

KT's Care Angels Ltd

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Inspection report

Carewatch (Brent)
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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

This inspection took place on the 14 March 2017 and was announced. This was the first inspection since the service was registered in October 2015. KT's Care Angels Ltd is a medium sized domiciliary care agency providing care and reablement to older people in their own homes. The service forms part of the Carewatch Franchise Association. The majority of the people using the service had been commissioned from Ealing and Brent local authorities. At the time of our inspection 110 people were receiving a personal care service.

The service had a registered manager who had been in post since the service registered in 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was identified and prompt, appropriate action was taken to ensure people's well-being was protected. People had a copy of their care plan in their home.

People experienced positive outcomes as a result of the service they received and gave us good feedback about their care and support.

People were safe. Staff understood how to recognise the signs and symptoms of potential abuse and told us they would report any concerns they may have to their manager. Assessments were undertaken to assess any risks to the people using the service and the staff supporting them. This included environmental risks and any risks due to people's health and support needs. The risk assessments we viewed included information about action to be taken to minimise these risks.

Staff were motivated and proud to work for the service; as a result staff turnover was kept to a minimum ensuring that continuity of care was in place for most people who used the service. Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

The service followed safe recruitment practices and carried out appropriate checks before staff started supporting people. There were sufficient numbers of staff to safely meet people's needs.

The registered manager was passionate about her role and demonstrated leadership and a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. We saw that regular visits

and phone calls had been made by the office staff to people using the service and their relatives in order to obtain feedback about the staff and the care provided.

Care staff received regular supervision and support from their managers. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Care staff placed a high value on their supervision and support. The service had recently appointed a training manager to ensure a robust program of mandatory training was in place.

People were supported to eat and drink, and supported people to take their medicines when required and liaised with their GP and other healthcare professionals as required to meet people's needs.

The service had a complaints policy. People who used the service and their relatives told us they knew how to make a complaint if needed.

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.

People were protected from harm. Risks to the health, safety or well-being of people were understood and addressed in their care plans.

Staff had the knowledge and skills to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

People who were unable to manage their own medicines were supported to take them by staff that had been trained to administer medicines safely

Is the service effective?

Good ●

The service was effective. The service ensured that people received effective care that met their needs and wishes.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Staff were aware of the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring. Managers and staff were committed to a strong person centred culture.

People who used the service valued the relationships they had with staff and were satisfied with the care they received.

People felt staff always treated them with kindness and respect

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs and their interests and preferences in order to provide a person centred service.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

Is the service well-led?

The service was well-led

The registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

There was strong emphasis on continual improvement and best practice which benefited people using the service and staff. There were robust systems to assure quality and identify any potential improvements to the service.

Good 

KT's Care Angels Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of KT's Care Angels Ltd took place on 14 March 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

The inspection team consisted of one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service, including 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. We also reviewed information we received. This included notifications of incidents that the provider had sent us and how they had been managed.

During our inspection we went to the service's office and spoke with the registered manager, a care coordinator, the training manager and the care manager. We looked at five care records and four staff records; we also looked at various records relating to the management of the service. After the inspection visit we spoke to 11 people using the service and two relatives. We also spoke to 13 care staff.

Is the service safe?

Our findings

People told us they felt safe and could speak with care staff if they had any concerns. Comments included, "Yes I do feel safe. I usually get the same lady and she's very good" and "Yes I feel safe, very lovely I have no complaint, she comes three times a week, a marvellous lady."

A safeguarding policy was available and care staff were required to read this and complete safeguarding training as part of their induction. Training records showed that staff had recent safeguarding training. The care manager and registered manager had good knowledge of the signs of abuse and how to refer on to the local authority safeguarding team. We noted that there had been no safeguarding concerns during the past twelve months. Care staff we spoke to were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

Care staff were able to explain how they would keep people safe in their homes through practical means such as closing windows or doors to secure properties and using key codes to keep keys secure. Care staff also gave examples of people getting additional equipment to keep people safe such as hoists and frames. One person using the service told us, "Well I was falling all over the place, so they got me a frame."

Recruitment checks were completed to ensure care staff were safe to support people. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of identification.

Records and discussions with care staff evidenced that care staff had been trained in the administration of medicines and their competency assessed. Staff supported to prompt and administer medicines to people using the service, and we were told by managers and care staff that this was recorded on Medication Administration Records (MAR) sheets. We looked at MAR sheets that had been returned to the office from people's homes and saw that there were no gaps and entries had been signed by care staff and audited by managers. The care staff that we spoke to all said that they were confident administering medicines and knew what they were giving and why it was needed. Care staff described talking to people as they were supporting with medicines and saying what each tablet was for as they supported a person to take it. One of the care staff told us, "I have to write in the medication sheet and check if its proper medication I'm giving, and check the date of the month."

Risk assessments were in place in the all care files. Where risks were identified there was a management plan in place. In one risk assessment where a risk management plan was not clear the care manager was able to show how the risk was being managed and how this was reflected in the care plan.

