

KV Care Limited

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Inspection report

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06 August 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

KV Care Ltd is a domiciliary care provider providing support to adults with a variety of needs including mental health, learning disability and dementia. 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 our inspection the service was supporting five people who received personal care.

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

People felt safe with KV Care. They told us that the staff were security conscious and we found that they had a good understanding of how to protect people from abuse. Staff were recruited safely, and value-based recruitment ensured care was delivered in a person-centred way. Support plans gave instruction on how to manage risk and avoid harm.

The providers carried out an assessment of a person's needs before they were supported by KV Care, and provided the initial support to build a comprehensive understanding of how the person wanted their support to be delivered. The service worked with other agencies to meet people's health care needs and staff were vigilant to any changes in health.

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 told us they were treated with respect by kind and caring staff. One person told us, "There is a personal touch. They get to know me and find the quirks, so care and support is all about me and how I like things done." Each person was provided with a short 'profile' of each member of staff who supported them so that they knew a little about the person who would enter their home to provide support.

Care plans were well thought out and provided enough detail to instruct staff on how to meet need. They included short- and long-term goals and were written in a way that people could understand them. People told us that they knew how to complain but had not had reason to do so.

The service was well led by two providers, one of whom was the registered manager and the other nominated individual. Both were highly involved in the day to day running of service. They had built an open and welcoming service where people felt happy with the quality of their support. There was excellent communication with people and relatives on a regular basis, and people felt that they could influence how their care was delivered. Staff felt supported and that their hard work was rewarded. They were proud of the care they delivered.

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

Rating at last inspection

This service was registered with us on 06/08/2018 and this is the first inspection.

Why we inspected

This was the first planned inspection of this service.

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?

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

the service was well-led.

Details are in well-led findings below.

KV Care Limited

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 carried out by one inspector.

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.

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Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We inspected the service on 6 August 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 this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including care workers, the registered manager, and co-director. The co-director was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe. One person said, "They make me feel safe and always take care with me. They are very careful with the key safe, and check windows, and remind me to check the doors are locked when they leave. They make everything secure." A relative commented, "My life has changed and my [relative's] life has changed for the better. I know she is in safe hands, I can relax".
- Staff told us how they had identified abusive situations and followed the correct procedures to inform the local authority of potential abuse.
- The service had a 24 hour on call service and told people they could contact the office if they felt insecure, using a 'safe' word to alert staff that they were at risk.

Assessing risk, safety monitoring and management

- The service completed risk assessments to identify any potential hazards such as moving and handling, the physical environment or taking medicines.
- Support plans gave instruction to staff on how to manage risk and included control and support measures to minimise harm.
- Assessments were person-centred. Where people had chosen to take their own risks, support plans included their choice and capacity to make their own decisions.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us that they were generally supported by the same staff, which meant they received consistent care and support.
- People told us staff generally came on time, but that they received a call to let them know if they were going to be late.
- Appropriate character and employment checks were carried out when the service considered new staff. This included reference and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Staff were trained to support people with their medicines and their competency was checked annually and during spot checks.
- People's independence to manage their own medicines was promoted if it was safe to do so. Where people needed support from care staff, risk assessments relating to medicines were carried out.
- Where people required assistance with medicines this was noted in their support plans.
- When staff administered medicines, they recorded this on a medicine administration record (MAR). We looked at three MAR sheets and saw that they were completed clearly and legibly.

Preventing and controlling infection

- Care staff had completed infection control training and were issued with personal protective equipment (PPE) such as disposable gloves and aprons. Spot checks were conducted by senior staff who noted the correct use of PPE.

Learning lessons when things go wrong

- As a new service the providers had been keen to attract people to the service and had accepted new people without always having sufficient information about their needs. To ensure that they could meet needs they had reviewed the referral and assessment process.
- Any accidents were logged and investigated. The registered manager took appropriate actions following incidents and learning was shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The providers carried out an assessment of a person's needs before they were supported by KV Care. Including a joint visit with professionals involved in their care to develop an understanding of their needs.
- They would then provide the initial support to build a comprehensive understanding of how the person wanted their needs to be met and introduce the person to their support staff.

