

Karosel Care and Domestic Services Ltd

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Inspection report

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Tel: 01444819063

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Karosel Care is a domiciliary care agency which provides support for adults in the community, including those living with dementia, who require assistance with personal care. At the time of the inspection, nine people used the service supported by six care staff and a registered manager.

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

Systems were not in place to analyse accidents and incidents. This meant that processes to learn from themes and trends and to mitigate further risk were not robustly implemented. This was an area that required improvement. Staff were receiving support from the manager and received training appropriate to the care and support they were providing. The provider was not following their own policy for staff supervision and appraisal this was an area for improvement. . We did not identify any negative impact for people from this lack of governance. The service was led by a registered manager who everyone described as approachable and exceptionally caring. The culture of the service was open and inclusive.

People were happy with the care they received and felt safe with the staff that were supporting them. The service was safe. Systems were in place to protect people from the risk of abuse and improper treatment and staff knew how to identify potential harm and report concerns. People received their medicines safely from staff who were trained to administer these. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively. Care records included assessment of risk and staff knew how to reduce the risk of potential harm. People received support from a consistent team who knew them well. There were sufficient numbers of staff to ensure people did not feel rushed and people received their support on time.

People were supported to have maximum control over 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.

Positive and caring relationships had been developed between staff and people who used the service. People were treated with kindness and compassion and staff were friendly and respectful. People benefitted from having support from staff who had a good understanding of their individual needs.

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

Why we inspected

This service was registered with us on 2 August 2018 and this is the first inspection since registration. We found evidence that the provider needs to make improvements. Please see the well led section of this full report. We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe	Good ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was not always well led	Requires Improvement ●

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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

The inspection was undertaken by one inspector.

Service and service type

Karosel care is a domiciliary care agency. It provides care and support to people living in their own homes. People using the service received support with personal care including washing, dressing and food preparation. The Care Quality Commission does not regulate premises used for domiciliary care; this inspection looked at people's care and support. The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 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.

What we did before the inspection

Before our inspection we looked at all the information we held about the service. This included any concerns, investigations or feedback. We also checked the statutory notifications the service is required to send to us by law and we looked at the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements

they plan to make. This information helps support our inspections. We used this information to plan the inspection.

During the inspection

We spoke with five members of staff including the registered manager. We reviewed a range of records. This included four people's care records and medication records. We looked at three 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.

After the inspection

We continued to seek feedback about the service from people who use the service, and their relatives.

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 were protected from abuse. Staff had completed safeguarding training and knew what action to take if they suspected abuse had occurred.
- Systems and processes were in place to protect people from the risk of harm. Staff were aware of safeguarding procedures and how to report a concern. One staff said, "I would report my concerns straight away to the manager, it's my job to keep people safe and that's what I would do if I thought something wasn't right", another said, "If I had any concerns I would raise them straight to the office as I know I would get a quick response at any time, and someone is always on call to clarify things".
- People told us that they felt safe. One person said, "It gives me peace of mind to know that the girls are coming and when they are here with me I do feel safe". A relative told us about their loved one, "They are very safe, I trust all the staff and have met most of them "

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. Staff had a flexible approach to risk management and people were supported to take positive risks in order to maintain their independence, such as helping to prepare their meal.
- Risk assessments provided sufficient details, so staff could support people safely. For example, a community access risk assessment for a person with reduced eyesight, highlighted the need for the person to always have their white stick with them and provide support with steps and getting in and out of the car.
- Staff assessed people's health and well-being needs and identified any associated risks. One staff told us, "Risk assessments are very clear, I get involved in updating and giving feedback which helps to keep them up to date and people safe".

Staffing and recruitment

- There were safe systems and processes in place for recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were enough staff to meet people's needs consistently and keep people safe. People received 1-1 support from a core team of staff who knew them well, agency staff were not used. Staff told us that they worked flexibly, one said, "We have enough time to spend quality time with people" and a relative said "They spend time chatting and never seem to be in a rush to get away".

Using medicines safely

- People received their medicines safely. Some people required staff to prompt them to take their medicines and some needed staff to administer them. Staff had received training in administration of

medicines and only those staff who were assessed as competent were able to administer medicine.

- Systems and processes were in place to identify omissions and errors and appropriate action taken. For example, staff had recognised a pharmacy error and had taken appropriate measures to ensure the person's safety and well-being and had reported the error appropriately.
- Medication audits were completed monthly. These were reviewed and analysed to ensure appropriate action was taken to safeguard people and to mitigate potential risks. They also identified areas where practice could be improved, for example, recently the person's GP name and contact details had been added to individual medicine administration records (MAR) to ensure this information was quickly available in case of emergency.

Preventing and controlling infection

- Staff understood how to prevent and control risks of infection. They had received training in infection control. They used appropriate personal protective equipment and had access to suitable facilities to help prevent the spread of infection

Learning lessons when things go wrong

- The registered manager was transparent when things went wrong and took learning from incidents. They told us when things went wrong they spoke as a team to reflect on why the issue may have occurred and what measures could be implemented to prevent it happening again. A recent outcome from a lessons learnt exercise led to updating the key symbols used to record medicine administration and ensuring the information held within the on call folder was always up to date.

