

HK-Care Consulting Limited

Unit 107, Greenacres

Inspection report

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24 May 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: HK Consulting Limited is a domiciliary care service that was providing personal care and support to adults living in their own homes. There were four people using the service at the time of the inspection.

People's experience of using this service:

The support people received with their medicines was not consistently safe. This was because the people's medicines records showed they did not always receive their medicines as prescribed by their doctor.

Quality assurance systems did not always identify relevant issues at the service, and the registered manager did not notify us of a relevant incident at the service.

Risk associated with people's care were managed safely. Staff knew how to recognise and report any concerns they may have about people's safety. They know how to safeguard people from abuse and avoidable harm.

Staff had the skills and training they required to fulfil their role. They supported people in accordance with relevant law and guidance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff also supported people with their nutritional and health needs where this was required.

Staff were kind and compassionate. They involved people and their relatives in decisions concerning their care. They respected people's wishes and preference. They promoted people's right to dignity and privacy when delivering care.

The support people received was tailored to their individual needs. They had support to engage in their interests. People were confident to raise any concerns they may have about their care. The registered manager acted on their concerns to their satisfaction.

The registered manager maintained good oversight of the service.

Rating at last inspection: This was the first rating inspection of the service.

Why we inspected: scheduled first rating inspection.

Follow up: ongoing monitoring; we will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Unit 107, Greenacres

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. 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 two inspectors.

Service and service type:

This service provides personal care and support to adults living in their own homes.

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 48 hours' notice of the inspection visit because we needed to be sure people and staff would be available during our visit.

Inspection site visit activity started on 23 May 2019 and ended on 24 May 2019. We visited the office location on 23 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before inspection: We reviewed information we held about the service. This include notifications about the service. Notifications are information on important events that happen in the home that the provider must let us know about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During inspection: We spoke with the registered manager and two members of the management team. We reviewed care records of two people who used the service, staff records, incident and accident records and other records relating to the management of the service.

We visited one person in their home, where we met with them, one care staff and their friend. We had telephone conversations with one relative, one person that used the service and two care staff.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider had protocols in place to support people with their medicine and record the support care staff had provided people with their medicines. Records we reviewed showed staff did not consistently follow their protocols when they completed people's medicines records. We found records which showed staff had not provided support as prescribed by people's doctor. For example, records showed a person's medicine had been administered a day before they needed it. We recommended that the registered manager improved their medicines records to aid staff to be consistent in applying their guidance.
- The registered manager checked people received their medicines as prescribed. They did this by checking their medicine records. However, they did not identify the errors we observed.
- Some people did not need support from staff to take their medicines. People who required support were happy with the support they received from staff.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when they received care from the service. They felt safe because they were confident in the staff ability to look after them. A relative told us, "Yes [person is safe]. I don't worry with these guys [care staff]. Previous carers were not so good."
- Staff knew how to recognise signs of abuse and avoidable harm. They knew the provider's protocols of reporting any concerns they may have about people's welfare. A staff member told us, "Any concerns, I would talk to my managers."

Assessing risk, safety monitoring and management

- The registered manager and staff team assessed risk associated with people's care. Care plans included detailed risk assessments which provided guidance to staff on how to minimise risk to people. Risk assessment promoted care delivery in a safe manner. They also promoted care in a way that did not restrict people's freedom and independence. For example, staff were supported to minimise risk while ensuring they considered people's preferences and wishes.

Staffing and recruitment

- The provider deployed sufficient numbers of staff to meet people needs. Staff were available to support people at the times agreed in their care plans.
- Staff received adequate advance notice of their rota and were supported with required travel requirement. They received support and information to understand the needs of people they supported.
- People told us they were supported by a regular team of staff. This meant they were supported by people who knew them. People and their relatives unanimously told us, "They [care staff] are always on time."
- The provider had safe recruitment protocols. They completed relevant pre-employment checks which

assured them employees were suitable to work with vulnerable adults. We recommended the provider improved their systems for managing employee records to ensure they collected relevant information such as employment history and job application details.

Preventing and controlling infection

- Staff used relevant protective equipment when they delivered care support. This demonstrated they took steps to prevent and minimise the risk of an infection spreading.

Learning lessons when things go wrong

- The registered manager encouraged the staff team to report incidents that happened at the service. They shared this information with relevant professionals and made changes where required to the care people received.

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

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

- The registered manager assessed people's needs before they used the service to determine the support they required. Their assessment was carried out thoroughly considering various aspects of their individual needs.
- The registered manager told us people's needs assessment was used as a guide to provide care in the first month of using the service. This allowed them to spend time understanding the person's needs and developing a care plan which met the person's needs.

Staff support: induction, training, skills and experience

- Staff had the relevant training and skills required to carry out their roles and responsibilities. Staff training records showed they completed required training which equipped them to fulfil the requirements of their role
- New staff went through a period of induction which including shadowing a more experienced member of staff. The registered manager told us they worked with new members of staff for a period of time to ensure they understood and were able to meet the needs of people. This allowed them time to receive adequate supervision to build their confidence in their role.
- People were confident in staff skills to care for them. One person described staff skills in supporting them with their needs. They told us staff were "Marvellous and excellent." in applying their skills.
- Relatives were also confident in the skills of the staff to look after their loved one. One relative told us, "I think the staff are excellent. I am confident with the carers. When I first met [registered manager], they were very knowledgeable and have given me good advice with respect to [person]'s needs."

