Kinder Home Care Services Ltd

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Inspection report

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Date of inspection visit:
03 August 2018
08 August 2018

Date of publication:
09 October 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 3 and 8 August 2018. This was the first comprehensive inspection of Kinder Home Care Services at their location In Kettering since the regulated activity of 'personal care' was registered with the Care Quality Commission (CQC).

Kinder Home Care Services provides a domiciliary care support service to people living within their own homes in the community in Kettering and surrounding villages. There were 17 people receiving support when we inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 received care from staff that had received the right training and support to do the job. People benefitted from a service that was appropriately managed so that they received their service in a timely and reliable way. They received care from staff that were friendly, compassionate, kind and caring.

Staff recruitment procedures ensured that appropriate pre-employment checks were completed to ensure only suitable staff worked at the service. There were sufficient numbers of staff to provide people with the support that had been agreed with them.

People's needs had been assessed prior their service being agreed. There were plans of care in place that been developed to guide staff in providing care in partnership with people who used the service. Their care records contained risk assessments and risk management plans to mitigate the risks to people. These plans provided staff with guidance and information they needed on how to minimise the identified risks. There were procedures in place to guide staff when supporting people to take their medicines.

Staff were trained in infection control, and supplied with appropriate personal protective equipment (PPE), such as disposable gloves and aprons, to perform their roles safely.

Staff were responsive to people's changing needs. Staff could demonstrate that they understood what was required of them to provide people with the care they needed to remain living independently in their local community.

People were happy with the way that staff provided their care and support. They said were listened to, their views were acknowledged and acted upon and their care and support was delivered in accordance with their assessed needs and their preferences for how they wished to receive their care.

People's consent was sought before any care was provided and the requirements of the Mental Capacity Act

2005 were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place at the service supported this practice.

Staff had a good understanding of what safeguarding meant and the procedures for reporting abuse. The staff we spoke with were confident that any concerns they raised would be followed up appropriately by the registered manager or other senior staff.

People were cared for by staff that had access to the support, supervision, and training they needed to work effectively in their roles. There was good leadership regarding day-to-day and longer-term management of the service.

There was an effective system of quality assurance in place which ensured people consistently received a good standard of care and support. Arrangements were in place for the service to reflect and learn from complaints and incidents to improve safety across the service.

The provider worked in partnership with other agencies and commissioners to ensure that where improvements were needed action was taken. Communication was open and honest, and any improvements identified were worked upon as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from unsafe care. Risk assessments were in place and managed in a way that ensured people received safe support.

People received care from competent staff that had the appropriate training and experience.

People benefitted from receiving care from staff that were mindful of their responsibilities to safeguard them from harm.

Is the service effective?

Good

The service was effective.

People received personalised care and support. They were provided with the care they needed and this was regularly reviewed to ensure their needs continued to be met.

As part of an agreed care plan people were supported to eat and drink enough. People were actively involved in decisions about their care and support needs.

People received a flexible and reliable service. There were contingency arrangements in place to ensure the continuity of the service when staff were sick or on holiday.

Is the service caring?

Good

The service was caring.

People received their service from staff that were conscientious, compassionate, and committed to providing good standards of care.

People benefitted from receiving care from staff that respected their individuality.

People's dignity was assured when they received care and their

privacy was respected.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred to reflect their individuality and their care needs. Their care needs had been assessed prior to an agreed service being provided.

People's needs were regularly reviewed with them so that the agreed service continued to meet their needs and expectations.

People were assured that appropriate and timely action would be taken if they had to complain about the service.

Is the service well-led?

Good

The service was well-led.

There was a culture of openness and transparency; staff were encouraged and supported by the registered manager to consistently provide a good standard of person-centred care.

People benefitted from receiving a service that was well organised daily as well as long-term.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

Kinder Home Care Services

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 announced inspection was carried out by one inspector and took place on 3 and 8 August 2018. We gave the provider 48hrs' notice of the inspection. We do this because in some community based domiciliary care agencies the registered manager is often out of the office supporting staff or, in some smaller agencies, providing care. We needed to be sure that someone would be in the service location office when we inspected.

Before our inspection, we reviewed information we held about the provider such as statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted the health and social care commissioners who monitor the care of people provided with domiciliary support to check if they had information about the quality of the service.

The registered manager had completed 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. The provider returned the PIR and we took this into account when we made judgements in this report.

