Kindness Care Services Ltd

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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

We undertook an announced inspection of Kindness Care Services Ltd on 23 November 2016.

We told the provider three working days before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and we needed to be sure that someone would be available.

This was Kindness Care Services Ltd first inspection at this location since registering in September 2015. At the time of the inspection five people were using the service. The service mainly offered support to older people who had a range of health and personal care needs, including people living with dementia.

There was a registered manager in post. 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 using the service, their relatives and a health care professional gave us complimentary comments about the service they received.

People told us that the care workers were caring and communicated effectively with them and treated them with kindness and respect.

People told us they felt safe when they received support and the provider had policies and procedures in place to deal with any concerns that were raised about the care provided.

People were involved in developing care plans that reflected their needs and their preferences. Care workers were skilled in delivering their care in the way people preferred.

Risks to people's wellbeing were assessed and action taken to reduce these. The service focused on keeping people safe whilst promoting their independence.

The provider had processes in place for the recording and investigation of incidents and accidents.

People were supported to manage their medicines in a safe way. The registered manager confirmed they would ensure following the inspection that any issues with medicines would be addressed quickly.

People had consented to their care and treatment and were involved in decisions about their care.

People's healthcare needs were monitored and the registered manager liaised with other professionals to make sure these were met.

Recruitment checks were carried out on new care workers to ensure that they were suitable to work with people who used the service.

Care workers had received training on various subjects to ensure they were providing effective care for people using the service.

There was an appropriate complaints procedure in place and people using the service and their relatives were confident any complaints would be dealt with appropriately.

There were systems in place to monitor the quality of the care provided and these provided appropriate information to identify issues with the quality of the service and make improvements.

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 using the service said they felt safe when they received support in their own home.

The provider had processes and training in place for the safe administration of medicines. The registered manager confirmed they would make sure any issues with medicines were addressed quickly by the relevant professionals.

The provider had systems in place for the recording and investigation of incidents and accidents.

There were enough staff to care for people. Recruitment procedures were designed to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Care workers and the registered manager had completed the training they required to effectively meet people's needs. They had opportunities to complete other training relevant to their roles.

People were asked for their consent before care was delivered.

People were referred to healthcare professionals promptly when required and staff worked in partnership with them to meet their healthcare needs.

People were supported and enabled to prepare and eat a varied and healthy diet.

Is the service caring?

Good

The service was caring.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The care plans identified how the care workers could support the person in maintaining their independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before care was provided. People's care plans were individual to reflect their wishes and what was important to them.

There was an appropriate complaints procedure and complaints were investigated and acted on.

Is the service well-led?

Good

The service was well-led.

The registered manager had a range of audits in place to monitor the quality of the care provided.

People using the service and care workers felt the service was well-led and effective. Care workers felt supported by the registered manager.

Kindness Care Services 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.

This inspection took place on 23 November 2016 and was announced.

The provider was given 3 days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was carried out by a single inspector.

Before the inspection we looked at all the information we had about the provider including notifications of significant events. A notification is information about important events which the service is required to send us by law.

We spoke with two people who used the service and four relatives to obtain their views about their experiences of using the service.

We also received feedback via email from two care workers and one health care professional.

During the inspection we met with the registered manager, (who was also the provider) and the administrator. We inspected a range of records, which included two people's care records, two care worker's employment files, training and audits.

Good

Is the service safe?

Our findings

Everyone we spoke with, including relatives, said they felt safe receiving support from the service. Comments included, "I completely trust her (the registered manager) and staff," "I feel safe with the staff visiting me" and "I have great confidence in them (the staff)."

Care workers had a good understanding of their role and there were procedures in place to help ensure people were safe. For example, records noted how many care workers were needed to support people in their home and the length of each visit. This was in line with their assessed needs. The rota showed that care and support was provided by a consistent team of care workers and the registered manager.

The care workers were able to tell us what they would do if they suspected someone was being abused or at risk of abuse. They said, "If I thought a service user was being abused I would inform my manager as soon as possible" and a second care worker confirmed they, "would report to my manager straight away." We saw that the two care workers working for the service had completed training on this subject. The registered manager had also completed safeguarding training specifically for managers of services.

The registered manager had considered the safety of people and ensured should anyone access information about people they would not be able to enter people's houses if they had a key code. We saw that there was lockable storage in the office to hold people's records securely.

There had been no safeguarding concerns since the service started operating but the registered manager was aware of their duty to report any concerns to the local authority and the Care Quality Commission (CQC) if and when concerns were identified.

