

K2 Care Limited

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Inspection report

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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

K2 Care Limited is a domiciliary care agency. It provides personal care to adults and children living in their own homes in the Peterborough and surrounding areas. 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. At the time of this inspection, 41 people received the regulated activity, personal care.

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

The provider had systems in place to check the quality of the service provided. However, these were not sufficiently robust and had not identified the shortfalls we found during this inspection in relation to medicine records, and investigations. People received support to receive their medicines as prescribed. However, records did not always give staff clear guidance on what medicines they should administer, or what medicines people had taken. Senior staff did not always carry out robust investigations or take prompt action to reduce the risk of incidents recurring. However, the provider had recognised they needed to improve their governance systems and were receptive to feedback and responded quickly to address the shortfalls we found.

Staff knew the people they cared for well and understood, and met, their needs. People were protected from avoidable harm by a staff team trained to recognise and report any concerns. Staff assessed and minimised any potential risks to people. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination.

The provider had systems in place to make sure they only employed staff once they had checked they were suitable to work with people who used the service. There were enough staff to meet people's needs safely. The registered manager reviewed staffing levels and people needs regularly. People received care from staff who were trained and well supported to meet people's assessed needs.

Staff supported people to have enough to eat and drink. They worked with external professionals, following their guidance, to support people to keep well.

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. People were involved in making decisions about their care and support.

Staff were respectful when they spoke with, and about, people. They supported people to develop their independence. Support was person-centred and met each person's specific needs. People and their relatives were involved in their, or their family member's, care reviews. The registered manager sought feedback from people about the quality of the service provided.

People's care plans provided staff with guidance on how to meet each person's needs. The service did not

provide specialist end of life care but would continue to care for people at the end of their life with support from external health professionals. The registered manager told us they were looking to further develop end of life and future wishes care plans to ensure people's wishes were known to staff. Staff worked in partnership with other professionals to ensure that people received care that met their needs.

Systems were in place to deal with any concerns or complaints. The registered manager told us they tried to address any concerns at an early stage, thereby resolving issues before they became complaints.

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

Rating at last inspection

The last rating for this service was Good (the last report was published 12 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 ●

K2 Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this announced inspection between 10 May and 11 June 2019.

Service and service type

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

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

Notice of inspection

We gave a short period notice of the inspection because we wanted to speak with people who use the service and staff, prior to visiting the service.

Inspection activity started on 10 May 2019 and ended on 12 June 2019. We visited the office location on 11 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 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. As not all people using the service spoke English, we used an interpreter to help us with this. We spoke with nine staff members including the registered manager, four care workers, two team leaders, the office manager and the service administrator. We received feedback via email from five external social care professionals. These included a social worker, a commissioner for the 0- 25years disability service, the local authority quality monitoring team, and the local authority safeguarding team.

We sampled a range of records. This included five people's care records and six people's medication records. We looked at three staff files in relation to staff training and supervision. A variety of records relating to the management of the service, including audits, investigations and meeting minutes.

After the inspection

The registered manager sent us additional information regarding medicines administration, end of life care and governance.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. 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. Regulations may or may not have been met.

Using medicines safely.

- People were satisfied with the way staff supported them to take their prescribed medicines and they said they received these at the right times. One person told us, "There are no problems. Staff always remember them (medicines)."
- Staff members told us that they were trained to administer people's medicines and that senior staff checked their competency regularly during 'spot checks'.
- Staff administered medicines to some people and reminded others to take them. People's care plans guided staff in the level of help each person needed to take their medicines. However, one person told us that staff sometimes helped them with to take their medicines from the container. This was not reflected in their care plan and put the person at risk of receiving the wrong medicine. The registered manager investigated this and told us they had updated the person's records, including their care plan.
- Whilst staff updated people's records to show that medicines had changed, they did not always record all the relevant information. For example, the dose to be given a person as guidance for staff, had not been recorded on the MAR. The registered manager investigated and found the person had been given their medicines as prescribed.
- One person was prescribed medicines to be taken 'when required'. Staff were aware of the triggers to administer the person's medicine. However, no guidance was in place for staff to follow regarding these triggers, the maximum dose they could administer in 24hour period, or how long to give the person the medicines requesting medical assistance.
- Senior staff audited medicines records to check medicines were given in line with the prescriber's instructions. However, they had not always identified shortfalls in the recording of people's medicines.
- Following our inspection, the registered manager told us they had taken immediate action to address the shortfalls we found. In addition, they said that all staff would receive refresher training in medicines administration, including record keeping procedures. Senior staff would also receive training in how to effectively audit the medicines records and escalate any concerns to them or senior managers. Senior managers would increase the number of medicines records and audits they sampled to ensure quality.

