Kays Carers Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
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
Kays Carers is a domiciliary care agency providing support for 23 people at the time of the inspection.

Not everyone who used the service received personal care. 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
We found there had been a period of instability in the governance of the service and this had impacted on recording of audits and quality checks. However, this didn't appear to have negatively impacted the quality or safety of care provided.

Most of the time 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 in the service supported this practice. However, the provider didn't always recognise when mental capacity assessments needed to be carried out.

People told us they felt safe and that Kays Carers was reliable and staff were caring. A relative told us, "I can go shopping when they are coming, I know that [person's name] is safe in their hands." We found that staff were aware of their responsibilities to safeguard people from abuse, risks were identified and well managed. Staff were safely recruited and received appropriate training.

People were supported to eat and drink where appropriate and to access support from other agencies, for example, their GP, where required.

People told us the staff were caring and respectful. One person told us, "They always ask me what I want." Another person told us "I am very pleased with my help, they are well mannered and look after me."

Although people didn't always have the same staff consistently visiting them, the majority of people we spoke to were not concerned. A relative told us, "We do have a variety of carers but we know them all. They are all good, very kind." However, one person we spoke to told us, "A lot of brilliant carers have left and I need to have consistency which Kays Carers can't give me at the moment." We found people were supported to express their views and make decisions about their care, and were treated with dignity and respect.

People felt the service enhanced their quality of life. A relative told us, "They have a cup of tea with [person's name] and take [them] for a walk around the garden and then they watch a bit of TV, [person's name] looks forward to them coming." We found the service provided personalised care that met people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 1 November 2019 and this is the first inspection.

Why we inspected
Kays Carers has not been inspected since it was registered with us. Therefore, this inspection looked at all 5 key questions.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good governance and the need for consent at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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.	**Good**
Is the service effective? The service was not always effective.	**Requires Improvement**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Kays Carers Ltd

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 team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service should have 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. At the time of inspection the service didn't have a registered manager.

Notice of inspection
We gave the service 48 hours notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 23 November 2021 and ended on 6 December 2021. We visited the office location on 23 November 2021.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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 also contacted Healthwatch. Healthwatch is an independent consumer champion that

gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection
During the inspection we spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care plans, risk assessments, mental capacity records, medication records, daily notes and policies.

After the inspection
We continued to request evidence and seek clarification from the provider to validate evidence found. We also spoke with three people and four relatives. We spoke with two members of staff.

Good

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
- There were systems in place to safeguard people from abuse.
- Staff all received safeguarding training and were confident about identifying safeguarding concerns.
- Staff were clear how to report concerns and the provider or staff member on call responded quickly to offer support or take action where required.

Assessing risk, safety monitoring and management
- Risks associated with people's care, for example, falls, choking, moving and handling, were assessed and care plans written before the service began providing care. The information was robust enough to ensure staff provided safe care.
- Systems were effective in making sure changes to people's needs were shared on a day to day basis. This meant action was taken promptly, for example involving other agencies where required.
- People told us, "Any concerns or problems, they don't hesitate to call for help from other professionals. They are very quick to spot slight changes."

Staffing and recruitment
- Staff were recruited safely.
- The provider carried out checks to make sure new staff were suitable to work at the service. This included looking at employment history, references and Disclosure and Barring Service checks (DBS). The DBS checks people's criminal history and their suitability to work with vulnerable people.
- People's personal safety was protected. For example, a person told us, "If they change the time they are coming they let me know well in advance." A relative told us, "Sometimes they change the people but we know them all and we don't mind at all. They are really nice people and become our friends."

Using medicines safely
- People were supported to take their medicines safely.
- Staff all received training in how to manage and administer medication.
- The electronic daily notes system prompted staff and required them to record that medication was given as prescribed. The provider was able to view this as it happened (whilst staff were in someone's home) and after the visit, and would therefore see if there was a concern.
- Relatives told us they felt medicines were managed safely. For example, we were told "I know the medication is safe in their hands and [person's name] will only be given the correct amount."

Preventing and controlling infection; learning lessons when things go wrong

● People were protected from the risk of infection.
● Staff received infection control training and a suitable policy was in place. Updated COVID-19 information was quickly disseminated to staff electronically.
● A relative told us the service was, "Brilliant during COVID, immediate testing for all staff, full PPE provided for all. Every precaution possible was taken."
● The provider took appropriate action when one staff was reported not to have used PPE in line with policy. For example, the staff member had to attend extra infection control training, was given a warning, and was not permitted to work alone until spot checks confirmed they were working in line with requirements.

