

Two Rivers Investments Limited

# Kenwith Castle Gardens Domiciliary Care Agency

## Inspection report

Kenwith  
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Devon  
EX39 5BE

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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 was announced as the domiciliary agency is small and we wanted to ensure the staff would be available to talk with and review records. The inspection took place on 5 December 2016. Kenwith Castle Gardens Domiciliary Agency is registered to provide personal care to people in their own homes. The registered office is situated on the site of Kenwith Castle nursing home. The service provides personal care to people living in their own homes or those who have tenancies of accommodation in the grounds of Kenwith Castle. It does not support people outside this catchment area. Currently the service provides personal care to one person.

The registered manager is also the registered manager of Kenwith Castle nursing home, which is situated on the same site. 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 service was well run by the registered manager and two staff who provided the support to people in their own homes. Care and support was well planned, with the consent of people who used the service. People were actively involved in the development and review of their care plan. Plans were person centred and described how to support people in ways they wished and ensuring they maintained their independence.

Care and support was delivered by staff who understood the needs of people, their wishes and preferred routines. Staff had training and support to do their job effectively. This included regular opportunities to talk about their role and any training needs they had.

People were cared for in a way which protected their dignity, privacy and respect. One person said "The staff are very kind and helpful."

People were kept safe because staff had a good understanding about types of abuse and who they should report any concerns to. Safe recruitment practices meant staff were only employed if they had the right checks in place to ensure they were suitable to work with vulnerable people.

Systems were in place to ensure people's medicines were handled safely and any support needed in these areas were recorded following the agency policies and procedures.

Daily records showed people were supported to maintain a healthy balanced diet and their healthcare was being monitored. One relative said "The staff are very good and keep me informed of any issues, particularly where health is concerned."

There were regular opportunities for people and people that matter to them to raise issues, concerns and

compliments. People were confident their concerns would be listened to by the registered manager/staff and acted upon. There were also regular opportunities for people using the service to get together for social events and chats about how they would like to see the service working for them in the future.

## 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 said they felt safe. Care workers were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

A small team of care workers ensured people had continuity and that arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were managed safely.

### Is the service effective?

Good 

The service was effective.

Care workers received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well by a small team of consistent care workers. They supported people to access healthcare support if required.

People's legal rights were protected because care workers had an understanding of the requirements of the Mental Capacity Act (MCA) 2005.

People, where required, were supported to maintain a balanced diet.

### Is the service caring?

Good 

The service was caring.

People said care workers were caring and kind.

Care workers relationships with people were caring and supportive. Care workers knew people's specific needs and how they liked to be supported.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

Care files were personalised to reflect people's personal preferences.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. People were confident their concerns would be listened to by the registered person and acted upon.

### Is the service well-led?

Good ●

The service was well led.

Care workers spoke positively about the registered manager and how they worked alongside them and listened to their views.

People's views and suggestions were taken into account to improve the service.

A number of effective methods were used to assess the quality and safety of the service people received.

# Kenwith Castle Gardens Domiciliary Care Agency

## **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 5 December 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service for a small number of people; we needed to be sure that someone would be available. Before the inspection, we reviewed the information we held about the service and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care.

We also received a provider information return (PIR) in July 2016 and used this information to inform our inspection plans.

The inspection was completed by one inspector who spent time talking to the registered manager, support worker, one person who used the service and one relative. We also looked at one care plan and daily records. We checked two staff recruitment and training files and looked at audits to show how the service reviewed the records and quality of care and support it provided to people.

# Is the service safe?

## Our findings

People said they felt safe because they knew the staff who supported them. People said they knew staff would arrive on time and assist them with anything they requested or was part of their care plan. One person said "Yes I have the same staff, they are very good."

People were kept safe because risks had been assessed and, where possible, measures put into place to minimise those risks. For example where someone was at risk of falls, their plan reminded staff to ensure their environment was clutter-free and encourage people to wear the right footwear. Where people were at risk of not eating or drinking enough, the plan gave clear instructions about how to support the person to eat and drink sufficient amounts to stay healthy. Staff confirmed the risk assessments were reviewed monthly and changes made where risks had increased.

Care workers demonstrated an understanding of what constituted abuse and knew how to report any concerns they might have. For example, they knew how to report concerns within the organisation and externally to organisations such as the police and to the Care Quality Commission (CQC). Care workers had received safeguarding training, and this was updated annually and discussed as part of one to one meetings. There had been no safeguarding alerts made in the last 12 months. The registered manager understood their safeguarding role and responsibilities. They had developed links with the safeguarding lead nurse and other commissioning professionals.

There were sufficient staff to meet people's needs and ensured they received safe, effective care. There were two care staff supported by a registered manager.