The risks to people's safety had been assessed. The registered manager undertook assessments of risks when people started to use the service. These were reviewed every three months or sooner if people's needs changed. We saw examples of the risk assessments, which included assessing safety in the person's environment, moving them safely and also specific needs such as risks associated with their physical or mental health conditions. The assessments were appropriately detailed and included comments and the actions the care workers needed to take to keep people safe. The registered manager confirmed that currently there was one risk assessment in place that covered a range of potential risks. However, they told us that separate risk assessments for areas such as medicine management, risk of falls and moving and handling would be developed shortly after the inspection to ensure that these more common risks were separately recorded and highlighted in more detail.

We saw any injuries or accidents were recorded and these informed the registered manager what had occurred and action taken. There had been three incidents recorded since the service started operating.

The registered manager organised the staff rota. We found people were supported by a sufficient number of care workers to keep them safe and meet their needs. The IT systems the service used showed the time the care worker had arrived at each home visit and the time they left so that any discrepancies could be picked

up and addressed. All the people using the service and their relatives confirmed there had been no late or missed calls since they all started receiving a service. One person told us, "It's always the same care worker and always on time." The registered manager also confirmed this. All care workers were provided with photographic identification badges to enable people to check the identity of them. People said new care workers were always introduced by the registered manager whom they already knew.

There was an on call system that operated outside of the usual office hours. Currently the registered manager was always the person on call until the service grew in size and they confirmed they could be contacted at any time. Care workers told us the registered manager responded promptly to any queries. People and a relative told us they had not needed to call for assistance during the evening/night but they knew how to contact the service if they required assistance.

There was an appropriate recruitment and selection procedure for staff and the registered manager had recruited two care workers in the past four months who were experienced in working in social care. The recruitment process included an interview with the registered manager and completing an application form about their experience and skills. References were requested from previous employers and criminal record checks. The registered manager also checked people's identification. We saw a gap in one care worker's employment history which had not been explained. The day after the inspection the registered manager confirmed that this had now been checked and documented on their file.

One person currently had support with medicines, which their care records confirmed to us. Their relative also said the care workers administered the medicines to their family member and they had no concerns about this. We saw evidence that medicines administered were signed by the care worker or registered manager on a medicine administration record (MARS). Care workers and the registered manager had completed training in medicines management. Care workers, when asked, knew the difference between prompting and administering medicines to a person using the service. The registered manager explained that where possible all medicines were delivered to the person in a blistered sealed pack which meant the medicine was not in a bottle or box which could help minimise errors occurring.

We saw that a calcium vitamin tablet had not been given to the person since the end of August 2016. The registered manager explained that the size of the tablet was too large and the person had issues swallowing it. They confirmed they had tried to make contact with the GP to resolve this but so far this had not been addressed. During the inspection the registered manager telephoned the GP who confirmed that the person had not been placed at risk of harm due to not receiving it for over eight weeks. They agreed to prescribe a different type of tablet which would address the issue.

The registered manager told us they had informed the relative of this situation. We talked with them about taking prompt action if there were any future issues with people's medicines, which they confirmed they would do should this problem occur again.

Good

Is the service effective?

Our findings

Care workers told us they were supported by the registered manager. Comments included, "They (registered manager) support me very well, if I need them they are always available" and "I am supported by my manager with phone calls, texts, emails and also going into the office."

Care workers confirmed they had received an induction to the service, which we saw evidence of, and had shadowed the registered manager or an experienced care worker before working alone with people. They told us, "I had an induction and I shadowed for four days" and "I had an induction, I shadowed until I was ready and felt comfortable going out on my own."

Care workers also told us that they had completed training on various subjects, such as, dementia awareness, moving and handling practical and theory training and nutrition and health, which we saw from viewing the training records. Care workers commented, "I completed all training, and I have discussed with (the registered manager) the Care Certificate." The Care Certificate are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support. We also saw evidence that specialist training had been arranged for the 29 November 2016 for the registered manager and care workers in order to meet the needs of people using the service who have particular needs.

Care workers received one to one support with the registered manager to talk through any issues and to receive feedback on their performance. Care workers told us that there was regular communication from the registered manager. One comment included, "Communication is fantastic via phone calls, text message and emails." The registered manager had not yet held a team meeting as the two care workers had only joined the service in August and October 2016. They confirmed they would be holding them in the future to share ideas and to discuss care practices.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions 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. We checked that the service was working within the principles of the MCA. The registered manager and care workers understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care. We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care would be provided. People told us they were able to have a say in how their care was provided and that the care was "considerate."

There was no-one waiting for the appropriate mental capacity assessments to take place or for any

restrictions to be authorised by the Court of Protection. The registered manager confirmed there was no-one who had restrictions placed on them.

