

KASE Care Limited

# KASE Care

## Inspection report

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## 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

KASE Care is registered to provide nursing and personal care to people living in their own homes. This included people with complex health conditions such as acquired brain injury, spinal cord injury and neurological conditions. At the time of our inspection, 11 people were being supported by the service.

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

People's individual needs were assessed and care plans and risk assessments in place to help staff support people safely and in accordance with their preferences. Staff had received safeguarding training and knew how to act on any concerns.

There were enough staff available to meet people's needs. Systems were in place for the safe management of medicines. People were supported to take their medicines as prescribed. Staff received appropriate training and on-going competency checks to ensure they administered medicines safely.

Some staff files did not contain full pre-employment checks. The registered manager took immediate action to rectify this. We have made a recommendation about the provider's recruitment processes.

People were supported to maintain good health and access health care professionals. Where appropriate, staff worked closely with health care professionals and recommendations were followed by staff. People were supported with their nutritional and hydrational needs.

People were complimentary about the kind, caring attitude of staff and were satisfied with the care and support they received. Staff treated people with dignity and respect and people's independence was promoted. The registered manager and provider were committed to supporting and empowering people to lead fulfilling lives.

People, relatives and staff were asked for their views to help drive improvements. Staff felt supported by the registered manager and received on-going training, spot checks and supervision. The service worked in partnership with other health and social care professionals to ensure people's care and support needs were met.

Care plans detailed how people liked to be supported. People were consulted over their care and support needs and 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.

The registered manager was committed to providing high quality care. Staff felt valued and well supported by management. Systems were in place to monitor the quality and safety of the service and to drive improvements.

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 22 September 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the length of time the service was registered and when they commenced providing a regulated activity.

#### 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 ●

# KASE 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

#### 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

This inspection was announced. We gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 26 April 2022 and ended on 11 May 2022. We visited the office location on 6 May 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in

the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people and two relatives about their experience of the care provided. We also spoke with 11 members of staff including the registered manager, training manager and 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 records and seven staff files in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed feedback received from four health professionals whom the service regularly engages with.

# 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

- Safeguarding systems and policies were in place to support staff with reporting any concerns about the people they were supporting.
- Staff had been trained in safeguarding. They were aware of the types of abuse and knew what to do if they witnessed or suspected abuse, including reporting concerns to external organisations. One member of staff said, "I would report [concerns] to my line manager. If nothing was done, I would report to higher management or CQC."
- Safeguarding was a standing agenda item for staff supervisions.

Assessing risk, safety monitoring and management

- Risks to people's safety was well managed.
- Risk assessments were carried out to identify potential risks associated with people's care, home environment and the healthcare conditions they were being supported with.
- The service was not risk adverse. The registered manager shared examples of people participating in activities in the community. They said, "As a company we are not risk adverse. We balance people leading lives to the fullest without being restricted on what they are doing."
- We received positive feedback from health care professionals. One professional told us, "The service is definitely safe. The team deliver a high standard of care and know when to seek expert help."

Staffing and recruitment

- People were supported by a consistent team of staff.
- The registered manager informed us there had been no missed care call visits.
- Staff told us there were enough staff to support people safely.
- Staff recruitment systems were in place to ensure staff had the right skills and experience to work with people using the service. This included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, we noted some staff records did not contain a full employment history or references in line with Schedule 3 of The Health and Social Care Act. We discussed this with the registered manager who took immediate action to rectify this.

We recommend the provider seek advice and guidance from a reputable source about completing pre-employment checks for newly recruited staff.

Using medicines safely

- Systems were in place for the safe management of medicines.
- Staff received training and had their competency assessed to ensure they were administering medicines safely.
- Where required, people were supported with their medicines. One person told us, "I have no concerns about medication." Another said, "Meds are given on time. [Staff] are spot on and marvellous with that no problem."
- Regular checks and audits were completed to ensure medicines were being managed safely.

#### Preventing and controlling infection

- People were protected by the provider's prevention and control of infection arrangements.
- Staff completed training in infection control and had access to personal protective equipment (PPE) such as gloves, aprons and masks.
- With the exception of one relative, we received positive feedback from people and relatives around staff's attitude to the control and spread of infection. One relative said, "There are no issues with PPE. [Staff] do a lateral flow test (LFT) before coming in which is so reassuring as [person] is clinically vulnerable."

