

Kent Carers Limited

Kent Carers Limited - Head Office

Inspection report

Unit 1
The Stables, Shirehall Road
Dartford
Kent
DA2 7SL

Tel: 01322277944
Website: www.kentcarers.co.uk

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19 December 2017
29 December 2017

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Ratings

Overall rating for this service

Requires Improvement 

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

The inspection took place on 24 November and 19 and 29 December 2017. This inspection was announced.

This service is a domiciliary care agency based at an office in Dartford. It provides personal care to people living in their own homes. This included older people and younger adults some of whom were living with dementia, learning disabilities and physical disabilities. There were up to nine people using the service at the time of our inspection. At the time of this inspection most people had been assessed as having low care needs.

A registered manager had not been employed at the service since 19 May 2017. 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. The inspection was supported by the provider and a company director of Kent Carers Limited.

The last inspection report for Kent Carers Limited - Head Office was published on 30 November 2016 following a comprehensive inspection on 24 October 2016. At that inspection we found three breaches of legal requirements in relation to Regulations 11, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to meet the regulations.

After the inspection, the provider sent us an action plan on 15 December 2016, which detailed how they planned to address the breaches of Regulations.

At this inspection, we found improvements had been made.

The outcomes promoted in the providers policies and procedures were monitored by the provider. There were audits undertaken based on a learning analysis, to improve quality. Staff understood their roles in meeting the expected quality levels and staff were empowered to challenge poor practice.

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA). The staff followed policies about Equality, Diversity and Human Rights.

People and their relatives had the opportunity to share their views about the service either face-to-face or by telephone.

There were enough staff deployed to meet people's physical and social needs. Emergency on-call backup was in place.

The provider checked staff's suitability to deliver personal care during the recruitment process. People's medicines were managed and administered safely.

The provider trained and guided staff so that they understood their responsibilities to protect people from harm. Staff were encouraged and supported to raise any concerns. Staff understood the risks to people's individual health and wellbeing and risks were recorded in their care plans.

Staff received training that matched people's needs and staff were supported with supervision and with maintaining their skills.

Management systems were in use to minimise the risks from the spread of infection, staff received training about controlling infection and carried personal protective equipment like disposable gloves and apron's.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 experienced a service that made them feel safe. Staff knew what they should do to identify and raise safeguarding concerns.

The provider understood how to report safeguarding concerns and when to notify the appropriate agencies.

The provider used safe recruitment procedures.

General and individual health and risks were assessed. Systems were in place so that medicines were administered safely.

Incidents and accidents were recorded and monitored to reduce risk.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed.

People were cared for by staff who knew their needs well.

Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role.

The Mental Capacity Act 2005 was understood by the provider and staff received training about this.

Is the service caring?

Good ●

The service was caring.

People had forged good relationships with staff so that they were comfortable and felt well treated.

People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

People were treated with dignity and respect. Staff understood how to maintain people's privacy.

Is the service responsive?

Good ●

The service was responsive.

Staff provided care to people as individuals. People were provided with care when they needed it based on a care plan about them.

Information about people was updated with their involvement so that staff only provided care that was up to date.

People were encouraged to raise any issues they were unhappy about.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had not met all of the conditions of their registration as they had not employed a registered manager.

The provider operated systems and policies that were focused on the quality of service delivery.

There were structures in place to monitor and review the risks that may present themselves as the service was delivered.

Staff understood they were accountable for the quality of the care they delivered.

Kent Carers Limited - Head Office

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.

This was a comprehensive inspection. We re-inspect services that have been rated as Requires improvement within 12 months of the report publication date.

The inspection took place on 24 November at the provider's office. We gave the service 48 hours' notice of the inspection site visit because we needed the provider to be available at the office. We then wrote to people to gain their consent to contact them and made telephone calls on 19 and 29 December 2017. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a 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 reviewed the information we held about the service including previous inspection reports and the provider's action plan.

