

KT's Care Angels Ltd

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Inspection report

Carewatch (Brent)
10th Floor, Hyde House
The Hyde, Kinsbury
London
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30 October 2019

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

KT's Care Angels Ltd is a domiciliary care service that provides care and support to 132 people living in their own houses or flats in the community. 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 using this service and what we found

People's care plans were not person centred and were task focused. We have made a recommendation about person centred care planning.

We received some feedback about instances of staff lateness and timekeeping concerns. We have made a recommendation about monitoring staff deployment.

Medicines records lacked information in relation to topical creams used by people.

There were systems in place to assess and monitor the quality of the service provided. However, were not robust to identify that improvements were needed in relation to staff timekeeping, recording of topical creams and care plans not being person centred.

People told us they felt safe using the service. Where risks were identified, management plans were in place to manage these risks safely. Staff followed appropriate infection control practices. Accident and incidents were recorded and acted upon. Any lessons learnt were used as opportunities to improve the quality of service.

Assessments were carried out prior to people joining the service to ensure their needs could be met. Staff had the training, knowledge and experience to meet people's needs. People were supported to maintain good health and had access to a range of healthcare services when needed. People were supported with their food and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were procedures in place to respond to complaints. The provider had investigated and responded promptly to any concerns received.

The provider worked in partnership with healthcare services and professionals to plan and deliver an effective service.

Rating at last inspection

The last rating for this service was Good (published 28 April 2017).

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

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

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

KT's Care Angels Ltd

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 Care Act 2014.

Inspection team

This inspection was completed by an inspector and two Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

KT's Care Angels Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be in. Telephone interviews with people and relatives were conducted on 24 and 25 October 2019. We visited the office location on the 30 October 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. 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 14 people who used the service and 13 relatives to gain their views about the service. We spoke with four care workers, the registered manager and the franchisor's quality assurance manager.

We reviewed a range of records. This included five people's care plans, risk assessments and medicine records. We looked at five staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information and quality assurance records.

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. This meant 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.

Staffing and recruitment

- The majority of people told us their care workers turned up on time and there was consistency with their care workers. A person told us, "They come on time, I've never experienced any no-shows. I'm confident to complain if I have to." A relative told us "My [person] has really lovely, really consistent carers that care very well for [person]." However, we received some feedback about instances of lateness and timekeeping issues and care workers were in rush when they visited people.

- For example, a relative told us "It's a bit hit and miss; sometimes they're an hour late. When they're late means, [person] just stays in bed until they get here to wash them. The non-regular carers sometimes have not turned up at all; We've had a carer turn up at 06.30am, which is too early. They don't always let us know if they are running late."

- The provider had an electronic system in place to monitor staffing levels and timekeeping. We reviewed monitoring records for September 2019 which showed some instances of lateness and staff not staying the duration of their calls. Records did not provide any information as to the reasons why. For example, on the 5 September 2019, the planned call time for a person's visit was 8.15 – 9.00am. However, the actual time the call was attended was recorded as 09:18-10:05am. A planned call time for another person was 07:00-07:45am but the actual time the call was attended was recorded as 08:41-09:25am. On the 21 September 2019, records showed a visit was only attended by care workers for 19 minutes instead of the 30 minutes that was required. The records also showed some visits that had no log in or log out times recorded at all. Records did not provide any information as to the reasons why.

- We discussed with the registered manager issues around timekeeping and she told us they had taken action in response to this. For example, an analysis done for September 2019, showed the main reasons for missed calls was care workers failing to check their rota and lack of communication between the care worker and the office staff. An action plan was devised to address the issues.

We recommend the provider review their monitoring systems to ensure staff are effectively deployed.

- The registered manager told us they would review their monitoring systems to ensure lateness was also robustly managed. We will follow this up at the next inspection.

- Care workers told us they received details about their shifts on time and they had regular people they supported and cared for. A care worker told us "My clients are regular, and I have the same people I see every day." Another care worker told us "I have regular clients and get my rota on time."

