

Kentish Homecare Agency Limited

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Inspection report

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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 09 and 10 August 2017 and was announced as we wanted to ensure the registered manager was available. At the last comprehensive inspection on 05 July 2016 we found some improvements were needed to the way medicines were managed and the system to monitor the quality of the service provided. The service was rated Requires Improvement overall.

Kentish Homecare Agency Limited provides personal care and support for people with a range of support needs in their own homes in the London Borough of Bromley. On the day of our inspection there were 80 people using the service. There was an established Registered Manager in post who had registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was a qualified nurse and was directly involved in the day to day running of the service.

At this inspection we found improvements had been made to the way medicines were managed and to the effectiveness of the quality monitoring system. There were robust systems in place to ensure people received their medicines when they should and audits to track and identify any issues. Audits monitored the quality and safety of the service.

There were systems to ensure learning from any complaints, incidents or other issues were identified and shared with all staff through electronic communication newsletters and meetings. Call monitoring systems tracked that people received their care when they should and spot checks and supervision visits were completed with care workers in the field to monitor the quality of the care provided.

People and their relatives told us they felt safe using the service. Risks to people were identified and assessed and guidance on how to reduce risks was available to care workers. There were plans to deal with any emergencies. There were enough staff to meet people's needs; who had been recruited safely. People usually had a small group of regular care workers who were familiar with their needs. People told us they were asked for their consent before care was provided and there were arrangements to comply with the Mental Capacity Act 2005. People's nutritional needs were met and supported where this was a planned part of their care.

People and their relatives told us staff were kind and caring and there were examples of staff providing extra support on occasions to help people. People were involved in their care and said they were consistently treated with dignity and respect.

Care plans were personalised to meet people's individual needs and contained guidance for staff. There was a complaints process that people could access and people's views about the service were frequently sought and any issues identified were acted on.

The registered manager had a strong commitment to the training, support and development of the staff. New staff received an induction and period of shadowing. Staff training and supervision was fully up to date and staff told us they were encouraged to undertake further training for their own development. People's care plans were personalised and provided staff with guidance on how to meet their care and support needs.

Office staff and care workers told us the registered manager was very approachable, they enjoyed their work and that they worked well together as a team. Some staff had worked for the service for several years.

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 told us they felt safe using the service.

Medicines were safely managed.

Risks to people were identified and plans were in place to reduce the likelihood of them occurring.

There were enough staff to meet people's needs and there were safe recruitment practices in place.

Is the service effective?

Good 

The service was effective.

Staff told us they received a range of training and support to safely meet people's needs and this was up to date. Additional training was also encouraged.

People told us care workers asked their consent before they provided care. Staff understood their responsibilities under the Mental Capacity Act 2005.

People were supported to have enough to eat and drink where this was part of their support plan. The service worked effectively with health professionals where this was appropriate.

Is the service caring?

Good 

The service was caring.

People and their relatives told us they were involved in making decisions about their care and support. They said they were asked for their views about any changes to the care provided.

People and their relatives spoke positively about the care and support provided. Some people had used the service for a number of years and told us the staff were consistently caring and kind. People said they were treated with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

People had a written plan for their care and support. They told us these were reviewed and reflected people's needs and preferences. The plans were personalised to reflect people's individual needs.

People and their relatives told us that the care workers were able to meet their needs and respected their preferences.

The complaints process was explained in the service user guide and we saw complaints were responded to in line with this process. At the time of the inspection there were no outstanding complaints.

Is the service well-led?

Good 

The service was well led.

There were effective systems to monitor the quality and safety of the service. Learning from any audits was shared with staff.

People and their relatives were complimentary about all the service and the registered manager. They were regularly consulted for their views about the service.

Staff told us they felt the service was well organised and well run by the registered manager who was approachable and supportive.

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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 took place on 9 and 10 August 2017 and was announced. We told the provider before our visit that we would be coming because we needed to be sure that the registered manager would be there when we inspected.

The inspection team consisted of a single inspector who visited the office on the first day and visited five people using the service on the second day to understand their views of the care provided.