Staff support: induction, training, skills and experience

- Staff had sufficient knowledge and understanding of person-centred care provision. All new staff undertook a thorough induction and were offered appropriate training to carry out their role. Where people had specific needs, such as oral mouth suction, training was provided.
- Each member of staff had a professional development plan, with an overview of their strengths, development needs and goals.
- The registered manager recognised that training was an essential part of ensuring effective service provision and sought opportunities to develop the staff. They told us that they 'cast the net wide' to commission appropriate training, such as hydration and nutrition, or eating disorders, in order to ensure staff understood people's specific needs and issues.
- We saw that the providers worked alongside care workers, and conducted spot checks to observe care worker practice. Staff had supervision and the registered manager was producing a schedule to ensure that formal supervision was provided on a regular basis.

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

- Care staff monitored people's food and drink where this was needed.
- Support plans provide instruction around people's likes and dislikes, nutrition and hydration. For example, one support plan read, 'I have build-up shakes that I should be drinking regularly so carers will need to remind me of this (I don't like strawberry ones).'

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

- The service worked closely with other providers when care was being transferred. One person told us, "The transition was smooth. They listened to my old carers and took time to get to know me. They introduced me to new staff."
- The service worked with other agencies to meet people's health care needs. Records showed referrals were made to various agencies where there this was needed. This included referrals to general practitioners (GPs), occupational therapists and the commissioning team of the relevant local authority.
- Staff told us they communicated effectively with one another, and with the office. A relative told us, "They

leave notes for us and for each other, communication is excellent."

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

- Staff were vigilant to people's mental and physical health and monitored their health needs. When a person's needs changed support plans were reviewed and altered accordingly.
- People said that staff were supportive when they were not well. One person told us, "When I was poorly they arranged for the doctor to come out, and they came back later to check that he'd been."

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.

- The service was working within the principles of the MCA. Mental capacity assessments had been carried out along with best interest decision meetings. Where someone held power of attorney for a person, the service had checked and made a record of this.
- Consent to care and treatment was recorded and signed in support plans by the person.
- Staff understood the importance of enabling people to consent to the care provided and to be able to make choices over that care. People told us their consent was sought. One person said, "They always offer choice. They know what they need to do but I always have the final say."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with respect by kind and caring staff. One person told us, "They support me emotionally too. They are good at gauging my mood. They talk to me as they are working and when they know I am upset they sit and talk to me, sometimes they cry with me. But we can have a laugh, sometimes we take the mickey out of each other, there is banter and a good rapport."
- Support was person centred. A person told us, "There is a personal touch. They get to know me and find the quirks, so care and support is all about me and how I like things done."
- Care staff talked fondly of the people they supported and demonstrated a good understanding of how to adapt their approach to ensure support was provided in a person-centred way. They had developed trust and mutual caring relationships.
- Staff had received training in equality and diversity and were sensitive to people's background, cultural and religious requirements.

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

- People were empowered to make choices and have as much control and independence as possible. They were fully involved in developing support plans. Where people wanted their relatives to be have a say they were consulted and involved.
- Staff supported people to make decisions about their care and knew when people wanted help and support.
- Where needed they sought external professional help to support decision making for people, such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- Each member of staff had a one-page profile, with their picture and details of their background and interests. A copy was given to people before a new care worker was introduced to them so that they knew a little bit about the person who would deliver their support.
- People were supported to focus on their independence in all areas of their lives. One person said, "They are really good at helping me to keep my independence: they provide structure and help me plan for when they aren't here and encourage me to do things for myself."
- People were treated with dignity and respect. They told us that care staff respected their needs for privacy. For example, one person told us that staff would run them a bath and wait outside the door to allow them to soak.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. One person told us the care staff, "Cut my sandwiches into four,' cos that's the way I like it!"
- The providers started all new care packages to ensure information was relevant, support was responsive, and it was delivered in a person-centred way.
- Support plans were well written, well thought out and detailed. They gave a clear picture of the person, their presenting needs and how they liked their support to be delivered. They included short and long term aims to assist people to maintain their independence and reach their goals, for example, a short-term goal included maintaining independence with medicines and a long-term goal to avoid the need for 24-hour care and support.
- People's care and support was reviewed every six months, and, but where a change in need was identified reviews were brought forward.