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed

Using medicines safely

- Medicines were managed safely. Medicines administration records (MARs) showed people received their medicines as prescribed and feedback from people and relatives confirmed this. A person told us "All [medicines] given on time and in the appropriate manner." A relative told us "In the assessment we told them that they had to give liquid medication. All done appropriately."
- Care plans of three people showed they required support with the application of topical creams. However, details of the cream including how, when and where it should be/was applied to the person had not been included on the people's MAR sheets.
- We discussed this with the registered manager who responded immediately and provided a copy of the guidance in place for staff in relation to non prescribed medicines and a PRN medicines sheet which they will now use to record the support people required and received in relation to the application of topical creams. We will follow this up at the next inspection.
- Staff completed monthly medicines audits to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up. Measures were also put in place to avoid reoccurrence including refresher medicine training and reminders sent to care workers to ensure medicines records were completed accurately.
- Care workers completed training to administer medicines and their competency was checked. Care workers were aware of their responsibilities when administering medicines. A care worker told us, "I record it and always sign when administering medicines. Any issues I would report it to the manager".

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. A person told us, "Yes, I feel very safe. They're [care workers] friendly and take care of me very well; they know my needs." A relative told us "I never worry about [person], they are always in safe hands....I have complete trust in them".
- People were protected from the risk of abuse. There were safeguarding and whistleblowing policies in place and care workers had completed safeguarding adults training.
- Care workers were aware of the different types of abuse and reporting procedures to follow if they had any concerns of abuse. A care worker told us, "I would report it to the manager or supervisor, I would document it and report it. If any action is not taken, I would inform the Police, social services and the CQC."
- Where there were concerns of abuse, the registered manager had notified and worked with relevant healthcare professionals, including the local authority safeguarding team and CQC to ensure any concerns were acted upon. Records also showed safeguarding was monitored and analysed quarterly to identify any trends and areas of improvement if needed.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Risk assessments contained guidance for staff to ensure people were safe in areas such as bathing or showering, mobility, choking, moving and handling and finances. A person told us, "I only use a zimmer and stick. The carer makes sure I am safe when I go to the bathroom." A relative told us "They [care workers] use the hoists safely. There are no issues."
- Care workers understood where people required support to reduce the risk of avoidable harm. They told us, "When using the hoist, I always make sure there are two of us to do this. We make sure the hoist is working properly before we start and that there is enough room."

Preventing and controlling infection

- The service had an infection control policy in place. Care workers had received training and were aware of safe infection control practices. They told us they had access to gloves, aprons and other protective clothing which was kept securely in the office.
- People using the service and their relatives told us care workers always wore protective clothing when providing them with personal care. A person told us, "They wear gloves and aprons and those things over

your shoes."

Learning lessons when things go wrong

- The provider had an electronic system in place to record and respond to accidents and incidents in a timely manner. The system had triggers to ensure action was taken which included notification to relevant healthcare professionals and CQC.
- The system enabled accidents and incidents and complaints to be analysed for specific trends. Any lessons learnt were used to improve the quality of service which were relayed to care workers in staff meetings and training sessions to embed good practice.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the skills to carry out their roles effectively. A person told us, "[Care worker] knows exactly what they are supposed to do and what I need." A relative told us, "We're fortunate as its been the same carer and relationship for years. [Person] is happy. The carer is diligent, compassionate and understanding of [person's] needs. If there are any problems, then they alert me straightaway."
- Care workers spoke positively about working for the service and told us that they felt supported by their colleagues and management. One care worker told us, "If I need any help, I get the support when needed." Another care worker told us, "Anytime I need anything, they [management staff] are there for me as much as possible."
- Care workers had completed an induction programme based on the Care Certificate and shadowed experienced staff before they provided care and support to people. The Care Certificate is the benchmark that has been set for the induction standard for people working in care.
- Records showed care workers had completed training the provider considered mandatory in areas such as safeguarding, moving and handling, health and safety, medication, food hygiene and first aid. They spoke positively about the training they received. One care worker told us, "Yes we do get regular training and it does help me do my job." Another care worker told us, "Yes the training is helpful. We get to do so much of it, but it is good to be on top of things."
- Care workers competency was assessed by spot checks. This involved care workers being observed by a member of staff and assessing how care workers carried out their duties. Records showed that if there were any areas of improvement, this was followed up by the service.