We spoke with people with regard to staff. Most stated they had had the same carers for a lengthy period of time. They stated staff were rarely late and were very complimentary about their respective care workers. One person told us, "This lady comes she is my friend now," and another commented, "My carer that comes in over the week, she's exceptionally good. We're more like friends than client carer. And the ones on the weekend are good too."

There were sufficient numbers of care staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and we saw that the number of care staff supporting a person was increased if required. The registered manager told us she was "constantly recruiting" so that there was always staff available to take on new care packages as required. If care staff were going to be late or were unwell they would call in to the office so that the person using the service could be informed. There was a robust system in place for reviewing missed calls using an automated signing in system which recorded when care staff arrived at care visits and when they left. The data from this system showed that in last quarter there had been eight missed calls to people using the service, this included where care staff were sick, or a person had cancelled the visit. We saw that on each occasion the service user was given an apology and disciplinary action was taken against the staff member concerned.

Is the service effective?

Our findings

People's preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process. The care plans had been reviewed regularly and a record of daily events was in place so that staff were aware of any up to date issues or concerns. The agency sought advice from a range of external professionals and supported people to make and attend relevant appointments. This helped to ensure people's health care needs were being consistently met. We saw in care files that people had been asked how they wished their care to be delivered and in each case had signed to this effect.

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.

The registered manager explained the provider did not currently work with any person who lacked capacity and subsequently placed themselves at risk. Care staff we spoke with understood the importance of gaining consent from people for them to provide care and support. Staff told us that the MCA was discussed as part of their induction and that additional training had been provided. Care staff told us, "I ask what you want to eat or wear and I give it to them" and "I put their choice first; I just discuss with them, chat with them and see what they like and don't like. If not then I have to discuss with my office and ask to discuss with their family."

Care staff received a suitable induction in line with the Care Certificate when they started working at the service. This included essential mandatory training, shadowing other staff and time to get to know people who used the service. There was a training plan in place to make sure that staff had the skills they needed to carry out their roles effectively. The service had recently appointed a dedicated training manager and had their own training room. The training manager told us that training was reviewed and updated regularly. Systems were in place to test the capability and knowledge base of individual staff members. This helped to determine where additional support was needed. Certificates of training were held on staff personnel files. We saw that after each training session staff was assessed to ensure their understanding of the training provided. Training records in staff files showed us that mandatory areas such as moving and handling, medicine management, dementia and health and safety were repeated annually. There were also opportunities to attend specialist training to further staff development and knowledge. For example staff who worked on the reablement service had received specialist training from the local Clinical Commissioning Group. Most staff had also achieved a recognised qualification in care. Staff spoken with confirmed they had completed a range of learning modules since they started working and gave some good examples of training they had undertaken. Staff told us, "They give you training before you can start work and they also give you shadowing" and "Basically you go over the training you had from beginning like

safeguarding, that could be like every three months or it could be more than that."

Care staff received regular supervision from their line manager. Staff told us these processes gave them an opportunity to discuss any difficulties they might have with their clients, their performance and identify any further training they required.

Where required there was information in people's support plans about people's needs in relation to eating and drinking. For example, where people needed a special diet or had particular preferences. Care staff told us they supported people at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. Staff were clear about the importance of adequate fluids and nutrition. Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate.

The service supported people to meet their health needs, and staff told us that if they noticed people's health had deteriorated, they would refer this to their line manager who would assist them to contact their GP or other healthcare professionals as necessary. Staff told us they would also contact the person's representatives when required. There was evidence in care support files we read which confirmed the provider was pro-active in referring to associated health and social care professionals and that staff sometimes accompanied people to their healthcare appointments.

Is the service caring?

Our findings

People who used the service were positive about the attitude and approach of the staff who visited them. Comments included, "We're house bound; every care is taken, very gentle" and "Oh very caring; she always asks first thing in the morning how are you? And have I had enough sleep?"

Everyone we spoke with said they thought they were treated with respect and had their dignity maintained. In discussion the care manager said they expected staff to treat people who used the service with dignity and respect. Staff we spoke with were very clear that treating people well was a fundamental expectation of the service. Comments from care staff included, "I give them all the respect. I know I have to because first of all you have to respect people", "Dignity is the most important thing" and "We should always listen to people and their choices."

Another care worker told us, "I am defiantly a person centre person; we have to treat each individual with respect letting them keep their dignity putting them first. They have to be allowed to be involved in that you definitely have to put them first otherwise they wouldn't want you there."

The care coordinator told us how she endeavoured to keep the same care staff with people for prolonged periods, by using a permanent rota and the same group of staff for people. People who used the service confirmed that they usually had their needs met by a small group of staff and that they knew who was going to be visiting them. Staff told us that they usually had a consistent round so they were supporting the same people. Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Comments from people and relatives included, "She doesn't wander about the house or anything like that; she always asks if it's okay" and "His privacy is very cared for, we're treated with every respect."