Before our inspection we reviewed the information we held about the service which included any enquiries and the Provider Information Return (PIR). This 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 sent questionnaires to people who used the service, their relatives where appropriate and staff. We received replies from 15 people, five relatives and six staff members. We asked the local authority commissioners and the safeguarding team for their views of the service. We used this information as part of our planning for the inspection.

During our inspection we spoke with five people that used the service. At the office we spoke with the registered manager, the deputy manager and three office staff. We also spoke with three care workers. We looked at eight support plans and six staff files as well as records related to the running of the service such as the staff guide and policies and procedures and daily records. Following the inspection we spoke with a further five people or their relatives by telephone to gain their views about the service and two further care workers.

Is the service safe?

Our findings

At our last inspection of the service in July 2016 we had found medicine administration arrangements were not always clearly documented and this required improvement. At this inspection we found improvements had been made and medicines were safely managed. People told us they received their medicines when prescribed. One person told us, "They are very good about my medicines, they never forget and they give me a drink and make sure I haven't dropped them." A relative commented; "I cannot fault them there, very reliable."

We saw medication assessment checklists were in place to identify any possible risks and to confirm the medicines administration arrangements for people using the service, such as whether staff supported them to take their medicines and if they had any medicines allergies. We looked at medicine administration records (MAR) and saw these had been completed accurately. They were returned to the office on a regular basis to be checked for any issues or concerns.

Staff received regular medicines training, a competency assessment and spot checks that included a check on their competence to administer medicines safely. Changes in people's medicines were promptly acted on. We saw where there had been a change in someone's medicines the previous day that a new MAR record had been placed in that person's records at their home and staff had recorded that they had administered the medicines as required. There was guidance for staff on the use of as required medicines and the manager told us they were in the process of obtaining further guidance from the GP where possible. There was a detailed updated medicines policy with guidance across a full range of medicines issues for staff to refer to. The registered manager was a qualified nurse and had a copy of the NICE guidelines (2017) Managing Medicines for adults receiving social care in the community to use as a reference point for best practice.

People and their relatives told us they felt safe from abuse, neglect or discrimination. One person said, "Nothing to be concerned about there." Another person told us; "I have complete trust in my carers." A relative said, "Absolutely, without a doubt, we trust them entirely and we have used them for many years." Feedback from the surveys we had sent to people and their relatives as well as the feedback we received from home visits and phone calls was consistently positive about the safety of the service.

There were arrangements in place to protect people who used the service. Staff understood the signs of abuse or neglect and their role in relation to safeguarding adults; they were aware of the whistleblowing policy and where they could go if they felt their concerns were not being addressed. The registered manager was the safeguarding lead for the service and they were aware of their responsibilities and knew how to raise a safeguarding alert if needed; they had raised a safeguarding alert in respect of someone's care appropriately. One safeguarding alert had been raised in respect of the care provided since the last inspection and this had been unsubstantiated.

People told us that staff knew them well and were fully aware of any individual risks. A relative said, "They know [my family member's] conditions and the associated risks. It's all carefully monitored and in the care

plan." Possible risks to people were identified, assessed and action taken to reduce the likelihood of them occurring. These included individual health risks to people who used the service such as manual handling risk assessments to ensure people were safely supported to mobilise or environmental risk assessments to ensure that any hazards were identified such as fire risk and plans in place to reduce risk. Care plans included written guidance on the actions to be taken to minimise the chance of harm occurring; for example guidance to reduce the risk of skin integrity breakdown or how to safely transfer someone from their bed to a chair using lifting equipment or identifying who would carry out regular checks on smoke detectors. The registered manager told us they had referred to the fire safety office where required to minimise risk to people. Accident and incident records showed a low level of incidents reported over the last year.

The office had a call monitoring system in place to monitor the support calls being made and to reduce the risk of late or missed calls. We checked the call monitoring system and saw that people had received their care and support within the expected time frame. Any changes to people's needs or plans were communicated to the staff securely by text and email to ensure they had up to date information.

There were systems to manage emergencies. Staff had received first aid and fire safety training and knew what to do if there was a fire or medical emergency. People and relatives we spoke with confirmed that staff had responded appropriately and promptly to emergency situations where these had occurred. There was a business continuity plan to provide staff with relevant information to cover a range of emergencies. Staff were aware of the lone workers policy to make sure they kept themselves safe as well as the people they supported. Staff had an ID badge and uniform so it was clear that they worked for the service. Staff told us there was an on call system for advice and that there was always someone available if they needed support. One staff member told us, "The on call system works really well, the phone is always answered quickly."