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

- Assessments were carried out before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care. A relative told us, "The agency was introduced to us, there was an assessment to begin with."
- During the assessments, expected outcomes for people's care were identified and were used to develop people's care plans.

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. We checked whether the service was working within the principles of the MCA.

- The service worked within the requirements of the MCA. Where people had capacity, records showed the service obtained their consent about their care and support. A person told us, "They do ask for consent, but the carer I have knows what to do."
- Where people lacked capacity, records showed the best interest decision making process has been followed which included involving relatives, healthcare professionals and a power of attorney if needed.
- Care workers understood the principles of the MCA and told us they asked people's consent before providing care.

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

- People were supported to eat, and drink based on their individual preferences. People's care plans contained guidance on how to manage identified areas where they were at potential risk of poor nutrition and dehydration, and/or if they had swallowing difficulties.
- People and their relatives spoke positively about the support they received with their food and drink. A person told us, "They [care workers] make my breakfast (porridge and tea); they do ask me what I would like, but I like to eat the same thing every day." A relative told us, "They feed [person] and I tell the carer what to give them. Carer does the job well."

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

- People were supported to access healthcare services when required. Staff worked in partnership with other services, and health and social care professionals such as social workers and GPs to deliver effective and timely care.
- A person told us, "They tell me if I need to see a Doctor." A relative told us, "The carer informed about a toe infection; had they not told me, I wouldn't have known about it. Carer also mentioned about doing another assessment in relation to [person's] continence needs and ensure [person] has the appropriate aids they need."

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 has 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; respecting equality and diversity

- People and their relatives spoke positively about the care they received and told us care workers were kind and caring. A person told us, "They[care workers] are very good. They listen to me and they've become friends. They work hard to understand my needs." A relative told us, "[Person] is quite poorly.and bed ridden. The carers are absolutely amazing. I can't fault them, they're very kind."
- Feedback from people using the service and their relatives indicated positive caring relationships had developed between people and care workers. A person told us, "The carer does their job well, they are polite, willing, pleasant, and always has a smile." A relative told us "They definitely are caring. They talk with [person] and try to engage them. I feel that the carers actually really care (it's not just a job), and that it's important to them that they do a good job."
- People's cultural and religious beliefs were detailed in their care plans and accommodated for. A person told us, "I respect theirs and they respect mine. We have a nice friendship."
- Care workers had received equality and diversity training and had a good understanding of this. A care worker told us, "No matter what nationality or gender, you have to be unbiased and deal with people equally and always put the person first."

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

- Records showed people and their relatives were involved in decisions about their care. A person told us, "We get on well. Once per month someone from the office comes to see me." A relative told us, "There have been several assessments, the reviews are mini inspections."
- People received information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people could expect and the services provided.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their privacy and dignity was respected. A person told us "There is always dignity and respect. I have a walk-in shower with a curtain." Another person told us, "They respect my privacy." A relative told us, "Under the circumstances, they give the utmost privacy. They have to change [person] and is always treated with dignity."
- Care workers received privacy and dignity training. They were able to tell us how they maintained people's privacy and dignity, and ensure they were comfortable when providing people with personal care. A care worker told us, "I always make sure they are involved, I talk to them and say it's okay and encourage them. I explain to them exactly what I am doing and make them feel they are a part of everything we do."
- People were supported with their independence and encouraged to do as much as they could for

themselves. A person told us, "I have everything ready for the carer, we work as a team." Another person told us, "They help me, but they also try to maintain my independence." A relative told us, "They are polite, and they encourage choice and independence."

- Care workers understood the importance of promoting people's independence. One care worker told us, "I always encourage the little things that people can do and how they prefer to do it, some people do things themselves and we support them with that."