People using the service and relatives told us they had been involved in the care planning process and had a copy of their care plan in their home. One person told us, "I'm involved in a way I explain what I want done, and I tell them what I want they'll do it. They came and assessed me and we worked it out, and I can do things so much more now than I could in the beginning. But what I get from them is enough at the moment."

We saw that regular visits and phone calls had been made by the management team to people using the service and/or their relatives in order to obtain feedback about the staff and the quality of care provided. A relative told us, "They came to the house and they wanted to find out how I'm coping with them."

Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and it was provided in a safe, effective and dignified way.

When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We saw examples of this during this inspection. We also saw examples where the service had provided extra hours for people following changes in needs, pending authorisation from the local authority. We also saw how one person had become more independent and mobile following a period of reablement.

Discussions with the care manager and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the involvement of community health professionals where needed.

The registered manager told us how a recent audit had identified an issue with the detail recorded in peoples 'visit report sheets.' She told us this was due to some carers' "linguistic skills." The service has now introduced a program of training to ensure all staff are trained in literacy and numeracy as part of their mandatory training. The registered manager told us she was also in the process of improving the format for the daily records. This would ensure that records would be more person centred and detailed.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care records we looked at contained assessments of people's individual needs and preferences. There were up-to-date and detailed care plans in place arising from these, showing all the tasks that were involved. Additional forms such as medicine charts and financial transaction sheets were also available.

We found that the service responded positively to people's views about their own care package, or the service as a whole. One staff member described how following a care review with one person, changes were made immediately to the person's care plan. People who used the service were able to contact the office staff at any time.

The service also responded positively to requests for culturally appropriate care. At the time of our inspection we saw that the agency employed care workers who spoke a variety of languages in order to facilitate effective communication. There was also a system in place for allocating staff whereby preference of the person was recorded on rota system, so if someone did not get on with a particular carer or has requested male or female, the system was able to flag this up.

We found that feedback was encouraged and people we spoke with described the managers as open and transparent. Some people we spoke with confirmed that they were asked what they thought about their service and were asked to express their opinions. They told us, "I've had that, they phoned me up from the office and see how I was getting on", "A field-care supervisor came" and "I've filled in feedback surveys twice."

The service had a complaints policy and this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman.

People who used the service and their relatives told us they knew how to make a complaint if needed. Comments included, "When there is any problems they sort it out" and "I would probably go back to the council and Carewatch. Fortunately I haven't had to complain so far."

Is the service well-led?

Our findings

People who used the service and staff we spoke with praised the registered manager and said she was approachable and visible. It was clear from our discussions that she was highly motivated and passionate about her role. A senior member of staff told us, "She is very hardworking, compassionate and driven; she will always guide you if you are struggling."

The registered manager told us, "I want to provide a service that is caring and effective, a service that is sensitive to people's needs" and "We must tailor the service to suit the needs of our service users no matter what it costs."

Care staff told us they received regular support and advice from their managers via phone calls, and face to face meetings. They felt that a manager was always available if they had any concerns. Comments included, "The manager is helpful", "Agency is perfect" and "The new care manager is supportive and nice."

We noted that many of the care staff had worked in the agency for many years. The registered manager told us that she used a number of initiatives to retain staff, these included Christmas presents, a carer of the month award and a recent increase in pay. She told us, "We are flexible and supportive to staff, we listen to them." One staff member told us, "I like the job and I'm quite happy with all my patients because they're very good with me and with the company I've not had a problem. To be honest I don't give them any worry because no one of my patients has complained." Other comments included, "It's good to work with the people who are in need" and "I love to provide the care and happy to do that job."

Staff told us that they were supported to apply for promotion and were given additional training or job shadowing opportunities when required. A senior member of staff told us, "I was encouraged and supported to go for promotion."

There were robust systems in place to monitor the service which ensured that it was delivered as planned. The agency used an Electronic Call Monitoring (ECM) system which would alert the management team if a care worker had not arrived at a person's home at the scheduled time.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook regular unannounced spot checks and 'field observations' and also did telephone monitoring to review the quality of the service provided. Spot checks included observing the standard of care provided and visiting people to obtain their feedback. The process also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes.

Care staff told us that senior staff frequently came to observe them at a person's home, to ensure they provided care in line with people's needs and to an appropriate standard. A staff member told us, "I have the right regular checks and I have the correct uniform."

The agency also obtained the views of people in the form of questionnaires. The latest questionnaires were recently sent to people and the service was in the process of collecting the responses.

The care manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions, appraisals and staff meetings. The care manager told us that recruiting staff with the right values helped ensure people received a good service. He also told us that he was planning a place to run an apprentice scheme for health and social care students, as "this will really help to drive up standards."

The registered manager was committed to continuous learning for herself and for her staff. She had ensured her own knowledge was kept up to date and was passionate about providing a quality service to people. She told us that she had recently become an accredited assessor for the QCF program, and was also involved in a number of rehabilitation pilot projects with the local authority.

The registered manager also kept herself updated with new initiatives and guidance by attending regular 'provider forums' in the local authority and received regular supervision and support from The Carewatch Franchise Association.