During this inspection we visited the agency office in Kettering. We met and spoke with the registered manager. We also spoke with three staff that provided care and support. We looked at the care records for six people that used the service. With their prior agreement we visited three people at home and spoke with people on the telephone to find out about their experience of using the service. We also looked at records related to the quality monitoring of the service and the daily management of the service.

Good

Is the service safe?

Our findings

People were safeguarded by staff recruitment policies and procedures against the risk of being cared for by unsuitable staff. There were enough staff employed by the service to cover the care required, and all staff had undergone a disclosure and Barring Service (DBS) check and obtained references before starting employment.

Staff received induction training, including 'shadowing' a more experienced staff member by accompanying them on home visits, prior to taking up their duties and working on their own.

People were protected from harm arising from poor practice or ill treatment. There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety. This ensured people were protected and that where necessary appropriate action was taken to prevent a re-occurrence. A staff member said, "I would go straight to [registered manager] if I was concerned about someone. We get training on this [safeguarding] so I know what to do."

People's care plans contained a comprehensive assessment of their needs, including details of any associated risks to their safety that their assessment had highlighted. The plans also provided staff with the guidance and information they needed to provide people with safe care.

People's assessed needs were safely met. Risks to people had been assessed; care plans included clear guidance for staff and risk assessments were in place. Care plans were individualised and provided staff with a description of any risks they needed to be aware of when providing care and support; such as the risk of a person falling or neglecting to eat or drink enough. One person said, "They [staff] know I'm a bit forgetful so they always ask me if I've had a drink. They [staff] give me the reassurance I need and keep me safe. Without them [staff] I don't think I'd manage." Care plans had been reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly.

There were policies and procedures in place to safely support people to manage their own medicines when this was an agreed part of their care plan. One person said, "They [staff] make sure I remember to take my tablets." Care plans and risk assessments were in place when people needed staff support to manage their medicines.

Staff confirmed they received the equipment and training they needed to maintain good hygiene when handling food or drink and when assisting people with personal care. Staff were provided with disposable gloves and aprons when supporting people with toileting and bathing.

Staff understood the roles of appropriate authorities that have a duty to respond to allegations of abuse and protect people, such as the Local Authority's Safeguarding Adults' team. They understood the risk factors and what they needed to do to raise their concerns if they suspected or witnessed ill treatment or poor practice.

Lessons were learnt from things that could have gone better and this was used to consistently improve the quality of the service, such improving time keeping by better route planning between scheduled visits. One person said, "They [staff] keep 'good time', even with all the traffic jams and road repairs. Knowing they[staff] won't let me down makes me feel safe."

Good

Is the service effective?

Our findings

People's care was assessed prior to taking up the service to ensure their needs could be fully met. The assessment established, for example, people's physical needs, capabilities, and ensured that any cultural factors were considered regarding people's choices for how they preferred their care provided.

People's care and support was delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes. Staff knew what was expected of them. They had a good understanding of people's needs and people received appropriate and timely care to enable them to remain living at home. One person said, "I don't want to give up my home. The help they [staff] give me helps me manage."

People received individualised care and support in their own home from staff that had acquired the experiential skills as well as the training they needed to care for people in a person-centred way. Staff had the appropriate knowledge they needed to do their job and work with people with a diverse range of needs.

Staff had received training and the guidance they needed to support people that may lack capacity to make some decisions whilst being supported to live in their own home in the community. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and saw that this was the case.

People's capacity to consent to their care and support had been assessed by the provider, and relatives and other relevant professionals were involved where appropriate. Staff sought people's consent daily when supporting them with their personal care needs. Care plans contained assessments of people's capacity to make decisions and consent to their care. The staff we spoke with understood the importance to always respect people's wishes for how they preferred to receive their care.

People's needs were met by staff that were effectively supervised and had their job performance regularly appraised. New staff had received a comprehensive induction training that prepared them for their duties. This included, for example, practical moving and handling skills, safeguarding procedures, and daily record keeping in people's homes. Staff said they had refresher training which kept their skills and knowledge up to date.

Staff took appropriate action in response to any deterioration in people's health. We saw there was guidance and information for staff in people's care plans that related to any healthcare needs that had to be considered when they received support.

Good

Is the service caring?

Our findings

People's dignity and right to privacy was protected by staff. Staff were mindful that they were working in people's home by invitation and they were respectful of that. One person said, "There's always a cheery greeting for me when they [staff] get here. It's sets me up for the day. They [staff] are all so friendly."