Requires Improvement

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

We checked whether the service was working within the principles of the MCA

● Although people and staff told us consent was always requested when providing care, the provider appeared to be unclear about mental capacity assessments. For example, despite some people having degenerative health conditions which caused problems with thinking and which in some cases were quite advanced, there weren't any mental capacity assessments other than those provided by the local authority at the commencement of care.
● The provider didn't always recognise when a mental capacity assessment and potential best interest decisions were needed. This meant one person was not experiencing the least restrictive option at meal times and whilst they were not physically at risk, their human rights weren't protected. The provider hadn't referred the matter to the local authority for review.
● The provider did not understand the term fluctuating capacity. This meant that people who had capacity for a specific decision at certain times but not at others may not have their rights protected. For example, staff might make decisions for someone who actually had capacity for the decision and at other times people might not be protected when they don't have capacity for a specific decision.

The provider failed to act in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider responded during and after the inspection, stating they would enrol on additional MCA

training as well as review everyone's care plans to see if mental capacity assessments needed to be carried out or further action taken.
● Relatives told us people were able to make decisions about their own care. For example, one person's family told us, "They don't tell [them] anything, they always ask [them] and then do as [person's name] chooses."
● Staff we spoke to understood the importance of asking for someone's consent and preferences before taking action. They also understood when there might be the need to ask for a mental capacity assessment. For example, if someone was consistently refusing support after being incontinent.
● The provider's mental capacity assessment policy reflected current guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's care needs and preferences were assessed before care visits began.
● For example, the provider told us the first meeting with people was to discuss how the service worked, and the second visit would be with the person (and family if appropriate) to assess their care needs and preferences.
● The assessments were used to form individual care plans for people. This included things like whether people had a preference for a male or female staff to attend them.

Staff support: induction, training, skills and experience
● The provider ensured staff were trained and supported to provide a good quality service for people.
● For example, new staff completed a mandatory induction which included training in safeguarding, medication, and infection prevention and control. Staff who had not previously worked in care or had a long break from it were supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
● One member of staff told us if extra training was required it would be offered to them. They could also request extra training via supervision.
● People told us they felt staff had the skills and knowledge to meet their needs.

Supporting people to eat and drink enough to maintain a balanced diet
● Where required, people were supported to maintain their nutrition and hydration.
● People's dietary needs (including risks), preferences and routines were assessed and recorded in their care plans. This meant staff were aware of people's habits and mealtime preferences, and how to ensure people were safe.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Where required, the service worked with heath professionals to help meet people's needs.
● For example, a relative told us "They don't hesitate to call the doctor or the district nurse when needed. They have good relationships with them all."
● The PIR stated the provider found the lack of communication from external agencies difficult. For example, they cited two incidents of occupational therapy equipment being placed in people's homes without Kays Carers having been informed or given a manual handling plan. In response, the provider worked with other agencies to ensure the necessary guidance was available for staff to give safe care.

Good

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 were well treated and supported.
- For example, one person told us, "They are really good and caring." Another person told us "They are most respectful." One member of staff told us staff were, "Really committed to the care they're providing for someone, and building relationships with people who don't see anyone else."
- The Equality and Diversity policy explained protected characteristics, discrimination, and provided some information for staff to help them meet people's needs and preferences.

Supporting people to express their views and be involved in making decisions about their care
- People were able to express their views and make decisions about their care.
- This happened at the time of assessment, and the writing of the care plan, and on a daily level as care needs and preferences changed.
- For example a relative told us they asked for more help for their family member and what a difference that had made, "When [person's name] has a doctor's appointment I let them know and [person's name] is always up dressed and ready for me when I arrive to collect [them]. They are very accommodating and it makes so much difference to the event."
- Another relative told us of the contact they had from the service, "They keep ringing me up to ask how [person's name] is and they ask how I am as well."

Respecting and promoting people's privacy, dignity and independence
- People were treated with respect and dignity and supported to be as independent as possible.
- For example, the provider told us that for one person staff provided some initial physical support which meant the person could then be completely in control of the mechanical equipment required for their care.
- Care plans were personalised, respectfully written, and guided staff how to maintain people's independence. For example, one person's care plan stated, "I like to be handed the shower head to shower myself."
- A person told us "They are all so well mannered and treat my house and me with respect."

Good

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

- Care plans were developed with people and/or their relatives and identified their needs and preferences.
- Care plans contained details of how individuals liked to be supported. For example, the order that someone liked things to happen for them when showering and dressing in the morning.
- Staff told us care plans gave them the information required for them to understand people's needs.

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.

- The provider had assessed people's communication needs and information was written in care plans.
- The provider recognised the need to provide people with information in a format they understood. For example, care plans have been produced in large print in the past. They were also available in braille or audio versions if required.

Improving care quality in response to complaints or concerns

- The provider acted appropriately in response to complaints about the service.
- For example, where a complaint was made about processing of laundry, the provider apologised, and paid for the washing to be externally laundered. They also took action to ensure a mix up didn't happen again.
- One person told us, "If you call Kays you always get an answer or a returned call. They resolve any issues and are always helpful."