We spoke with five people or their relative who was their main carer on the telephone to gain their views about the service they received. We visited one person at home. We spoke with four staff including the provider and three care workers.

We looked at records held by the provider and care records held in the service. This included three care plans, daily notes; a range of the providers policies including safeguarding, medicines and the complaints policy; the recruitment and training records of eight staff employed at the service; the staff training programme and health and safety.

Is the service safe?

Our findings

When asked about safety one person said, "We completely trust the staff, the carers are excellent." A relative said, "He is safe with the cares when they hoist him."

People were protected from the risks of potential abuse. There were no identified concerns about safety. The provider had a safeguarding policy that informed staff about their responsibilities to safeguard people and what constituted abuse. Staff received training in safeguarding so that they knew what signs to look out for and felt confident the management team would listen to and act on any concerns they raised. Staff had access to the provider's whistleblowing policy. The provider had access to the latest 'Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway.' (This document contained guidance for staff and managers on how to protect and act on any allegations of abuse).

There was a policy about dealing with incidents and accidents. There had been one recorded incident where a person had fallen since our last inspection. The actions staff had taken were recorded, and follow-up actions had been taken to reduce the risk of future incidents. For example, an occupational therapist assessment had been organised. The provider understood situations that should be notified to us (CQC) and when they needed to refer concerns to the local safeguarding authority.

All of the people we spoke with either self-administer their own medicine's or a relative did this for them. Records showed that when staff administered medicines they did this safely to protect people's health and wellbeing. When staff assisted people with their medicines they followed an up to date medicines administration procedure. Staff were provided with training so that if they were asked to take on the administration of medicine's for people they could do this safely.

People were protected by staff who understood their responsibility to record the administration of medicine's. The medicine administration record (MAR) sheets showed that people received their medicines at the right times and as prescribed. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff. We sampled recent MAR sheets and these were being completed correctly by staff. The provider confirmed there was a policy regarding the safe management of 'As and When Required Medicines' (PRN), for example paracetamol.

The provider assessed risks to people's individual health and wellbeing. For example, they assessed people's care needs, mobility, nutrition and communication. Where risks were identified, people's care plans described the equipment needed and the actions care staff should take to minimise the risks.

The provider had managed the deployment of staff effectively in a period of staff shortage. In the few weeks before our inspection, we became aware that two staff had left at short notice. This had disrupted the ability of the provider to deploy staff consistently to all of the care calls they were committed too. We discussed this with the provider during the inspection. They told us they had unsuccessfully tried to get agency staff to

cover the shortfall in staff hours and that they had recruited new staff who were due to start. This had forced the provider to reduce the number of people they could provide personal care too. However, people that continued to use the service told us that staff were sent in the right numbers to deliver care based on people's needs. They told us that there had been some disruption to the punctuality of their calls but that mostly their care calls had continued safely. One relative said, "Yes we get two carers in the morning and evening." Another relative said, "Two staff come for an hour in the morning and half an hour in the evening." Another said, "We know they have lost some staff, but they have not let us down."

The provider's recruitment policy and processes continued to ensure risks to people's safety were minimised. This protected people from new staff being employed who may not be suitable to work with people who needed safeguarding. All applicants had references, full work histories and had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Care plans and care records in the office were kept securely. Detailed daily visit records were kept by staff. Records included personal care given, well-being and food and fluids taken; when required.

The provider had continually checked that the work environment was safe for people and staff. Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Environmental risks were assessed and equipment was checked by staff before they used it. For example, lighting and working space availability.

The provider continued to plan consistent care. People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The provider used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. For example, most people had someone else living with them who could make them drinks and prepare food or telephone for help in an emergency. This meant that the service could focus its resources into getting staff to the people most in need.

People were protected from potential cross infection. Staff received infection control training. Staff told us they always had access to personal protective equipment [PPE] when appropriate, such as disposable gloves and aprons.

Is the service effective?

