

Kulan Care Ltd

# Kulan Care

## Inspection report

Unit 1  
228A Seven Sisters Road  
London  
N4 3NX

Date of inspection visit:  
16 November 2022

Date of publication:  
30 November 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Kulan care is a domiciliary care agency that provides care and support to people in their own home. At the time of our visit the service was providing personal care to two people.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of the service

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled people to achieve effective outcomes. Staff supported people to take medicines safely.

People's care was planned and risks to their safety and wellbeing were assessed. The agency reviewed these plans regularly, involving people in these reviews and asking for their opinions. They delivered good quality care which had led to improvements in people's health and well-being.

People and staff praised the manager of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the manager.

The staff team was committed to providing a high-quality service. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff encouraged people to be as independent as possible and respected people's privacy and dignity.

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.

Care plans contained information about each person's individual support needs and preferences in relation to their care and support. Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People confirmed the service did not miss any care calls and that staff were always on time.

People received care and support from a small group of staff, which provided consistency.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided. There was a positive culture throughout the service. Staff told us they enjoyed working at the service and felt valued.

More information is in the full report on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

At the last inspection we rated this service as Requires Improvement. The report was published on 26 November 2021.

#### Why we inspected

Our last inspection identified shortfalls related to the running of the service. The shortfalls we identified related to the lack of adequate assessment of risks to people's health and wellbeing and risks associated with delivering care. A further shortfall was that the agency had not completed mental capacity assessments to check whether people could make decisions about their care. At the last inspection, we found two breaches of legal requirements. We requested an action plan be sent to us to show us how the service was going to improve care. At this inspection we found improvements had been made in the areas of concern, and the breaches had been addressed.

We carried out a focused inspection of this service on 16 November 2022, this inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe, Effective and Well Led

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Kulan 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 team consisted of 1 inspector.

#### Service and service type

Kulan care is a domiciliary care agency. It provides personal 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

We carried out the inspection visit on 16 November 2022. The provider was given 48 hours' notice because the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

Inspection activity started on 10 November 2022 and ended on 17 November. We visited the location's office on 16 November 2022

#### What we did before the inspection.

Before our inspection, we reviewed the information we held about the service which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider

completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

#### During our inspection

We went to the service's office and spoke with the registered manager and 2 care staff. We looked at 2 care records and 3 staff records; we also looked at various documents relating to the management of the service. Before the inspection visit, we spoke to 2 relatives for the people who used the service.

# 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 requires improvement. At this inspection this key question has changed to good.

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- The risks to people's safety and wellbeing were assessed, monitored and managed. The provider assessed risks relating to people's health, nutritional needs, personal hygiene, medicines management, mobility, risk of falls. Assessments included plans to help keep people safe. The assessments and plans were regularly reviewed and updated.
- Relatives told us staff supported them in a safe way to reduce risks, for example, support to move safely around their homes. They also told us that their relatives only spoke Somali and that the agency was providing them with Somali speaking staff which made them feel safe.
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately

### Systems and processes to safeguard people from the risk of abuse

- People we spoke with, told us they felt safe using the service, A relative told us "She always feels 100% safe, we have no worries."
- The service had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.
- A member of staff told us "We know how important it is to make sure people are safe."

### Staffing and recruitment

- The service followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. People we spoke with confirmed that they had regular carers which gave them continuity in their care. People also recognised that some changes in staff were unavoidable due to sickness and holidays.
- Staff told us there were enough team members to provide the care visits required and they visited the same people on a regular basis and got to know them well.
- A relative told us "She always has the same staff, she loves consistency."

- People described the staff as reliable and confirmed that they stayed for the agreed length of the visit and only left earlier if asked to do so. Comments included "The carers are always on time and often stay longer," and "The staff are very friendly and helpful they always arrive on time and we have never had any missed calls."
- People told us they knew the staff well and had built good working relationships with them.

#### Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.