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 understood their responsibilities to meet the Accessible Information Standard and told us that they ensured people were provided with information in a format they could understand. This included producing support plans and rotas in large print.
- Care plans indicated people's communication needs and how to overcome any difficulties.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which gave timescales for how long it should take to address a complaint, and details of who to contact if they remained dissatisfied with the service. However, they had not received any formal complaints.
- People told us they knew how to complain. One person said, "Any grievance they know straight away and will fix it, but I have no need to complain."
- During our inspection the service was reviewing the complaints policy to consider capturing people's 'grumbles' in order to use informal concerns to drive up quality.

End of life care and support

- People's wishes for support at the end of their lives were respected. Where their needs had been discussed this was recorded in their support plans.

- Staff showed a good understanding of how to support people and their relatives and were aware of good practice and guidance in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they found the service to be open and inclusive. A relative remarked, "What is really good is the contact: they keep me informed of everything. They see me and my [relative] as part of the team."
- A support worker told us, "I love it, we get really fantastic support. The managers really care for people, that includes us." Staff felt well supported and their work was rewarded, for example, at team meetings small gifts were given, and thank you messages recorded for specific qualities people brought to the team.
- The service was led by a management partnership consisting of a registered manager and a co-director who had both worked in care previously and were committed to providing high-quality person-centred care. They had recruited and retained staff who shared that vision. Staff morale was high, and support workers told us they were proud of their achievements.
- All the people we spoke with praised the leadership and the culture of the service. One support worker told us, "It's a good company to work for, they care for people and put them first. I really enjoy my work; any problems I'll ring and know they will always get back to me."
- During our inspection staff reflected a friendly, open and honest culture and the people we spoke with told us they believed they received an excellent service. One family member told us, "[This service] is brilliant, top dollar! It has been absolutely fantastic, there have been no problems whatsoever as all the staff have been so understanding."

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 registered manager was aware of their regulatory requirements. For example, they were knowledgeable about what events they were required to notify the Care Quality Commission about and records confirmed they had done so as appropriate.
- The service had a registered manager in place and there were clear lines of accountability.
- Staff were aware of their individual responsibilities and who they reported to.

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

- People were encouraged to keep in regular contact with office staff to report any concerns they might have. They were asked to comment on the service they received during spot checks. A relative told us "The managers are hands on, so we have regular contact. They wouldn't let the [staff] do something they

wouldn't do themselves. Another remarked, "I have very good contact with managers, they are always on call and they provide care and visit."

- The service completed annual surveys with all the people who used the service. We saw that there had been a good response to the most recent survey, which showed a high level of satisfaction. Comments included, "I have made a few steps in growing in confidence. I'd like to say thank you," and "The service has transformed my life. Helped tremendously. Brilliant."
- Staff told us that they were involved in discussions about issues in service provision during monthly team meetings. Minutes demonstrated that staff were encouraged to raise issues and participated fully. Staff told us they found team meetings useful.
- The providers had set up systems to review, audit and analyse data and other records to ensure that quality standards were high.
- The service subscribed to a number of care publications and received email alerts to ensure they kept abreast of any changes in legislation and informed about best practice in care delivery.

Working in partnership with others

- The service worked closely with social workers, health care professionals and commissioners, informing them of any changes in people's needs.
- They liaised with other service providers and attended local care forums.