Our findings

At our last inspection on 24 October 2016, we identified a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were no records that showed staff had completed an induction when they commenced employment. There were no records that showed that staff had undertaken any training since being employed by the service. And, a breach of Regulation 11 [Need for consent] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care plans did not cover the elements of capacity within the Mental Capacity Act 2005. (MCA 2005)

At this inspection, we found that sufficient improvement had been made to the management of staff induction and training and elements of the Mental Capacity Act 2005.

Staff confirmed they received an induction when they started working for the service. Induction checklists were recorded in staff files. New staff inductions included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. The provider told us they had introduced new staff to the Care Certificate standards. The Care Certificate includes assessments of course work and observations to check staff meet the necessary standards to work safely unsupervised.

Training was provided for staff to improve their skills and understanding of people's needs and how to deliver care. The provider had contracted most of their training out to an external training consultancy firm and they also used community health care professionals such as nurses for bespoke training. For example, a member of staff told us they had recently received specialist training in percutaneous endoscopic gastroscopy (PEG) tubes, inserted into people's stomachs so that food, fluids and medicines could be introduced. This gave staff training relevant to the people they delivered care for. Since our last inspection, records showed staff had undertaken training in all areas considered essential for meeting the needs of people who needed personal care. This included statutory mandatory training, infection prevention and control, first aid and moving and handling people. The provider had set up refresher training for staff. The majority of staff we spoke with told us they received enough training to carry out their roles effectively. Relatives we spoke with told us that staff had the skills they needed and in some cases relatives living with people receiving care told us they supervised the care given in detail. One relative said, "The care staff look after him well, he is very happy with the carers." Another relative said, "The new carers are being trained, I have been watching them closely to make sure they come up to scratch."

The service was working in accordance with the Mental Capacity Act 2005 (MCA). Staff had received training, guidance and information in relation to protecting people's rights. This prepared them for any situation where they may think the Mental Capacity Act (MCA) 2005 needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided, or their safety at home could not be protected. People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. Records demonstrated that the provider had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity.

The provider checked how staff were performing through a programme of recorded supervisions (one to one meeting) and an annual appraisal of staff's work performance. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff confirmed to us that they had opportunities to meet with their manager to discuss their work and performance through supervision meetings. Staff supervisions were recorded. The provider, who was often out delivering care also kept in regular contact with their staff though an encrypted messaging system available on the staff mobile telephones. We checked that messages did not contain any personal information. This meant that people's confidentiality was protected.

The provider continued to carry out an assessment with people before care was delivered. The assessment checked the risks and the care and support needs of each person so the provider could make sure staff had the skills to care for the person appropriately. At the assessment stage people were encouraged to discuss their sexuality or lifestyle preferences as well as their rights, consent and capacity. The provider involved people and their family members in the assessment process when this was appropriate.

The initial assessment led to the development of the care plan. Individual care plans set out guidance to staff on how to support people in the way they wanted. Staff were required to record the care they had provided to people by recording how they had met people's needs in their care plan records. People's nutritional risk and allergy needs were shared with staff if they prepared meals. This service was not providing food and drink to most people.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised or they assisted the person to call themselves.

Is the service caring?

Our findings

People described their care positively. The provider and staff we spoke with had the right attitude to care and were committed to delivering compassionate care. People told us that staff read their care plans and were kind, friendly and respectful. One person said, "The cares speak to us in a caring way." Another person said, "The carers are very caring." Another person said, "The cares are brilliant."

A relative told us in detail how staff had helped their husband in a caring way. They said, "The carers are careful to bend down when they speak to him so that they are on his level and he can understand them. His communication has improved with these carers."

The provider had a policy setting out their approach to dignity, equality, diversity and human rights. These were accessible to staff at any time and included in people's initial assessments. The staff also received a handbook which included key policies, for example safeguarding and human rights. Staff received training about the culture of the organisation in promoting dignity and human rights. People we spoke with told us how they delivered care respectfully. One person said, "The staff completely respect our privacy and dignity."