Learning lessons when things go wrong

- Concerns raised by an external care professional regarding staff practice had not been thoroughly investigated. Senior staff had convened a staff meeting with the team who provided care to the person to discuss and address the concerns. However, they had not taken independent statements from the relevant staff or carried out a robust investigation. In addition, although senior staff identified the need for some staff to have additional training to help prevent the situation recurring, staff did not receive this training until two

months later.

- The registered manager confirmed senior staff had not followed the provider's procedures. They told us they had reminded senior staff of their responsibilities in relation to investigations and retain oversight of this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff supporting them. One person said, "They are nice. I don't feel scared with them. I feel safe." A relative told us, "It's good because the carers have put my mind at rest."
- People and staff had information about how to keep people safe and how to contact the local authority if concerned. Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm.

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe. For example, to help people to move safely, and maintain the condition of their skin.
- Staff were trained and competent to use equipment to help meet people's needs effectively. A person told us, "I transfer everywhere using a [hoist]. They know how to use it."
- Staff carried out checks and ensured equipment was safe to use and had been well maintained. Emergency plans were in place. For example, to ensure people were appropriately supported in the event of a fire in their homes.
 - Staff stored people's personal information securely within the office.

Staffing and recruitment

- Staff were recruited safely to ensure they were suitable to work at the service. Staff confirmed they had to wait for the registered manager to receive checks, such as a criminal record check and employment references, before they started working with people.
- There were enough staff employed to meet people's care and support needs. People told us staff arrived on time and were reliable. Staff incorporated travel time into staff rotas to ensure people received care at the time, and for the duration, agreed with them.
- The registered manager told us they continually reviewed staffing capacity against people's needs, to ensure there was always enough staff to meet people's needs. Senior staff and office staff also provided care when needed.

Preventing and controlling infection

- Staff confirmed, that they had received training in the prevention of cross contamination and infection control. They told us they were supplied with enough single use protective equipment such as gloves and aprons.
- People confirmed that staff used appropriate personal protective equipment, such as disposable aprons and gloves, when they received care. One person told us staff, "Wear gloves all the time, and aprons. They wash their hands."

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 care was planned and managed in line with good practice guidance. People told us they received their needs were met. One person said the service they received was of a, "Very high quality. They are lovely people. They are always checking if there is anything different I need. The standard of work is good."
- People's care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet.
- The management team ensured that staff delivered up to date care in line with good practice and current guidance.

Staff support: induction, training, skills and experience

- People told us that they thought staff were well trained. One person said this was because, "When you ask any question they've always got an answer." Another person's relative told us staff, "Know what to do, they do everything [my family member] needs."
- Care workers were competent, knowledgeable and skilled to carry out their roles effectively.
- The provider's staff induction process for care workers reflected the Care Certificate. This training included a set of standards that social care and health workers must apply in their daily working life. It is the minimum standards that should be covered as part of their induction training as a new care worker.
- In addition to training, care workers also 'shadowed' more experienced care workers until a senior staff member assessed them as, and they felt competent to, provide care alone.

We asked staff what difference the training they received made to them. One staff member told us, "A lot. I didn't know anything. Especially about medicines ... What I've learnt I take forward with people. I worked with [an experienced staff member] at first. [They] showed me so much."

