this domiciliary care agency.
- The registered manager was very responsive to our feedback during the inspection. Following the inspection, they provided us with details of improvements they had made in response to our feedback. This included adding more detail to staff supervision records and developing people's personal care plans to include more information about people's oral care needs.