People told us there were sufficient numbers of staff to meet their needs. Most people and their relatives some of whom who had used the service for many years told us it was reliable and that the care workers stayed for the full length of time. One person said, "They are usually on time, sometimes the traffic delays them or an emergency but they let me know." A second person commented, "They are always on time. It's never an issue with them being late." A relative told us, "It's absolutely reliable and if they are going to be more than a few minutes late they will ring and let me know." One person told us that their regular carer workers were on time but the other care workers may run later on some occasions. Staff told us there were enough of them to provide care to people and that they had sufficient time to carry out their work.

The provider had a recruitment system that required recruitment checks to be carried out to reduce the risks of employing unsuitable staff. These included identity checks, up to date criminal records checks, satisfactory references from previous employers, a completed job application form and proof of their eligibility to work in the UK, where applicable.

Is the service effective?

Our findings

People told us they thought care workers were well trained and competent in their work. One person said, "They know what they are doing and they get courses and are trained on the job. The new ones come out with the more experienced workers." Another person commented, "They know how to look after me."

Care workers told us they received plenty of training to meet people's needs and were encouraged to undertake additional training for their development. One staff member told us; "You get really good training here and you are encouraged to do it. Mine is all up to date." Training records showed staff received regular training on a range of areas to meet people's needs. This included for example, manual handling, infection control, food hygiene, fire safety and safeguarding vulnerable adults. Role specific training was also provided to meet people's assessed needs such as dementia or specialist feeding techniques. This ensured staff had the necessary skills to be able to offer appropriate support to meet a range of different needs.

Induction training was provided for new staff to help them learn about their roles and the needs of the people they supported. The induction followed the Care Certificate, a nationally recognised training programme for health and social care workers. There was a specific service induction to familiarise new staff with policies and processes at the service. There was also a period of shadowing with an experienced member of staff before new staff would be permitted to work on their own. New care workers confirmed they had benefitted from this induction. One care worker confirmed, "It really helped me learn about the job."

Care workers told us they felt well supported in their roles, and that they received supervision and an annual appraisal which we confirmed from records. Care workers told us that informal support was always readily available if they needed it and that they would discuss issues on the phone with senior staff or call into the office.

People's rights in respect of any decision making were respected. People and their relatives told us that staff asked their permission before they supported them. Care workers were aware of the importance of gaining consent to the support they offered people and gave examples to demonstrate how they did this; for example by offering choices and using gestures when people could not communicate easily.

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 so that they can receive care and treatment when this is in their best interests and legally authorised. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had been made to the Court of Protection as required and were being met.

Care workers had received training on the Mental Capacity Act 2005 (MCA) which protects people who may

be unable to make specific decisions about their care. They discussed the ways they supported people to make their own choices and decisions and manage their lives as far as possible. They understood that people's capacity to make some decisions could vary. They told us that if the person could not make a particular decision then they might wait a while and ask again or they could consider what was in the person's 'best interests'. This meant they asked relatives or representatives close to the person as well as other professionals, where relevant, for their views. Care workers told us most people currently using the service had the capacity to make any specific decisions in relation to the day to day support provided by the service.

People were supported to receive enough to eat and drink where this was part of their assessed needs for support. Staff told us they encouraged the people they supported to be as independent as possible with their eating and drinking. Care workers were aware of people's food preferences and any allergies or risks in relation to eating. Care plans included the details of people's nutritional requirements and any preferences they had about their food or any specific dietary requirements. Guidance from health professionals such as speech and language therapists was included in people's care records and care plans so that care workers were aware of their recommendations and the risks to avoid or reduce.

People were supported to access health professionals. Relatives told us that care workers were quick to contact them with any concerns or changes to their family member's health so that referral could be made to the appropriate professional such as the GP or District nurse. One relative said, "They are very good at alerting me to any changes and know [my family member] so well they can spot even the slightest change or indication of any infection." Care workers told us they knew when people had appointments and calls were planned to ensure they could get to them on time. Referrals to health care professionals, such as the occupational therapist, were made in discussion with people where needed and where appropriate their families.