#### Learning lessons when things go wrong

- Systems were in place for the monitoring of incidents and accidents.
- There had been no significant incidents since the service had been operational. The registered manager told us lessons learned would be cascaded to staff and, as part of this process, a reflective learning approach would be taken to mitigate the risk of reoccurrence.

# 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 prior to them using the service to ensure they received individualised care which met their needs. This information was used to develop people's care plans.
- The registered manager kept themselves up to date with guidance and best practice to ensure care and support was delivered safely and appropriately. They said, "Being nurse led we understand we need to enact best practice at all times and adjust our training as advice and guidance changes."

Staff support: induction, training, skills and experience

- Staff completed an induction when they started employment at the service. This included training, shadowing experienced staff and getting to know people. One member of staff told us, "During my induction, I completed mandatory training. ...I also did shadow shifts for some of the service users that have more specific needs, such as PEG [percutaneous endoscopic gastrostomy] or RIG [radiologically inserted percutaneous gastrostomy] tubes, medication, spinal or brain injuries."
- Staff received a range of training to ensure they were able to meet people's needs effectively and safely. This included specialist training such as tracheostomy, stoma care and spinal cord awareness. The registered manager said, "When we assess [people's needs] we identify what additional training is required to meet that package."
- The provider placed importance on ensuring staff received ongoing training. The provider had recruited a training manager who was in the process of developing individual training plans for staff. Staff told us they were asked during their supervisions whether they wanted to do more training and/or work towards attaining further qualifications.
- Supervisions and observations of staff's practice were used to develop and motivate staff, review practice and address any concerns.

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

- People's nutritional and hydration needs were met.
- Some people received their nutritional and hydration needs through a PEG or had modified diets. Staff followed instructions given by dieticians.
- Assessments completed by the provider ensured any cultural or religious needs would be met.

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

- The service worked closely with health and social care professionals to help support people to maintain their health and wellbeing and achieve good outcomes.

- We received positive feedback from health professionals regarding the registered manager's positive attitude towards meeting people's healthcare needs. One health care professional said, "[Registered manager] was easy to get hold of when I needed to speak to them and always followed up on agreed actions. I was also impressed that when any issues arose, they were happy to contact me to discuss them so that we could troubleshoot and avoid bringing [person] into hospital again." Another said, "[Registered manager] and the care team whom I have had contact with are always open to working together to ensure the safest and most effective care for [people]."
- A member of staff told us, "The best thing is knowing you have made a difference. For example, one client needed physio exercises which entailed working together with their physiotherapist and ensuring exercise were done regularly with the client's permission. What made me happy and smile was the improvement we achieved from not much movement to a great deal of movement for the client."

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.

- The registered manager had a very good understanding of the principles of the MCA.
- Staff understood the importance of involving people in decisions about their care.
- Not all staff had received MCA training. The registered manager confirmed MCA training had been booked.

# 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, and their relatives, were complimentary about the care and support they received.
- Feedback included, "I am pleased about the team I have...my 24 hour carer is as good as gold, we have a laugh and banter, and the others who take over when they have a break are absolutely brilliant," and, "The carers are kind and caring. [Person] is happy with the carers. [Staff member] jokes around with [person]. They have a good rapport and [person] always seems pleased to see them."
- A health care professional told us, "I have seen carers deliver care with care and compassion."
- People's equality and diversity needs were identified and recorded in their care plans to ensure their individual preferences and needs were being met.

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

- People and/or their relatives were involved in the development and on-going review of their care.
- People and relatives were given the opportunity to provide feedback about the service. This included the completion of surveys which were analysed by the registered manager and, where necessary, action taken. We noted all responses received about the quality of care people received were positive.
- The registered manager confirmed no one currently using the service had an advocate but details of advocacy services were available to people. An advocate can help represent people's views and speak on their behalf when key decisions have to be made.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity.
- Staff encouraged people to do as much as they could for themselves. A member of staff said, "I encourage people to do something that I know is within their possibilities to do. For example, a client with reduced mobility, can sometimes brush their own teeth or wash some parts of their body. I will encourage them to do so instead of doing it for them. If a client can eat independently but has some difficulties, I would do all I can to make it easier for them, like putting the plate closer and maybe using a spoon instead of a fork with the food cut up."

