

KD Care Services Ltd

# KD Care Services

## Inspection report

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Date of inspection visit:  
21 March 2022

Date of publication:  
04 May 2022

### 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

KD Care Services is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care from staff. 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. At the time of inspection 61 people were receiving personal care.

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

People and relatives were positive about the support provided by staff. People's comments included, "I am very happy with their care" and, "They have opened up a whole new world for us."

People had person centred care plans in place which reflected the individual and their choices. Risks people may face had been fully identified and mitigated to keep people and staff safe. Assessments were completed prior to staff providing support to make sure people's needs were fully met.

People's medicines were safely managed. The registered manager had effective oversight in place to monitor the quality and safety of the care provided.

People told us they had a regular staff team and records showed staff had received regular training to ensure they had the skills and knowledge to deliver care. The registered manager reviewed the staffing levels regularly.

Staff had access to PPE and followed best practice guidance and the provider's policy in relation to infection prevention and control. Staff had received additional training and support during the pandemic to make sure they were confident and capable to deliver care.

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.

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 and update

This service was registered with us on 8 October 2020 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# KD Care Services

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and one 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 houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 our inspection there was a registered manager in post.

#### 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 or registered manager would be in the office to support the inspection.

Inspection activity started on 15 March 2022 and ended on 21 March 2022. We visited the location's office on 21 March 2022.

#### What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the

provider about serious injuries or events. 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 sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the local Healthwatch for their feedback. 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

We spoke with four people who used the service and five relatives about their experience of the care provided. We received feedback from 15 members of care staff. We spoke with the registered manager and service manager.

We reviewed a range of records. This included six people's complete care records and medication records for six people. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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 of 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

- Systems and processes were in place to keep people safe. The provider had policies in place which were accessible to staff, people and relatives.
- Staff had received training around identifying abuse and what steps to take. One staff member told us, "I would be very confident to raise concerns using the whistle blowing procedure."

Assessing risk, safety monitoring and management

- Risks people may face were identified, assessed and mitigated. Steps were in place for staff to follow to keep people safe.
- Environmental and COVID-19 related risk assessments were also in place for people and staff.
- People and relatives told us they felt safe with the care provided. One person said, "I do feel safe with them around. They help me in my life to keep me going."

Staffing and recruitment

- Staff were safely recruited, and staffing levels were regularly reviewed to make sure there were enough qualified staff to deliver care to people.
- People and relatives told us they had a regular staff team who provided support.
- Staff told us that they had enough time during each visit to deliver the care and support people needed. A staff member commented, "I do feel visits are spaced correctly and I have time to support people correctly."

Using medicines safely

- Medicines were safely managed, and the registered manager had oversight of medicines to make sure people were receiving these in the correct way.
- Staff had received medicines training and had their competence assessed regularly.
- People and relatives told us they had no concerns around the support provided with medicines. One person told us, "There haven't been any problems with my medication."

Preventing and controlling infection

- There was an infection prevention and control (IPC) policy in place which staff followed to reduce the risk of infection. Policies had been updated to reflect national guidance.
- Staff received additional training during the pandemic around IPC and PPE. A staff member said, "I've had training for infection control and a separate one for COVID-19."
- People and relatives told us staff wore PPE whilst delivering care. One person commented, "They have helped me to avoid Covid. They wear their PPE. "

### Learning lessons when things go wrong

- Lessons were learned through investigations into incidents and actions put in place to stop similar incidents occurring. The registered manager investigated all accidents and incidents fully. Any safeguarding investigation reports were shared with the local authority and CQC.
- Findings were shared with staff to help prevent further incidents occurring.

# 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 and choices were holistically assessed and reviewed regularly in line with best practice guidance and the law.
- Care records showed detailed assessments were completed for people prior to delivering care. People and relatives told us that they had been fully involved in the assessment process. A relative commented, "Initially we met them and arranged a plan for what mum needed."

Staff support: induction, training, skills and experience

- Staff had received relevant training to fulfil their roles. One staff member said, "I am very happy with the training I have received."
- New members of staff were provided with an in-depth induction which prepared them with the skills, qualifications and knowledge to carry out their role.
- Staff received regular supervisions and could access additional support from the office if needed.

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

- Some people were supported with eating and drinking to make sure they had access to a healthy, balanced diet. Risks associated with this, for example choking, were also fully assessed.
- If people were at risk of malnutrition support was provided to access other health care professions, for example the GP.
- People and relatives told us staff supported people to make their own meals. One relative commented, "They encourage her to eat and drink."