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 as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported and had access to the registered manager whenever they requested it. They said that the registered manager was visibly active within the service and on hand for advice and feedback on their performance and areas for development. Staff said the registered manager always showed an interest in their own-wellbeing and they felt supported and valued because of this.
- New staff received an induction in line with the care certificate. The care certificate is a nationally recognised set of standards which provides staff new to care with the expected level of knowledge to be able to do their job well. Staff told us that they had received a good induction, which included information about the company's values and expectations of their role. One said, "During my induction I shadowed the registered manager, this gave me the opportunity to get to know people, take notes and observe practice".
- Staff had opportunities to learn skills to enable them to support people's assessed needs. Staff told us that they had good access to training and that they were able to request training to meet people's specific needs such as dementia. One staff said, "The training is good, learning and development is encouraged, I have been offered the level 3 diploma in care which I am considering doing as I am here for the long term, it's a great place to work".

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

- People were assessed before they started to receive support from the service to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process.
- People were involved in their care planning and their individual choices and needs were assessed and known by regular staff who knew them well. Care plans provided staff with appropriate detailed information to enable them to support people in line with their preferences.

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

- People received appropriate support to ensure their nutritional requirements were met. People required varying levels of support to ensure they maintained a balanced diet and support plans identified specific needs. This included support with menu planning, shopping and preparing food.
- One person told us, "The girl has just left, she made me a cracking lunch, a few rashers and some egg, it was lovely." A relative told us that their loved one had a poor appetite and staff were really good at encouraging them to eat and making food appetising.
- Staff were knowledgeable about people's nutritional needs and preferences. People were supported to retain as much independence as possible with meal preparation and were involved in planning and

shopping for food. Staff were knowledgeable about the importance of maintaining a good fluid intake. They knew which people needed support to remain hydrated and how to recognise the signs of dehydration and the appropriate action to take.

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 the health care services they needed. Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. Support plans showed that people had access to routine and specialist health care appointments and professionals, including GP and hospital consultants. One person was currently being assessed by an occupational therapist for specialist equipment to support their change in mobility needs.
- Staff could assist people with their healthcare appointments if needed. Records were kept about health appointments people had attended and staff ensured that guidance provided by health care professionals was implemented. For example, one person's care records showed that staff were working with health care professionals to rule out any underlying medical reason for the change in the person behaviour before a change in medication was considered.

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 are living in their own homes, they can still be deprived of their liberty, but an application needs to be made to the Court of Protections (CoP).

- We checked whether the service was working within the principles of the MCA
- The service was upholding the principles of the MCA. Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had capacity to make decisions and to ensure people were supported in the least restrictive way.
- Staff described when and how decisions would be made in people's best interests. They were aware of which people were able to provide consent and the circumstances that may cause people to have fluctuating consent.
- Staff told us that they always sought their permission before providing care and support. This was confirmed by a relative who said, "Staff are always respectful and ask before they provide any support or assistance".

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 as 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 were treated with kindness by caring and dedicated staff. Staff showed a compassionate approach towards people and worked well together as a team. People and their relatives praised staff and described them as "fabulous" and "they are excellent, lovely girls and very caring".
- Relatives told us the reliability of the service and the care provided had made a difference in their lives too. One relative said, "The staff are so reliable, always have been". Another said, "I am so glad we found them, we've been so lucky, they were recommended to us, they are great".
- People were supported by staff who understood their needs and were committed to delivering kind and compassionate care. People said staff were caring and kind to them. A person said, "I know when they are coming, and they are usually on time, nothing is too much trouble". People told us that they did not feel rushed and that staff had time to talk with them.
- People's differences were acknowledged and respected. Staff told us it was important to respect people's choices and feelings, one staff said, "Everyone we support is different, you get to know people, their individual personalities and traits". One staff told us about the life history of a person and how they enjoyed hearing stories from their earlier life. They said "That's how you really get to know the personality of a person, I really enjoy spending time with them and I really hope that I make a positive difference to their lives".

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

- People and relatives were involved in, and contributed to, the development of their plan of care. Staff encouraged people to make decision about the level of support they wanted. One staff said, "We offer and encourage choice at every opportunity, for example when choosing what to wear and what meals a person would like". This enabled people to maintain some control and independence in their lives.
- The registered manager completed regular checks to ensure staff were delivering care and support in accordance to people's choices

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Staff told us they fully understood that they were working with in people's own homes and were mindful to respect people's wishes and preferences. People said staff were respectful of their dignity whilst supporting their care needs.
- Staff treated people as individuals and knew them well. Independence was promoted and maintained as much as possible, whenever possible. Staff told us that people wanted to stay living in their own homes and they make sure they encourage them to be as independent as possible within the support they provide. One said, "We don't just take over, we make sure people keep doing the bits they can, and we just add a little

more help to make things easier and more comfortable for them".

- People said staff respected their views and were kind and caring towards them. A relative said, "They are very respectful, and they always ask before they support any care."