- Staff had received training in subjects such as moving and handling, safeguarding people from harm, and first aid.
- Most staff told us they felt well supported. "They are very good, any issues I come to the office or bring to a team meeting. They do take [what we say] on board... We all work as a team."

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

- Staff supported people to eat and drink enough. A relative told us their family member was, "A different person" because the staff supported their family to eat regularly and this had improved their general health and well-being.
- People's care plans provided guidance to staff if they required help with food and drink to stay healthy.

Staff work with other agencies to provide consistent, effective care; Supporting people to live healthier lives,

access healthcare services and support

- A relative said staff had managed the handover of their family member's care from another service "Really well" and that it had been, "Perfect."
- Staff had received training and had their competence assessed by external medical professionals to carry out specific tasks for individuals. For example, helping a person with a percutaneous endoscopic gastrostomy (PEG). This is a tube which is passed through a person's abdominal wall, into their stomach because they are not able to take food and or drink orally.
- Staff referred people to external health and social care professionals when needed. For example, staff noticed that a person often coughed when drinking fluids and requested a referral to the speech and language therapist who suggested they tried a thickening agent in their drinks.

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.

- People told us that staff always obtained their consent before providing care.
- Staff had an adequate understanding of the MCA and told us they encouraged people to make decisions for themselves and sought consent before providing care. A staff member explained how they used objects of reference to help explain to the person what they were going to do. They told us if the person refused they would respect their choice.

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.

At the last inspection this key question was rated as 'good'. At this inspection this key question remained the same. 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; equality and diversity

- People received care from a small team of staff who got to know them well. This helped ensure each person received continuity of care. A person told us the service was, "Good. I get a regular two or three carers which makes it a bit easier as they know what to do." A relative told us their family member, "Gets the same staff, it's important as [my family member has] got used to them."
- Staff were compassionate when providing care. A relative said, "[My family member] would say 'no' to personal care, but they are so patient they have got [my family member] having a shower and I couldn't even do that."
- People and relatives told us that staff went 'the extra mile' when providing care. One relative told us, "The main carer is very caring. If [my family member] runs out of something [the staff member] will buy it and give me the receipt. That's very nice of [them] to go out of [their] way for us."
- Staff told us they would be happy for a family member to be cared for by this service. One staff member said this was because, "We go above and beyond. [For example], A short notice call needs to be earlier, we will do our best to make sure they will get it." Another staff member said it was because, "The care is really good."
- The registered manager was proactive at adjusting people's care when their needs changed. A staff member told us, that a person's needs had changed after a fall and they no longer had enough time to meet the person's needs. They said it was, "Best we don't rush the client" and that the registered manager had advised the commissioner they needed more time to provide care.
- Senior staff worked hard to 'match' staff to the people they provided care for, particularly in relation to culture, language and gender. This meant staff were able to communicate with people in their preferred language and where appropriate, cook the food they preferred.

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

- People had choice about how they wanted things done and the staff respected their choice. People told us they felt staff listened to them and respected their choices. One person told us, "When they come in they ask me if I want a shower today."
- People told us that they liked that staff always told them if someone other than their regular staff would be providing care, although this didn't often happen.
- Where appropriate, staff involved relatives in decisions about people's care. One relative told us, "We're always having discussions about changing things with [my family member]. It's been really positive."
- The registered manager told us that if people were unable, or required support, to make decisions independently, they would arrange for them to use the local advocacy service to support this.

Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with respect and promoted their privacy and dignity when supporting them with personal care. One person said, "[Staff] always treat me with dignity and respect. They take that into consideration [and do things like] shutting the curtains." Another person commented that staff were always, "Very polite."
- Staff worked hard to achieve good outcomes for people, even when this was at the detriment to the service. The registered manager explained to us how some people wanted more control and flexibility over their care and to receive care from particular staff. Senior staff supported the people to employ some of the staff member's directly, rather than through the service. This meant the people had a greater level of control over their care. The registered manager told us the service, "Lost eight staff, but it was the right thing to do."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 and relatives told us staff supported people in a way that met their individual needs and preferences. A relative said, "Everything is they great. They go out of their way and go above and beyond for us."
- External care professionals made positive comments about the service provided. One care professional described the service and the registered manager as, "Responsive and person centred." Another care professional said staff provided care "in accordance with" people's care plans.
- People's care plans broke down each aspect of the care and support the person needed. This meant that staff had detailed, personalised guidance on how to meet each person's needs. An external care professional said, "There was very good detail throughout [people's] files. The 'schemes of work' gave clear instructions for the care workers to ensure they understood their role."
- Staff reviewed people's care plans and consulted people about them. One person said, "They sent someone round in first instance. Then sent me a copy [of my care plan]."

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 registered manager told us they provided information in other formats where this was required to support people to understand it. This included providing information in braille or using translation services to communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

- Systems were in place to deal with any concerns or complaints. The registered manager told us they tried to address any concerns at an early stage, thereby resolving issues before they became complaints.
- People knew how to complain, and most people told us they were very satisfied with the care they received and no reason to complain. However, one relative explained they were not happy with some staff members' conduct. The registered manager had investigated this and acted to prevent re-occurrence.

End of life care and support

- Staff had access to basic training in end of life care.
- The registered manager told us the service did not provide specialist end of life care but would continue to

care for people at the end of their life. This was with support from external health professionals, such as specialist nurses, following any guidance they put in place. This helped to ensure staff understood people's wishes and the care they needed and how to provide this.

- Some people's care plans contained basic information about their end of life wishes. The registered manager told us they were looking to further develop end of life and future wishes care plans to ensure people's wishes were known to staff.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had systems in place to check the quality of the service provided. However, these were not sufficiently robust and had not identified the shortfalls we found during this inspection in relation to medicine records and investigations.
- Although senior staff audited care records and medicine administration records, they had not identified shortfalls we found during this inspection.
- Records we held about the service, and looked at during our inspection, showed that the registered manager had not sent us all the required notifications. A notification is information about important events that the provider or registered manager is required by law to notify us about. However, the registered manager recognised this and notified us of recent events appropriately.
- At the start of our inspection the registered manager told us they were planning to further improve their governance arrangements. They were receptive to feedback throughout the inspection and responded quickly to address the shortfalls we found. This included retraining senior staff in the auditing process and the registered manager providing additional oversight and sampling. However, evidence of effective and sustained systems for oversight need to be demonstrated.

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

- Most people and relatives were very complimentary about the service. One person told us, "I'd recommend them to anyone. I'd give them 10/10."
- Staff were dedicated and liked working at the service. A staff member told us they had not worked for many years. They said, "I was scared initially, but I love it. The office people are really helpful. I didn't have the confidence, but I enjoy it now." Another staff member told us, "It's a lovely firm. I've never worked for such a compassionate, flexible and caring team of people."
- The registered manager said the service was led by people's needs and staff member's skill set. He told us, "I love my work. On a daily basis you are making a difference. Getting there on time so [a person can have their personal care], enabling them to have good lives."

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

characteristics

- People and their relatives knew how to contact senior staff and the registered manager.
- The registered manager asked people and their relatives to comment on the service provided. This was through telephone, face to face reviews and surveys. One person told us the feedback via, "Survey, and they come in and ask if I'm happy with the carers. I'm very happy with the service and my carers." The survey carried out in November 2018 showed very positive feedback.
- The management team supported the staff team, as well as the people they provided a service to. Staff said they could contact the registered manager and office staff for support. The registered provider told us, "If we don't support our staff, how can we expect them to support our clients?"
- Team meetings provided staff with an opportunity to feedback suggestions for improvements and to discuss a variety of issues, including any concerns about providing care effectively.

Working in partnership with others

- Staff worked in partnership with other professionals to ensure that people received joined-up care. These professionals included GPs, community nurses, and others involved in a person's care.
- An external social care professional told us, "K2 [staff] worked appropriately with social workers, OT (occupational therapists) and other professionals." Another professional said, "The team are helpful and approachable."