# 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 and support was planned and tailored to people's individual and specific needs.
- Care plans contained guidance to staff on the level of care each person needed, and in the way they preferred.
- Care plans were reviewed regularly with people and relatives. The registered manager said, "When doing care planning reviews if appropriate we will involve a lead carer and use their feedback in shaping [the person's] care plan. [Staff] can tell us how in reality things can work better. We will use their feedback and listen to their concerns."
- Where appropriate the service advocated on people's behalf to get their care package hours increased to ensure people received the level of support they needed. A health care professional told us, "The agency is swift to respond to requests and will also initiate changes to services determined by patient need. They are patient focussed."

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's individual communication needs were assessed so staff knew the best way to support people.
- The registered manager told us no one would be discriminated from accessing the service and information would be given to people in a way they can understand.

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

- The provider had started a 'Dom Care Plus' initiative. The registered manager explained this was set up as they recognised the service was not only about meeting the physical needs of people but also their emotional and mental health needs. They said, "We discuss with people their hobbies, interests, skills they have lost, anything they want to try again and what we as a company can do to try and support and give something back to them."
- We saw an example where a person had been supported to access wheelchair ziplining and to do archery, a hobby they had participated in prior to their injury. This had a positive impact on the person's wellbeing who had commented, "I'm having a great time. It's good to get out of the house and do something normal. I

don't get to say this a lot but thank you, today has been really special. It's a day I'm going to remember for a long time."

#### Improving care quality in response to complaints or concerns

- A complaints system was in place.
- People and relatives knew who to speak with if they had a complaint or any concerns.
- The service had received two formal complaints which had been responded to appropriately.

#### End of life care and support

- At the time of inspection no one was receiving end of life care. The registered manager said they would work with other health care professionals to provide support 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; 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 provider and registered and manager encouraged a positive, inclusive and empowering culture. They were committed to ensuring all staff promoted person centred care which achieved the best possible outcomes for people.
- Care plans had detailed guidance for staff to support them to provide care to people with complex conditions.
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm. They said, "We are keen on operating an open and honest culture and someone will not get in trouble, our aim is to learn from what we are doing. We are not perfect; we are a learning organisation and understanding what is happening out there is important so we can improve the service we provide."

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

- Staff told us their induction, training and supervision enabled them to carry out their roles and responsibilities.
- Staff enjoyed working at the service. They felt supported and valued and spoke very highly of the registered manager who was approachable for advice and support at any time. One member of staff said, "[Registered manager] has been of great help to me and has never come across unavailable or not caring. [Registered manager] understands the needs of clients and staff."
- Audits, staff observations and competency checks were completed to check the safety and quality of the service.
- The registered manager was aware of their responsibility to report notifiable events to CQC.

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

- People and relatives were provided opportunities to feedback about the quality of care received; for example, through quality calls and questionnaires. We noted responses from questionnaires had been positive and, where suggestions had been made, these had been actioned.
- The provider and registered manager were keen to set up a client participation group to help drive improvements. To date this had not generated much interest, however the registered manager informed us

they would continue to promote this.

- The registered manager told us it was important to them for staff to feel valued and included. They said, "It is their interactions with people that really creates the quality. We want to do whatever we can to make them feel valued, supported and invested in. We support their learning and development as they are the face of the company."

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider were committed to providing high quality care and were members of various forums which ensured best practice could be implemented within the service.
- The service worked closely with other healthcare professionals and organisations such as the Spinal Injuries Association.
- We received positive feedback from professionals including, "KASE Care have swiftly developed into one of our most trusted providers. Primarily because of the excellent clinical leadership and our confidence in their ability to provide care to our most complex individuals," and, "Excellent clinical and professional leadership, good communication between all parties – commissioner, the patient and their families."
- Quality assurance systems were in place to monitor the safety and quality of the service to drive improvements. The provider was in the process of transferring to a new electronic care planning system. The registered manager said, "We are offering bespoke personalised care. Our current [electronic] system not intuitive and the new system will be much better."
- A service improvement plan was in place to help support continuous improvement.