End of life care and support

- The provider worked sensitively with people to find out their needs and preferences for their end of life care.
- For example, whether they had any specific requirements such as who they would like to be present with them, or what music (if any) they would like to hear playing around them.
- The provider liaised with external agencies, for example, Marie Curie nurses, Rowcroft Hospice and Continuing Health Care.
- Additionally, the provider offered support to staff working with people who were at the end of their lives. A member of staff told us the provider had phoned to see how they were, and offered access to professional

counselling. The staff told us, "It was a really nice touch. It was nice to know [person's name] was there if I needed [them]."

Requires Improvement

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 requires improvement. This meant the provider had not ensured consistent running of the service in their absence, there was lack of oversight of the service and the MCA was not always adhered to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care; working in partnership with others

- The provider was not always clear about their responsibilities.
- For example, the provider was not aware of the statutory requirement to notify us when they referred someone to the local authority safeguarding team.
- The provider told us audits of the service had not been maintained. This meant that although the provider received daily information about care in people's homes, there wasn't sufficient oversight of the service to identify trends and address potential shortfalls in service.
- The provider had identified that an autofill feature was being used to create staffing rotas. This meant people sometimes had visits at a time different from that which was originally agreed. The timing of visits had also been affected by the service being short staffed. The provider told us this might have an impact on people's routine and choice about timing of visits but not on the quality of care received.
- The supervision contract between management and staff stated that a 30 minute supervision should take place every three months. The provider hadn't ensured supervision records were kept up to date. For example, records suggested one staff member had not been supervised since December 2020, two since February 2021, and three since March 2021.
- The provider was unable to show us written evidence of disciplinary actions they had taken when required, telling us they hadn't kept a written record.
- The provider had not identified the lack of risk assessment for a staff member who wasn't vaccinated. This meant potential risks to people had not been identified.
- The provider did not always work in partnership with other agencies. For example, the local authority told us three packages of care were returned with no notice and, from their perspective, no attempt to resolve the issue that caused the handback. A relative also complained to us about the same issue. Both parties wished there had been better communication and joint working from the service. The provider told us there had been communication from the service to the local authority about the above but it hadn't been recorded.

The failure to operate effective systems to ensure compliance with Regulations and the lack of oversight to effectively monitor the quality and safety of the service are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There hadn't been a registered manager at the service since 25 August 2021. However, a new registered manager had been appointed and a start date planned.

● Although supervision and spot check records weren't always up to date, the provider had observed staff practice whilst working alongside them on care visits. Additionally, staff told us that although the frequency of supervision was not as regular as before the pandemic, it was still taking place.
● The provider responded during and after the inspection. For example, on the day they began a risk assessment for the unvaccinated staff member and planned to improve the risk assessment quality for future use.
● The provider told us they would be carrying out supervision and spot checks for all staff the following week; would take back control of rotas to ensure people received their visits at the agreed time; and planned to add a dedicated communication section to care plans. This was to ensure guidance for staff was as detailed as possible so they could best meet people's communication needs.
● At the time of inspection the provider had already devised an action plan to address areas of the service requiring improvement. For example, some care plans had already been reviewed and the remaining care plans and all risk assessments were also to be reviewed and updated where necessary.
● The provider planned for the whole staff team to be enrolled on further training, for example record keeping. Individual staff will be enrolled on training to address areas the provider has identified as needing improvement.
● Following our visit the provider submitted a statutory notification in line with legal requirement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The majority of people we spoke to spoke highly of the service they received.
● For example, a relative told us, "It gives me confidence to know [person's name] is being turned regularly and I can continue to look after [them] at home which is where [person's name] wants to be. They turn [them] with such care."
● A person using the service had asked to be involved in training new staff. Input from them became part of the staff induction process prior to the pandemic.
● Staffing pressures caused by the pandemic had clearly had a negative impact for one person. They told us the recent lack of consistent staff and feeling that the service had, "Let us down quite a bit recently" meant they were considering whether or not to continue with Kays Carers.
● A staff member told us that they had missed the provider, "leading the boat" for a period of time. However, they also told us support was always available by phone.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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
● People and their relatives were able to provide feedback to the service during care visits, by contacting the office, or when office staff contacted them.
● The Statement of Purpose confirmed the importance to the provider of working in a non-discriminatory way. It stated staff would "support any values that are important to the service user". The provider also told us in the PIR, "Value based recruitment has made a good impact for our service users as carers are not only trained very well they are chosen for their caring nature, this was reflected in our service user client questionnaire."
● The provider was 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 went wrong.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's mental capacity for specific decisions was not recorded in line with the MCA 2005. Regulation 11

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective systems to ensure compliance with Regulations. The provider failed to effectively monitor the quality and safety of the service. Regulation 17 (2)(a)(b)