People said their personal care support was discreetly managed by staff. They said they felt that they were treated in a dignified way. One person said, "I don't think anyone likes having to be helped to get dressed or have a wash but they [staff] are kind so I've been able to accept that."

Staff were kind, compassionate, and respectful towards people. Their induction included being sensitive to issues of equality, diversity, and upholding people's human rights.

People said they were treated as individuals that have feelings, especially regarding having anxieties about needing practical help in their own home or support to help them manage their daily lives. One person said, "They [staff] take the trouble to ask me if I'm happy with the way they do things for me."

People said that the staff were familiar with their routines and preferences for the way they liked to have their care provided. They were asked to share information that was relevant to how they preferred their care to be provided. This information was used to create a working care plan that contained, for example, religious beliefs, cultural issues, and if there was any family support to supplement the care provided by the agency.

People had agreed to the package of care and support to be provided. This included information as to how data held about them was stored and used. Staff were aware of their responsibilities related to preserving people's personal information and their legal duty to protect personal information they encountered during their work. This assured people that their
information was held in accordance with the data protection act. Information held electronically was password protected and written documentation was stored securely. People received a package of information about their service and what to expect from staff. This information was provided verbally and in writing.

People received care from staff that were mindful of the sensitive nature of their work. Staff were mindful of maintaining confidentiality and policies and procedures reflected this with, for example, care records being securely stored in the agency office and information being shared on a 'need to know' basis only and with people's consent. One person said, "I've never heard them [staff] gossip about other people they help. That's private and they keep it that way."

Good

Is the service responsive?

Our findings

People were encouraged to make choices about how they preferred to receive their care. Choices were promoted because staff engaged with the people they supported at home. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted.

The plans of care in place were reflective of their ongoing care and support needs. They received the care and support they needed even when their needs changed.

People had access to the information they needed about their service in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, written information about the service was made available in large print, or if needed in the person's first language if this was not English. The registered manager said that they would ensure that information would be made available in appropriate formats to support people's different communication needs, for example, in Braille, large print, audio tape or pictorial based information.

People, or their representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. There were timescales in place for complaints to be dealt with in a timely way. There were no complaints being dealt with when we inspected. The registered manager told us that if any complaints were made, then the policy would be followed and the information would be recorded in detail, an investigation would take place, and a response given promptly.

Where practicable scheduled support visits were organised to fit in with people's daily routines. Where it was not feasible to accommodate people's time related preferences they were offered alternative timings.

There was information about people's cultural and spiritual needs. Staff were aware of people's cultural needs and explained if they were to support anyone who had different cultural needs that this would be detailed and explained in the care plans. At the time of the inspection there was no one who had any specific cultural needs, or end of life care needs, that had to be considered by staff.

Good

Is the service well-led?

Our findings

People said they were supported to remain independent and felt involved in their care. Their care records accurately reflected their needs and the service that had been agreed with them. Care plans had been regularly reviewed as necessary to include pertinent details related to changing needs. Care records that were kept in people's homes accurately reflected the daily care they had received.

Records relating to staff recruitment and training were appropriately maintained. They reflected the training staff had already received and training that was planned. Policies and procedures to guide staff were in place and had been regularly reviewed and updated when required.

People were assured of receiving a domiciliary care service that was competently managed on a daily and longer-term basis. The registered manager had the knowledge and experience to motivate staff to do a good job. The people we spoke with were pleased with the quality of their care and how their service was managed on a day-to-day basis.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager. These audits included analysing satisfaction surveys and collating feedback from individuals to use as guidelines for improving the service where necessary.

Staff were provided with the information they needed about the whistleblowing procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC). The registered manager was aware of their responsibility to report incidents, such as alleged abuse or serious injuries to the Care Quality Commission (CQC).

Staff understood their responsibilities and received regular training updates to keep up to date with current good practice guidelines. They received support through regular contact with the registered manager and other senior staff, and had formal 'one- to-one' supervision meetings where their ability to do their job was measured. The staff felt able to voice any concerns or issues and felt their opinions were listened to.

The registered manager was readily approachable and sought to promote a culture of openness within the developing staff team. Systems were in place to report and investigate any accidents or incidents to minimise the risk of such events happening again.

The service worked positively with outside agencies. This included a range of health and social care professionals, as well as the Local Authority.

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 judgments. As this was the first inspection of the agency location there was no rating to display. The register manager knew that the rating arising from this inspection had to be prominently

displayed, including on the website for the service.