Is the service caring?

Our findings

People and their relatives told us care workers were kind and caring and that they had a small number of regular care workers who provided support to them and were familiar with their needs. This helped to familiarise people with their care workers and for the care workers to understand people's changing need and preferences. One person told us, "They are very good. I have three regular carers and have complete trust in them." One person told us, "The [care workers] are really kind, polite and they have a sense of humour which is nice." A relative commented, "The main care workers are a dream team. But all of them care, they don't just do the job, they go above and beyond." Two relatives told us they thought the care workers "Don't just see it as a job. They treat my [family member] as if they were their own."

People had developed positive relationships with their regular care workers some of whom had supported them over a long period. However, three people said they would like to be introduced to any new care workers, which, was not always the case. We discussed this with the registered manager who said they did try to do this where ever possible and tried to ensure new care workers visited with the experienced care workers first. Unfortunately this was not always possible particularly when the change was unplanned due to staff illness for example.

Care workers were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. Attention was paid to people's individual needs, likes and dislikes and what was important to them. For example we saw that support with regard to people's pets was addressed where required and guidance provided for staff. The service had recently started some excellence awards for staff that had provided additional care or support to people. For example we saw that one care worker had supported someone in their move to a residential home and visited them following their move until they had settled. They had also ensured their pet was looked after until a new home was found. Other care workers had visited a person who was in hospital and helped them to shave and feel more dignified and comfortable.

People were involved in making decisions about their care for example about their routine or where they wanted to go if this was relevant. People were provided with information about the service in the form of a guide. People and their relatives told us they were consulted about their care and support needs. One person said, "They are not at all bossy. I am in charge and tell them what to do." A relative said, "They always talk through things and explain what they are doing first."

People's privacy and dignity was respected. One person said, "No one has ever been off hand or rude. They are mindful of my privacy." A relative told us, "Oh yes [my family members] privacy is respected fully." Care plans recorded people's preferences in respect of areas of personal care. Care workers explained how they maintained people's dignity and privacy while they were with them for example, by ensuring curtains were drawn when personal care was provided. People told us they were supported and cared for at their own pace. One person remarked, "I am never rushed at all. I have nothing but praise for them." A relative said, "They are very personable and there is never a sense that they are in a hurry." Staff also understood the importance of confidentiality about the people they cared for.

Consideration was given to people's disability, gender, race, religion and beliefs and how to support them effectively. For example we saw from an office record that one person had been supported by a care worker from their culture who helped them prepare meals that they enjoyed. They showed other care workers how to prepare similar meals so that this person's cultural needs were met.

People's care records gave a picture of people's mobility needs, any sensory impairment or other factors such as cultural background and religion, to guide staff to support them where needed to meet these needs; for example on the use of any specialised equipment or communication tools.

Is the service responsive?

Our findings

People and their relatives told us they thought the service was flexible and responsive to their individual needs. One person told us, "I am really happy with everything." A relative remarked, "My [family member] has complex needs and the care workers do a brilliant job. They pick up on the slightest thing that is not right."

People's support needs were assessed when they started to use the service, to ensure their needs could be safely met. We saw there was an up to date written plan of the support or care to be provided at their homes, to guide care workers about how they could best meet these needs. There was an electronic copy of the care and support plans at the office to ensure office staff were familiar with people's needs. Care plans were developed from people's assessed needs and in discussion with them; they were personalised to reflect their individual needs and preferences. The care and support plans covered areas such as, people's health and mobility needs, skin care, eating and drinking, medicines and individual needs such as if any pet care was required. People and their relatives told us if there were any changes there was a review of the care plan with the registered manager. Care workers confirmed that the registered manager reacted promptly when they raised any concerns about a change in needs. Care plans and daily records were up to date and reflective of people's current needs.

People and family carers told us they felt the service offered was individualised to their needs. People told us that request for a change of carer worker or additional support were usually promptly met or if they could not meet them quickly this was discussed and suitable arrangements made. One person told us, "The office is very good, on the few occasions I have needed to say I wanted a different care worker this was done straightaway." Another person commented, "When I've asked for an extra call they have been very accommodating."

