

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Kalcrest Care Ltd

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Date of Inspections: 16 April 2013
11 April 2013
10 April 2013

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2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	Kalcrest Care Limited
Registered Manager	Mr. Paul Whiteley
Overview of the service	Kalcrest Ltd is a home care provider offering personal care and support to people within their own homes and in their local community. The services provided include personal care, assistance with medication, cooking meals and daily activities. The agency is situated near the centre of Bradford.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Kalcrest Care Ltd had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Requirements relating to workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 April 2013, 11 April 2013 and 16 April 2013, talked with people who use the service and talked with staff. We were accompanied by a pharmacist.

What people told us and what we found

Our inspection on the 8 November 2012 found we had concerns that the assessments and work schedules and medicine records did not provide enough information to enable staff to deliver a consistent and safe approach to people's care. The provider wrote to us and told us they would take action to ensure they were compliant with these essential standards. We carried out this visit to check improvements had been made and as part of our scheduled annual inspection programme.

With their permission we telephoned five people who used the service and visited two people in their homes so they could tell us their experiences of the agency. All told us the agency was "very good" or they were "very happy", one person said it was "excellent and they could not wish for better carers". Two people said they had "never had any complaints" and another person explained if they raised any minor concerns they were always responded to.

One person told us they were "very very careful when they helped them with their medication".

We found the agency had made some improvements to their medication and care record systems and staff told us they felt better informed about peoples needs. We saw people had received the correct medication. However we found that there continued to be some gaps in the medication records and this had not been identified by the systems the service used to assess and monitor the quality of the service they provided.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 30 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs.

Reasons for our judgement

Our inspection on the 8 November 2012 found we had concerns care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. This was because the assessments and work schedules did not contain enough information to enable staff to deliver a consistent and safe approach to people's care. The provider wrote to us and told us they would take action to ensure they were compliant with these essential standards. They told us these actions would be completed by the end of February 2013. We carried out this inspection to see what improvements had been made.

We looked at two people's records, in their homes, and approximately five people's records in the agencies offices. We saw improvements had been made and all the records contained a support plan which clearly described the person's needs and the actions staff should take to support people and ensure their needs were met. We talked to one care co-ordinator and two team leaders in the office and two care staff in people's homes and all told us the new support plans had been introduced for most people using the service. The two care staff who were supporting people at home told us they had found the plans informative and helpful.

We saw from four people's care records that these contained a range of information including a copy of the social services assessment of their needs, daily notes which detailed the care provided and details of the health needs of the person. Duplicates were made, one copy was retained within each person's home and a second was held securely at the registered care provider's office.

We saw there were systems in place for staff to update the care plans and raise any concerns about a person's wellbeing. The registered manager and care co-ordinator told us they checked care documentation and that these were reviewed as needs changed or every six months.

With their permission we telephoned five people who used the service and visited two people in their homes so they could tell us their experiences of the agency. All told us the service was "very good" or they were "very happy", one person said it was "excellent and

they could not wish for better carers".

They said the care staff supported them fully and would "help out in any way they could" and they were "very polite" .

Another person told us the staff were very caring, respectful and they could not fault them. All said they had been visited by the service for one to three years and had no complaints. Two people said they had "never had any" and another person explained if they raised any minor concerns they were always responded to.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

The provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Our inspection on the 8 November 2012 found we had concerns the medicine records did not provide enough information to enable staff to administer medication safely. The provider wrote to us and told us they would take action to ensure they were compliant with these essential standards. They told us these actions would be completed by the end of February 2013.

We visited two people who used the service in their homes, at times when their care workers were with them. Both of these people showed us their medicines and care records. We found these were accurate and up to date.

At the inspection on the 8 November 2012 we found where people's medications were stored in and administered from a dosset box (This was a box with separate pots, which contained all the medication given at a specific time and day which was dispensed by the pharmacist). The instruction on the medication administration record sheet (MARs) was 'dossett box'. It did not list the medication in the dossett box or the time it should be administered. At this inspection we saw that a new medicine administration record was started each month for all medication and the care staff or normally their supervisor, wrote the medicine name and dose instructions on the new chart.

At the inspection on the 8 November 2012 we saw there was a lack of specific information for staff in people's care records to inform them about what help people needed to take their medicines. At this visit we spoke to the director, manager, co-ordinator and two supervisors and two support staff in people's homes. We looked at the agency's medicine policy and more care records. We saw the help people needed to take their medication was clearly described in their support plans. All the staff (including the two care staff we met in people's homes) described the different levels of support the agency offered with medication clearly and in the same way. Although we found staff were administering the correct medication the provider may find it useful to note, the staff found the new policy confusing and what they said differed from the information in the medicine policy that had recently been re-issued to all staff.

At our inspection on the 8 November we found the medication administration records (MARs) showed the person was prescribed aspirin but it did not state the dose, or the time it should be given or how often. During this inspection we looked at some people's

medicine records for February and March 2013. We saw that each medicine was listed on the chart. However we saw some of these systems had not embedded themselves fully. This meant that there was discrepancy with the records for example although we found staff had acted correctly and one person had been helped to take their medicine once and this was correct. The signatures on one person's chart said that a medicine had been taken twice a day for a period of time. We found wrong instructions on how to help another person take their medicines in their care plan. Also there was a further discrepancy which was caused by a break down of communication where a person was prescribed a medicine to thin their blood, and the dose of this tablet had been changed by the prescriber. However this information of the dose change was not available to staff for two days because the information had been put in the post box and they had to wait for the relative to visit to gain access.

Although we saw people had received the correct medication we found that there continued to be some gaps in the medication records and this had not been identified by the systems the service used to assess and monitor the quality of the service they provided.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Appropriate checks were undertaken before staff began work.

Reasons for our judgement

The care staff we spoke with confirmed the agency had carried out all the relevant checks prior to commencing employment and the recruitment process was thorough.

Appropriate checks were undertaken before staff began work. We reviewed four staff files we saw evidence of job applications, interview notes, enhanced Criminal Records Bureau (CRB) check, two written references, and proof of identify. The care manager told us they always obtained two references and carried out a full Criminal Records Bureau (CRB) disclosure on new care staff before they started work.

Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At our last inspection we found the service was not compliant with how they administered medication and people could not be confident they would receive appropriate and safe care. At this inspection we have found the people we talked to had received the correct medication and care but the systems in place to ensure the records reflected the medication and care were not effective. We talked to the registered manager who explained the service had increased the number of people it provided a service to. This had meant they were reviewing the systems they had in place to assess and monitor the quality of the service provided.

They told us they had previously looked at all of the care records and medication administration sheets when they came into the office to ensure staff were providing people with consistent and safe care. However, following the increase in the number of people who used the service they had found this difficult to sustain. We discussed the issues found with the medication and care records. The manager assured us that they told would develop a robust system with senior staff to resolve this.

We asked about how the provider reviewed the complaints and concerns to identify if there were any patterns and how they had responded to them. They told us although they were aware of all concerns they did not collate or formally review them. However they acknowledged with the increase in the number of people they provided care to this would be necessary in the future.

With their permission we telephoned five people who used the service and visited two people in their homes so they could tell us their experiences of the agency. All told us the service was "very good" or they were "very happy", one person said it was "excellent and they could not wish for better carers". Four people told us the agency had sought their views about the quality of the service provided.

Although people told us positive things about the service, we have found that the systems

in place were not robust enough to ensure the quality of the service and the safety of the people who used it. The registered manager had already identified that the increase in the people using the service had impacted on their ability to sustain the systems in place. As a result they assured us that they would work with senior staff to resolve this.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. Regulation 10 (1)(b).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 30 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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