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

- People lived in their own home and provided their own meals. Where required staff provided support with ensuring the meals were prepared according to people's needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff team followed a multidisciplinary approach to meeting people's needs. They worked collaboratively with other professionals involved in people's care. This included social workers and health professionals. This meant they took steps to ensure when people used other services the support they received was consistent to meet their needs.

Supporting people to live healthier lives, access healthcare services and support

- Staff were proactive to identify changes in people's needs and they made prompt referrals to other professionals where required.

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 with appropriate legal authority. For services in the community this is done under an Order from the Court of Protection. None of the people who used the service was deprived of their liberty.

- Staff demonstrated a good understanding of MCA. People care records showed the support they received complied with relevant laws.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received support from kind and compassionate staff. They told us their staff made them feel they mattered. This was because staff supported them in a manner which fostered positive relationships between staff, people and their relatives.
- Relatives comments about staff included, "They are very caring, very patient. I can't speak highly enough of the carers."
- The registered manager planned staffing in a way that allowed staff to spend sufficient time with people, getting to know them and focusing on their needs as an individual.

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

- People told us their staff offered them choice and control over the care they received. They told us their choices and preferences were respected and implemented in delivering their care.
- Relatives told us staff kept them involved in decisions about people's care. They told us staff promptly communicated any changes in people care and provided them with relevant updates. One relative told us, "Everyday I get an update how [person]'s been." They went on to say, "They [staff] are my eyes and ears."

Respecting and promoting people's privacy, dignity and independence

- Dignity was at the forefront of how staff delivered care. Staff we spoke with gave us several examples of how they promoted people's dignity and privacy. Their feedback demonstrated a good understanding of people's right and how they applied this in their practice.
- Relatives told us staff treated their loved one with dignity and respect. They told us staff were respectful when they worked in their home. One relative said, "I trust [staff] in my house."

Is the service responsive?

Our findings

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

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

- People told us the care they received was planned and delivered based on their needs as an individual. One person describing their care planning process to us, they said, "I was right on the fore front of that [care planning]. They asked me, rather that this is what we are going to do."
- People's care records showed that staff reviewed their care plans regularly. This meant that care plans reflected people's current needs and the support they required to meet their needs.
- Staff supported people to maintain links with their cultural roots. They provided the support people required to attend relevant places of interest and engage in activities where required.
- Relatives told us staff took time to support people to engage in activities of choice within people's home and in the wider community. This included reading to people and supporting them to access activities and places in their local community
- Staffing was planning around the person receiving care. Each person had a team of staff who provided support to them. This meant that people could develop relationships with staff who knew their individual needs well and had the requirements to provide the support needed.
- One person told us, "I have found them [staff] flexible if I need times changing. There has never been a time they said no, I can't do that."

Improving care quality in response to complaints or concerns

- People were confident to raise any concerns they may have about their care. They told us the registered manager was proactive in resolving any concerns raised.
- One person told us they contacted the office to report any concerns they had. They told us office staff "Respond straightaway." to their concerns. Another person said, "If I have any concerns, I know I can talk to [registered manager]." A relative told us, "I had concerns in the early stages. I rang [registered manager] and they dealt with it."

End of life care and support

- At the time of our inspection, the service did not support anybody who required end of life care and support.
- The provider had a policy detailing the quality of care and support people and their relatives could expect should a person who used the service come to the end of the life. They include information of how to promote high quality and sensitive care to people and their relatives.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The service had a registered manager who was knowledgeable about their role and responsibilities. However, they did not fully understand the requirement of notifying CQC of relevant incidents regarding the service. They had not notified us of one relevant incident. They informed the local safeguarding authority who did not require further action, however we require this information for monitoring purposes. We recommended the registered manager accessed further information we have to aid their understanding of notifiable incidents to CQC.
- The registered manager had systems in place to monitor quality of care delivered. Whilst we saw that their systems were effective in some areas of the service, we saw this was not consistently applied. This meant that some issues such as the ones with the recording of people's medicines were not identified. Therefore improvement could not be made to ensure that people received safe support with their medicines.

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

- Staff felt supported by the registered manager. One staff member told us, "If I ask anything I don't know, they respond. If I have any concerns, I know they'll deal with it." They told us they had regular supervision with the registered manager and they found this helpful in supporting them to deliver good care. Another staff member said, "[Registered manager] is on the phone 24/7."

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

- People, their relatives and staff told us there was an open culture within the service which fostered easy access and communication. They told us they could easily access the registered manager for support and guidance when required. One person told us, "I know that I can pick up the phone and I can get hold of [registered manager]." A staff member said, "[Registered manager] has an open door policy. They are only a phone call away."
- People told us the registered manager regularly sought their feedback about the service. They did this through informal discussions and surveys. The registered manager told us they were in the process of collating information from surveys and would develop an action plan which they would share with relevant stakeholders.

Continuous learning and improving care

- The registered manager had a peer arrangement with another registered manager of another domiciliary

care provider to review aspects of each other's service.

- The registered manager completed regular competency checks to observe and check staff practice. This is designed to assure them that staff applied their training in practice.
- People spoke highly of the quality of care provided by the service. One person said, "When people [care staff] leave, they have a very standard when replacing them."

Working in partnership with others

- The registered manager worked in partnership with other agencies including the local authority, other care providers and relevant health professionals to deliver care which met people's needs.