The manager told us they tried to respond as quickly as possible to any changes people needed with their care. We saw from records one person had been supported to get ready for a wedding at short notice when their hair appointment had been cancelled. People were supported to access the community and activities within the community such as day centres if this was part of their care and support plan.

People told us they were encouraged to be as independent as possible and staff gave examples of how they tried to ensure people managed as much of their personal care as they could. We saw that some people were supported to develop cooking skills for themselves or plan menus where this was appropriate to their needs. Other people were supported to attend day centres and participate in activities of their choice.

There was a complaints system in place that people were aware of. Most people and their relatives told us they had not needed to make a complaint. They said that if there were any problems they would speak with the registered manager who they felt was responsive and took action to address any issues. One person told us, "I have not needed to make an official complaint but I would speak with [the registered manager] first. She is very good. She listens and knows what is going on. I feel quite confident she would sort it out."

There was information about the complaints process in the service user guide to help people understand how they could make a complaint. The complaints policy explained the process and timescales for response, as well as what to do if people were unhappy with the response they received from the service. We saw complaints had been responded to appropriately and in line with the policy. For example a complaint in relation to support around eating had resulted in a detailed meal plan being organised and a reminder to staff about recording the support provided.

Is the service well-led?

Our findings

At our last inspection of the service in July 2016 we had found some improvement was required as some audits were not sufficiently detailed and records did not evidence that learning from incidents was always shared with staff following these incidents.

At this inspection on 09 and 10 August we found improvements had been made. There were processes available to report, manage and investigate any accidents or incidents which were consistently followed. These were regularly audited and any areas of learning arising from the reports were acted on. For example, we saw the need to remind care workers to put the lid on the kettle firmly had been identified following one incident of a minor injury to a care worker. Following a slip or trip while receiving care people's falls risk assessments were reviewed and additional guidance added to the care plan if needed.

There were systems in place to monitor the quality of the service and identify possible risks. There were detailed audits in relation to medicines, complaints and safeguarding investigations amongst others. The call monitoring audit was being further developed at the time of the inspection to gather more detailed information about short or late calls to identify any patterns or other learning. Daily records were returned to the office and checked for any issues or learning. Observations of care workers were completed as part of the supervision process to ensure staff were aware of their roles and to identify any further training needs. Spot checks were also conducted to identify and manage any problems. We saw an action plan had been created following the last visit from the local authority commissioners' of the service to ensure the actions identified were completed. For example, an audit of staff files had been completed to ensure there was a photograph of all staff to verify their identity.

There was an established registered manager in place who understood what was needed to ensure the service ran well. People and their relatives spoke positively about the management of the service and the office staff. They told us they thought the service was well run and responsive to their needs. They knew the registered manager and said they found her very approachable. One person told us, "The manager is lovely, very approachable and helpful." Some people told us they had used the service for several years and had always been very happy with it. One person commented, "The service was good in the beginning but under [the registered manager] it has got better and better. The communication is excellent."

People and their relatives told us they were frequently consulted about the service and asked if there were any improvements needed. We spoke with the quality monitoring officers for the service and looked at the records of the calls they made to people to ascertain their views about the service. Calls were made at least quarterly and most records showed people were very happy with the care provided. Surveys were completed biannually. People's views were also sought at spot checks and observed supervision sessions. We tracked three issues that had been raised in previous months and saw they had been acted on promptly and resolved. For example, where an additional call had been requested, we saw this had been promptly acted on.

Staff told us they felt the service was well organised. They said they felt valued and encouraged to give their

views about the service and the people they supported. Many care workers had been with the service for some time. A care worker told us; "I love my job. This is a good agency. We all care about the people we look after and get on well, and, there is a lot of support."

Office staff told us they thought they worked well as a team and felt that the registered manager was 'approachable'; 'supportive' 'firm but fair' and 'very hands on'. One office staff member told us; "I couldn't fault her as a manager at all." The registered manager held a daily quality meeting with office staff to ensure any changes to people's care were identified and any issues raised and managed. She told us she felt this meant they anticipated and avoided most problems. Staff told us they were kept fully up to date with any changes through good communication from the office. The registered manager also produced a regular newsletter which provided staff with updates on particular issues. Recent newsletters had covered topics such as skin care, fire safety guidance, hot weather advice and employment issues.