Care workers had received training on MCA and told us, "I promote choices by giving my clients choices for meals drinks and what to wear. They have the capacity to make their own decisions."

If required people were supported with their meals and drinks to ensure they had a balanced diet and were not dehydrated. During the inspection we saw a sample of records which recorded the meals and drinks people had taken.

Care workers confirmed, "I always give my clients a choice of what to eat and drink. I always make sure there are fluids left next to them as I leave them. We have charts to fill in to record what has been given and how much they eat and drink" and "We always make a drink when we arrive and make a drink when we leave, we make something to eat when we go in or offer to make something." The registered manager and care workers had completed training on food hygiene so they knew how to prepare and provide meals safely to people. The registered manager was clear that care workers were informed to observe and record what people had eaten and drunk at the visit and not to just leave a meal and drinks without seeing what the person actually ate and drunk.

People's health needs were recorded so that care workers were aware of any specific issues and if they needed to look out for signs that there was a problem. We saw on people's records that there was information about diabetes and the registered manager confirmed that in people's homes there was also information on dementia to inform and remind care workers about these conditions.

Two relatives spoke of how when there had been concerns about people's health deteriorating that the registered manager had ensured the relevant professionals were contacted. One relative told us how the registered manager went "over and above" what they usually did to support the person. Another relative said the registered manager "stayed with my family member" whilst waiting for the ambulance to come to assess the person.

Relatives confirmed that the registered manager worked closely with GP practices when they wanted people's health needs to be assessed. The registered manager explained they had a good working relationship with a community matron. They spoke regularly with them to share information if they had concerns about people's needs changing. The health care professional told us, "If there are any concerns, for example, a patient may have symptoms of a urine infection, she (the registered manager) contacts me so I can go out to assess and prescribe an antibiotic to prevent an admission to hospital." They also said, "It is so important to have good communications with the care workers as they can identify when a patient may be unwell so I can assess to prevent unnecessary hospital admissions."

The registered manager explained that if people had pressure ulcers these were treated by the district nurses to ensure the person received appropriate care from the most appropriate health care professional. Care workers documented these visits if they were aware these had taken place so that the registered manager could check and see how often a person was being seen and if this was sufficient to meet their needs.

The registered manager weighed people on a regular basis, with their agreement, so that they could monitor if people were gaining or losing weight and contact the GP if they had any concerns. We saw there was a chair that could weigh people and the registered manager took this with them when visiting people. We viewed a sample of weight records and saw no significant changes or concerns.

Good

Is the service caring?

Our findings

We asked people and their relatives if they were happy with the care and support they received from the service. People were very positive about the care workers who supported them and said they were treated with "kindness and respect." Both the people using the service and relatives spoke of the social interactions they had with the registered manager and care workers. They described how, "when they come in to visit they say hello and ask how we are" and "they (care workers) always greet us with a good morning." A relative confirmed that the care workers have "a lovely, lovely way of talking" with their family member and could hear the care workers "chatting away and having a laugh" with them.

Everyone said they would recommend Kindness Care Services Ltd to others who needed support. One person told us, "they (care workers) do everything I ask of them and they always ask if there is anything extra they can do for me." Another person who used the service said, "the care worker makes sure they have done everything."

Several relatives described receiving a poor service from other care providers and could see the difference with this service. They told us, "they (the care workers and registered manager) concentrate on looking after the person," "I am very pleased with the service" and the care workers are "nice and gentle."

A health care professional spoke highly of the service provided and said about a person using the service that they, "had seen an immense change, the care provided is of a high standard, the patient has put on weight (recorded regularly) clothes are always clean, and is much happier in herself." They also said, "If my relative should need a care agency it will be Kindness Care agency I would certainly choose."

People using the service were asked if they felt the care workers supported them in maintaining their independence. People confirmed that they felt they were supported to maintain their independence when receiving care. The care plans we looked at indicated when the person could complete an activity independently and when they needed additional support.

People were supported by a consistent team of care workers who were able to build a relationship with them over a period of time and develop an understanding of their individual needs. As the registered manager had worked hands on with people they also had a clear understanding of how to meet people's needs in a caring and professional way.

Care plans recorded the name people preferred the care workers to call them by. We also saw there was a summary of people's needs which included information about their background and any particular information that care workers would need to know about, such as helping taking care of their pet. This was personal to each person and ensured that care worker's recognised people had different routines. We saw that peoples' preferences in relation to the gender of their care workers when receiving personal care support was not noted on their records. The registered manager confirmed they would update the records to ensure this was clearly recorded on peoples care records.

The registered manager gave a brochure to all prospective people who might use the service. This included information about their background, the service they offered and what people could expect from the service.

Good

Is the service responsive?