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 as 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

- People received personalised care and support that promoted their physical and mental wellbeing and enhanced their quality of life. Care records contained key information about the person including their preferences and interests. Information was detailed, up to date and provided clear guidance for staff.
- Relatives told us that staff knew their loved ones really well, and one said, "They have a really good understanding of my relatives' need, (relative name) has dementia and the staff are so good with her." Another said, "The staff are always so upbeat, (relative name) is not good with communication but the staff make her laugh and smile."
- People were involved in the planning and review of their care. Support plans were detailed, and person-centred enabling staff to support people in a personalised way. These were reviewed regularly to ensure they were up to date and reflected any changes in people's needs or preferences.
- People had a one page profile in place, which enabled staff to have an overview of what was important to the person. Staff told us they knew people well and had a good understanding of their personal histories, interests and preferences.

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 communication needs were identified, recorded and highlighted in support plans. These needs were shared appropriately with others. Staff recorded any communication needs people had such as speech, hearing or sight impairments.
 - We were told that information was available to people in large print if they needed it and although no one currently needed written information in an alternative language or format the registered manager understood the requirement to make this available if the need arises in the future.
 - Staff were aware of the individual needs of people to support their communication. One person's care plan required staff to clean the person's glasses every day with lens wipes and another outlined the person's favourite words. A new medication recording sheet had been designed for one person with room for a large tick when they had taken their medicines and another person had a magnifying glass to read smaller print.

Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place. The complaints policy was given to people when they began using the service. There was a process for responding to complaints and concerns. This ensured

concerns were responded to in an open, honest and timely way.

- Staff and the management team treated people with compassion and encouraged people to speak about any matters that maybe of concern to them. People said they were confident to make a complaint about the quality of care and support they received.
- Relatives said they felt comfortable to raise any concerns with the registered manager, although all said it was rare that they felt the need to do this. One said, "I have absolutely no problem talking to the manager and, on the odd occasion I have raised a small concern, she has taken immediate action".

End of life care and support

- At the time of the inspection no one required end of life care.
- The registered manager had planned end of life training for staff when they are supporting a person with this need.
- The registered manager understood which health and social care professionals to contact and who would need to be involved to support people who were living with a life limiting illness

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 as 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; Continuous learning and improving care

- Systems and processes for assessing and monitoring the quality of the service provided, were not always effective. Accidents and injuries were not robustly audited. Staff recorded accidents and injuries in people's care records, but processes were not in place to analyse these or consider possible trends and themes. This meant that opportunities to learn from accidents and implement measures to mitigate a reoccurrence were not routinely followed. This was an area that required improvement and we spoke to the registered manager about this
- Staff told us that that they did not receive 1-1 supervision in line with the providers policy, and this was confirmed by the registered manager. This meant that the provider had not ensured a process for assessing staff's learning, areas for development or if further additional training or support was required. The registered manager told us that this was an area they planned to improve.
- Statutory notifications about accidents incidents and safeguarding concerns were being reported appropriately to CQC and the local authority.
- The service had clear lines of organisation and staff were clear about their roles and responsibilities. The registered manager was known to people, their relatives and staff. One staff member told us, "The company is very good to work for and the manager makes you feel valued".

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

- People received holistic person-centred care. The registered manager had embedded a values-based culture which was inclusive and reached out to people they supported along with family and friends. The registered manager told us how they had supported a family during recent and difficult circumstances.
- Staff were happy working at the service and were committed to providing high-quality care and support. One staff member told us, "A good thing about here is the management are always contactable, communication is fantastic, and I feel listened to and supported. My ideas, views and thoughts are always listened to, I feel valued".
- People and their families told us that they were involved in the planning of their care which meant they felt valued and "that my relative matters to them". We were told that communication was excellent, "It doesn't matter what time it is, I can always get hold of someone." and that the registered manager, "Always goes above and beyond, she goes out of her way to ensure my relative is well cared for and happy".

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

- The registered manager promoted transparency and honesty. A relative told us, "Communication is good, we are kept up to date. I trust the manager 100% to be honest with us. A relative told us, "The manager is very approachable, she is always upbeat and genuinely caring and honest person".
- People provided positive feedback regarding the quality of care they received. People told us staff were caring and looked after them well. Comments included "the manager is lovely" and "you can talk to her about anything."
- Staff spoke highly of the registered manager. We observed a pleasant and friendly atmosphere among the staff and management team. The registered manager had an open-door policy. Staff confirmed they always felt able to speak to any of the management team. Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission.
- When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff had received training about equity and diversity and understood their responsibilities to uphold peoples human rights. The registered manager gave us examples of how people had been supported with their equality and diversity needs.
- Satisfaction surveys were sent out to stakeholders and there was a process for analysing, sharing and acting upon feedback. Feedback from the most recent 2019 survey included, "Staff are extremely friendly and helpful", and "the company are very flexible with my care needs," another said, "you do a great job, I have no complaints".
- The service worked in partnership with other agencies. These included healthcare services as well as local community resources. We saw that one person had been supported to contact their GP to seek information about their prescribed medicines and another person was being supported to seek additional equipment to aid their independence.
- Records showed that staff had contacted a range of health care professionals. This enabled people's needs to be understood so they received the appropriate support to meet their continued needs.