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

- People were supported to access other health care professionals, for example the dentist and GP. Guidance from professionals was incorporated into care plans.
- People and relatives confirmed that staff referred them to other services for additional support.
- One relative discussed a recent referral the service had made to access additional equipment to enable one person to retain their independence.

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 MCA 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.

- People's care was delivered in line with MCA and best practice guidance. A relative told us, "They're helping him to make wise choices and to manage his budget."
- Staff had received training around MCA and DoLS and were able to tell us how people's capacity was assessed.

# 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

- Staff were caring and kind with people. There were equality and diversity policies to help ensure people were treated fairly, regardless of their age, sex, race, disability or religious belief.
- People told us that they were well treated, and staff were respectful. People commented that staff knew them well and had a friendly approach. One person said, "They recognise when I am having a bad day and talk to me to help cheer me up."
- Relatives were positive about the care provided by staff. One relative told us, "We've had a wonderful experience with them. They are dedicated, motivated and interested in him."
- Staff were positive about the people they supported and cared for them. A staff member commented, "I enjoy spending time with the clients to give them the best care I can and to be able to feel I have made a person's day a little bit better."

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

- Care plans were created in partnership between people, relatives and staff. People's choices and wishes were heard and were used as part of the care planning process. For people who could not fully communicate their choices, relatives were involved to make sure that their views were heard.
- People told us that they were asked for their views and were encouraged to make decisions about their care. One person commented, "I do feel listened to and valued for myself which is lovely to be able to say."

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be independent whilst also respecting their privacy and dignity. A staff member told us, "I love my job making all my clients feel happy, supported and letting them be as independent as possible."
- People told us that staff always knocked before entering their properties and checked doors, windows and curtains were closed before delivering personal care. People told us that staff asked them if they could help them before providing support.
- Relatives confirmed staff were promoting privacy and dignity. One relative commented, "They have such a kind, positive, respectful manner with him."
- People and relatives said that staff promoted their independence. A relative told us about all of the steps staff had taken to maintain one person's independence and the positive impact it had upon them. They said, "They are helping him take the reins of [person]'s life."

# 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 had holistic assessments of their needs which reviewed not only their physical needs but emotional and social needs as well. Care plans formed from these included people's own choices for how their care was delivered.
- Relatives told us they were involved in all aspects of care planning. One relative said, "They respond well to our requests for any changes that we need. Initially, we met them and arranged a plan for what mum needed."
- People told us that their choices about their care and support needs were listened to. People told us that they were involved with reviews. A person discussed their upcoming meeting and said, "There is a review coming up so I will ask for this (support need) to be changed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed as part of their initial assessments and these were regularly reviewed.
- People could access information in different languages, easy read format and in large print if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to access the local community and take part in activities that were important to them.
- Staff told us about different places they visited with people which included the local shops, activity centres and meeting with family and friends.
- People and relatives told us staff spent time during visits talking to them and going out for visits to places. One relative told us that staff were supporting one person to attend the local college and this was having a positive impact on their well-being and future.

Improving care quality in response to complaints or concerns

- Any complaints or concerns received were used by the registered manager to improve the service provided and shared with staff to improve the overall care delivery.

- There was a complaint policy in place which people were aware of. People told us that they did not have any concerns. One person commented, "If I did have any problems with them, I would contact one of the partners and I am confident it would be sorted out promptly."

#### End of life care and support

- People's end of life wishes, care and support were provided in a respectful and caring way. People had discussions around how they would like to be cared for in their final days.
- Staff had received training in supporting people with end of life care and provided examples of the support they had provided.

# 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 were at the centre of the service and staff made sure everything they did helped to improve people's wellbeing.
- Staff told us the management team were very supportive and there was a positive staff culture. One staff member commented, "I feel like we are a massive family. They support each other in every way. I've honestly found a company that I would stay with forever. I never thought I would work in care but working for [registered manager] I wouldn't change a thing. She gives me all the training I need, looks out for extra training in the fields I work in and supports my goals."

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; Continuous learning and improving care

- The provider understood their responsibility to be open and honest when something goes wrong. Apologies were given to people and lessons were learnt.
- Results from audits, investigations, feedback sessions and surveys were used to improve the quality of care at the service.

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

- The manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to CQC for significant events that had occurred at the service, for example accidents and incidents.
- The quality and assurance systems in place allowed the manager to effectively monitor the quality of care provided to people.
- Staff told us they were confident in the management team and understood their own responsibilities. One staff member said, "I feel I know my job role, how to carry out this role to the right standards and what to do."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were asked for their feedback to allow the management team to find ways to improve the level of support provided to people.
- Staff worked closely with other health care professionals. People's care records showed involvement and

guidance from other agencies, for example the district nursing team and GP.