Our findings

People's needs were assessed before they started receiving a service. Every person and relative confirmed they had been recommended the service and had heard good things about it before they met the registered manager. They went on to tell us that they had met with the registered manager who had spent a long time assessing them. One person said, "I could let them (the registered manager) know what help I needed."

The majority of people and relatives confirmed they had seen the contents of the care plan and agreed to it. The two care workers also confirmed that in each person's home there was a care plan and risk assessment in place. Each care plan included details of the person's background, likes and interests as well as information about their medical history. There was clear information about what help the person required, such as 'I need to be supervised when eating' and if the person needed encouragement to move about during the visit to ensure they had some exercise. There were clear instructions on other tasks such as taking care of a person's pet. The registered manager was aware that information needed to be person centred so that people's individual preferences were noted to inform care workers how to look after them in the way they wanted to be supported.

If a person's needs had altered a care worker told us, "I would contact my manager to come and reassess the person," whilst another care worker said, "I would contact my manager to discuss a review on the person to change the care plan."

We found on two people's care records some information that was recently out of date, although this did not place people at risk of harm we talked with the registered manager about ensuring when there were changes records were amended as soon as possible. The registered manager confirmed two days after the inspection that these had been reviewed and updated.

Care workers completed a daily record of the support and care they provided for each person using the service. The records included what care had been provided during each visit including if the person ate and any other tasks completed. We looked at the daily records of care for two people and saw they were clearly written and informative.

The registered manager had regular contact with people using the service to gain their views. They had also sent out satisfaction surveys in August 2016 to them and their relatives. Feedback had been positive and the registered manager confirmed that they would be sending these to care workers and the professionals they work with in 2017. This would enable them to gain different views on the service.

The service had a policy and procedure in place for dealing with any concerns or complaints. People and their relatives told us they understood how to report any concerns or complaints about the service. Comments included, "I feel if I had a complaint the manager would deal with it," "I feel able to raise a complaint, if I had one, with the manager" and "I know the manager would deal with a complaint and listen to me." The registered manager confirmed they had not received any complaints since the service started operating.

Good

Is the service well-led?

Our findings

The feedback on how the service was run and the registered manager were highly complementary. People using the service told us that the registered manager was, "considerate and lovely" and "the manager is particular and good at their job." Relatives said, "the manager is focused," "the manager gives me feedback on (X) on a regular basis," "they listen to us," "I completely trust her and the staff" and "the manager has high standards."

Care workers also spoke well of the support they received. They told us, "This is the first company I have worked for that the manager is genuine and compassionate about the service we provide," "The manager is very compassionate and a very nice person to work for and very caring towards her clients and staff" and "The manager is very good with the care workers. When we work late we always get a text or phone call to make sure we are ok. We are given a personal alarm in case of any problems."

A health care professional said the registered manager was, "a very beneficial contact to have with my patients." They explained this was because the registered manager shared information with them and enabled them to visit people if they needed an assessment quickly.

The registered manager had completed the training they deemed to be important so that they could work directly with people using the service whilst they developed the service. They informed us that they would be enrolling onto the nationally recognised leadership and management course in 2017 so that they could gain further skills and knowledge in managing a service.

They had worked directly with the people using the service throughout 2016 and covered home visits to give care workers time off whilst they recruited additional care workers. This enabled them to regularly monitor people's needs and to also check on the care workers performance. They recognised this could only continue whilst the service was small. However, at present it gave them insight into the work the care workers undertook and helped them build good relationships with the people using the service and their relatives.

The registered manager had started to introduce quality monitoring systems to identify if there were any issues and a range of audits were carried out. This included, each month the care records came back to the office for them to check through. We saw that daily records, food and fluid records and medicine administration records were checked and signed off by the registered manager. As the service expanded the registered manager confirmed that they would analyse the number and type of complaints received, level of safeguarding concerns identified and incident and accidents so that they could monitor the service and respond to any issues.

The registered manager also carried out spot checks on the care workers, to check they were working when they should be and carrying out the tasks assigned to that particular home visit. Following on from the inspection, the registered manager confirmed that they had introduced a system to record when care workers had received supervision and spot checks to ensure these were held on a regular basis. They also

told us that they would start carrying out medicine competency assessments on care workers to ensure they were carrying out medicine management tasks appropriately.

The registered manager was receptive to the findings of the inspection and passionate about the service they were running. They recognised that much of the records and systems in place were only starting to be used in the past few months. Therefore they needed to see what worked and what did not in order to make any changes as and when necessary. The registered manager was open to making changes if they felt this would benefit the people using the service and following on from the inspection provided updates on the various areas they had already started to review in order to continue providing a good service.