The care people received was person centred and met their most up to date needs. People's likes and dislikes had been recorded in their care plans. Staff were tested on their attitude to care when they applied to work at the service. The provider and staff we spoke with and observed displayed a caring attitude. We found that people experienced care that was delivered by caring staff who were sensitive in manner and approach to meet their needs. Staff described how they delivered friendly compassionate care. We observed how staff made sure that people were comfortable and relaxed in their presence. One relative said, "The care we received has been a lifeline for us."

The provider continued to ensure people's individual records provided up to date information for staff on how to meet people's needs. This helped staff understand what people wanted or needed in terms of their care and support. People consistently told us that they had a care plan and that staff read and followed this.

Is the service responsive?

Our findings

People we spoke with told us their care was up to date and met their needs.

Records showed that people had been asked their views about their care. People told us they had been involved in the care planning process and in the reviews of those plans. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. All of the care plans we looked at evidenced review.

When we spoke with people they told us that staff knew them well and what was important to them. One person's relative said, "We are quite happy with the care, they drew up a care plan which tells staff what they need to do. I do the rest." This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. The staff we observed were able to tell us how they provided people with care that was flexible and met their needs. For example, they told us how they assisted people with physical care needs and their nutritional needs.

People received personalised support which met their specific needs. Each person had a care plan which set out for staff how their needs should be met. Care plans were personalised and contained information about people's likes, dislikes and their preferences for how care and support was provided. Where changes were identified, people's plans were updated and information about this was shared with relevant staff.

There was a system in place for people to raise concerns if they were unhappy about the service they received. People we spoke with felt at ease to raise concerns with care workers or the provider. One person said, "I have just raised an issue with the provider and they are trying to correct this." Another person said, "I have contacted the provider and she is very co-operative." People felt that issues raised would be resolved. The provider had a complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The policy included information about other organisations that could be approached if someone wished to raise a concern with an external arbitrator, such as the local government ombudsman. There had been one formal complaint received in the last twelve months. This complaint had been dealt with in line with the provider's policy.

Is the service well-led?

Our findings

At our last inspection on 24 October 2016, we identified a breach of Regulation 17 [Good Governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Quality audits were not effectively picking up issues found during the last inspection.

At this inspection, we found that sufficient improvement had been made to the management of records and quality audits.

The provider provided leadership in overseeing the service and provided support and guidance where needed. They also delivered care shifts which gave them good levels of contact with people and staff. One member of staff said, "The provider X always responds to me if I call her." Staff told us they felt supported by the provider.

The provider had carried out quality audits of the service. These audits assisted the provider to maintain the service standards for people and to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, and Care Act 2014. The checks included looking at people's care records to ensure these were fully completed and meeting people's current needs. Feedback from people and relatives had been sought via surveys and telephone calls. The telephone calls to people were an opportunity for a member of the management team to talk with people who used the service and gather their feedback. People's comments included; "The care staff are a credit to the company." "We value having a consistent carer as this helps make the whole experience better." "We value our staff and their commitment."

There were systems in place to check the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities and any training needed was booked. Records showed that all staff training was in date. The provider was looking at ways of making further improvements to the skill levels of staff. For example, the provider had arranged a training session for staff interested in completing a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ) level 2 or above). Diplomas are work based awards that are achieved through assessment and training. To achieve a diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

The provider had not complied with the conditions of their registration because they had failed to appoint a registered manager to manage the service. This was recorded on their latest registration certificate dated 4 August 2016 as a condition of their registration. The last manager de-registered on 19 May 2017. We discussed this with the provider. They gave us some information that showed they had contacted us (CQC) to enquire about registering a manager in September 2017. However, at the time of this inspection they had not submitted an application to register a manager.

This was a breach of Section 33 of The Health and Social Care Act 2008 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We reviewed some of the registered provider's policies and procedures and saw these were updated to ensure they reflected current legislation. The provider was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. The policies and procedures were available for staff to read and staff were expected to read these as part of their training programme.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had shared their last rating and displayed this on their website.