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 has now deteriorated to requires improvement. This meant people's needs were not always met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were not person-centred and were mainly task focused that lacked detailed guidance on how people should be supported appropriately.
- Care plans contained information about the tasks staff needed to do during each visit and lacked detailed guidance on how people should be supported safely in accordance to their specific needs. The language used was often a list of instructions. For example, 'Assist with a strip wash, apply E45 cream, change pad, dress for the day and assist to sit in my chair', 'Family member will leave some food for the service user, to give it' and 'Assist to use the commode if needed (empty commode and clean) change and discard dirty pads to ensure my skin is clean.'
- We also noted that in some care plans and risk assessments the term 'client' or 'service user' was used to refer to people and not their names.
- In one person's care plan, it stated 'Prepare the meal for the service user, leave some drink in accessible place' and 'The service user prefers to eat kosher food.' There was no further information in relation to how the person was to be supported with this.
- This person also needed support with their catheter and had bed rails in place, however the care plan did not have a bed rails risk assessment. A catheter risk assessment was in place however, did not clearly reflect whether any risks had been identified. There was generic guidance in relation to catheter and bed rails, but it was not specific to the person's needs.
- In another person's care plan, it stated 'Carers to make sure they arrive at the agreed time and support service user to reduce risk of diabetes complications.' There was generic guidance in relation to diabetes in the care plan but no diabetes guidance specific to the person's needs and risks for staff to provide support appropriately and safely.

We recommend the provider seeks advice from a reputable source on care planning documentation which would reflect personalised and person-centred care.

- The provider responded immediately after the inspection. They confirmed they will take action including providing training on person centred care planning. The registered manager also sent us an exemplar person centred care plan which will be used to update people's care plans. We will follow this up at our next inspection.

End of life care and support

- No one at the service currently received end of life care. The registered manager told us, where required they would work with people, family members and other healthcare professionals to ensure people's end of

life wishes were identified and place measures in place to ensure they were met.

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.

- People's care plans contained information which showed how they communicated and how staff should communicate with them.
- The registered manager told us they were able to tailor information in accordance to people's needs and in different formats if needed.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints. Records showed complaints had been investigated and responded to promptly by the service manager. We noted written communications to people and their relatives showed the provider provided apologies and reassurances that action was being taken including measures to minimise the risk of reoccurrence.
- A person told us, "There was one carer that was not reliable, so I complained. I've got lovely girls now. All brilliant." A relative told us, "I would call the agency. I've had to complain about lateness and it was dealt with."
- Records showed complaints and concerns raised were reviewed quarterly to identify particular trends and used as an opportunity for learning and improving the service. For example, as a result of analysis conducted for July – September 2019, measures were put in place to ensure staff accurately completed care visit logs and any issues or changes made to people' care were promptly communicated and reported by 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.

- A compliance monitoring audit tool and continuous development plan was in place which covered aspects of the service including complaints, safeguarding, care records, medicines and staffing. However, audits were not robust as they had not identified the issues found during this inspection in relation to staff timekeeping, recording of topical creams and care plans not being person centred. Therefore, were ineffective.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, the registered manager sent us information which showed the actions they have taken and intend to take to address these issues. We will follow this up at our next inspection.

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

- There was a registered manager in post who knew of their responsibility with regard to the Health and Social Care Act 2014 work and had notified the CQC of any significant events at the service.
- People and relatives spoke positively about the registered manager and office staff. A person told us "I know the Manager. They're all very good. The Manager visits us as well." A relative told us "I can't stress how amazing they are; all staff are reliable and help us greatly."
- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider obtained feedback from people and relatives about the service via surveys. Feedback from surveys were analysed to ensure they improved the service where needed. A person told us, "I can talk to the lady that does the monthly assessment about anything."
- The service promoted an inclusive and open culture. Management staff recognised care workers contributions on the way the service was delivered. Staff meetings were held to discuss the management of

the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. Care workers told us, "We have staff meetings to make sure we are updated on any new developments. You can speak up and if you have any concerns you can say."

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure there were effective systems and processes in place to assess, monitor and improve the quality and safety of the service.