#### Preventing and controlling infection

- The service had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, masks, gloves and aprons. This helped to minimise the risk of infections spreading
- The service had systems to make sure staff undertook regular COVID-19 tests. They recorded information about these and took appropriate action following positive test results.

#### Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.



# 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 requires improvement. At this inspection this key question has changed to good. People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

At our last inspection the provider did not have the system to assess people's capacity to make decisions and that the best decisions process was always followed. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 them of their liberty. We checked whether the service was working within the principles of the MCA.

- The agency completed their own mental capacity assessments where appropriate to check whether people could make decisions about their care. Where people were unable to express views, the provider sought support from people's families and referring social care professionals.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- A staff member told us "We always ask and explain what we are doing."
- A relative told us "They always ask her about everything and do whatever she wants doing in terms of personal care."
- Staff confirmed that they had undertaken training in relation to the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An initial assessment of people's needs, likes and choices was carried out before they received a service to ensure the provider could meet them. One person told us, "They came out to see us and discussed all her care needs with us, we were involved in all aspects of her care plan."
- People's needs and choices were well reflected in their care plans in line with current standards. Care plans

were regularly reviewed to ensure that any changes were captured, and their care plans updated.

- People were positive about the care they received. A relative told us "They never rush and often stay longer as my relative takes a long time to eat, her carer is very good."
- The manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed
- People receiving care were matched with people who could speak their language to ensure effective communication

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well.
- Additional specialist training had also been undertaken by staff including oral care, diabetes awareness and working with people with challenging behaviour.
- A person commented "They are very well trained and professional, and understand my relatives needs perfectly."
- New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- Staff felt very well supported, and had regular supervisions. One staff member commented, "I get regular supervisions, and can go to the manager anytime."

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink.
- Not everyone received support with their meals, relatives managed their meals, or they had 'ready meals' that the care staff heated up.

Staff working with other agencies to provide consistent, effective, timely care

- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals.

Supporting people to live healthier lives, access healthcare services and support

- Where people received additional support from healthcare professionals this was recorded within their care records.
- Collaborative working with other agencies, such as GPs and district nurses, had ensured effective care and improved people's quality of life.
- A relative told us "They referred my relative to a dietician as she wasn't eating well."

# 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 requires improvement. At this inspection this key question has changed to good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The shortfalls in relation to risk and capacity assessments that we had found in our last inspection had now been addressed.
- Relatives expressed confidence that the service was well run. We received comments such as, "It is very well run, transparent and professional." And, "It is very good, we have had absolutely no problems."
- The registered manager and staff were clear about their roles and responsibilities and felt well supported. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised.
- Staff told us they felt well supported and praised the managers of the service one staff member told us "She is a good manager and always available to help us."
- Staff consistently described a positive, supportive and inclusive culture within the service.
- Results from audits, spot checks, telephone monitoring and surveys were used to improve the quality of care at the service.
- A feedback system was in place and formed part of the review process. This meant they were continually checking to ensure that people received the best possible care and support.
- The registered manager was aware of their responsibilities under the duty of candour and around notifying the CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager and staff were motivated to provide the best possible person-centred care and support for people.
- People and staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- Relatives and staff told us that they felt involved in changes and were provided with opportunities to give feedback and offer suggestions for improvements.

- Care plans included information about people's diverse needs and how these could be met. For example, supporting people with religious and communication needs.

#### Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- The number of missed calls were kept to a minimum by regular audits and an Electronic Call Monitoring system, everybody we spoke to told us they had not had any missed calls.
- There was evidence of learning from incidents. Investigations took place and appropriate changes took place and appropriate changes were implemented.
- Team meetings were used to share good practice ideas and problem solve.

#### Working in partnership with others

- The registered manager and staff worked closely with other professionals to promote positive outcomes for people. We saw examples of this in people's care plans and records.
- Staff gave us examples of working in partnership with a range of health and social care professionals.