People were kept safe because there were effective recruitment and selection processes in place. Care workers had completed application forms and interviews had been undertaken. Any gaps in employment history was explored. Pre-employment checks were carried out, which included written and verbal references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. New staff did not begin working with people until all these checks had been returned and the registered manager was satisfied they were suitable to work with vulnerable people.

People could receive varying levels of care worker's support when taking their medicines. For example, from prompting through to administration. Care workers had received medicine training and competency assessments to ensure they were competent to give out prescribed medicine safely. They used medicine administration records printed by the pharmacist to record when they had assisted someone to take their medicines.

Uniforms, disposable gloves and aprons were provided to ensure care workers had protective clothing and promote good infection control practices. Care workers had received training in infection control and knew how to promote safe practice to prevent the risk of a spread of infection.

# Is the service effective?

## Our findings

People said they felt their needs were being effectively met by a small staff team who knew them well. Staff were able to demonstrate they had the right knowledge and skills to meet people's needs. Staff confirmed they received training in all aspects of health and safety as well as some more specialist areas, such as understanding dementia. This helped them to provide effective care and support to people.

New staff were required to complete an induction programme. This included the Care Certificate, which covered all aspects of the care to help them understand their role and do their job effectively. The Care Certificate was developed by Skills for Care. It is a set of 15 standards that all new staff in care settings are expected to complete during their induction if they have not worked in care before. New staff were supernumerary and shadowed other more experienced staff until they were proficient. The registered manager said the length of time new staff shadowed experienced staff varied. This depended on how confident the staff member was and whether she and the senior staff felt they understood the basics about how the service was run and the needs of people.

The provider information return (PIR) stated, 'New staff are given a robust induction at the home and a "buddy" system is in place to support new carers. Care South (provider) has invested in an online training tool, The Aged Care Channel that offers a comprehensive induction package for new carers as well as, those with more experience. The programmes are current and regularly updated, and a distinct set of programmes helps us to ensure that new starters can achieve the Care Certificate. All training for the staff is provided free of charge and employees are paid for training time - even if undertaken on line. All employees are encouraged to undertake Diploma levels 2 and 3, and Care South actively encourages further education and training.'

Staff said they received regular supervisions to discuss their role and future training needs. All staff also had an annual appraisal. Records showed these were in process and staff had signed to say they had agreed to the records of supervision and appraisals.

People's rights were protected because staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant. The service had not needed to use this law as people currently using the service had capacity.

Staff worked in a way to ensure people's choice was respected and that consent was gained before they assisted with a care task. For example checking if a person wished to have support with their personal care and what particular aspects of the task they wanted support with.

People's healthcare was documented within their care plan and, if needed, support was provided to assist people to attend appointments with health professionals. Daily records showed people's health and



emotional well-being were being closely monitored.

People were supported to maintain a healthy balanced diet and this support could vary depending on people's needs. One person received a visit to help them prepare their own breakfast, lunch and a teatime snack.

## Is the service caring?

### Our findings

People using the service described staff as "caring and considerate." One relative said their observations of how staff were with their relative confirmed they were "friendly and caring."

People said that they were involved in making decisions about their care and were consulted about changes to their care plan. Where possible, people had signed to confirm their agreement to the plan. Staff said that where people were unable to sign or be involved in their support plan, they would ensure their views were represented by their next-of-kin or power of attorney.

The ethos of the service was centred on core values and these included a caring approach. They looked for this when interviewing for new staff. In the PIR the registered manager said "During interview we always ask the question 'Why do our residents deserve the best?'. Care South (provider) and the service actively promoted our core values which are represented in the acronym HEART. This stands for Honesty, Excellence, Approach, Respect and Teamwork. These values are sought on interview from prospective employees and in our everyday work. Care South holds an annual Star Award Ceremony at which the achievements of staff are celebrated and awards are given to those that have been nominated for living the values. Kenwith Castle is proud that we have previously won in Carer of the Year Award and also in Support Team of the Year Reception Team. This year we were finalists in Support Team (housekeeping) and Activities Team of the Year."

People were supported in a way which ensured their privacy and dignity was maintained. For example staff said they would always ensure they supported people with their personal care so that they did as much for themselves as possible. They said they would ensure staff gave people time to do tasks for themselves where possible and always knock on bedroom and bathroom doors before entering. People confirmed they felt they were treated with respect and dignity.

It was clear that staff were genuinely interested in people and the things that mattered to them. People were encouraged to pop into the office to have a chat. One person whose relative received some support from the service did call in and said they felt the service was "very helpful and gives me peace of mind."

## Is the service responsive?

### Our findings

As the service was small and on site of where people lived, it could be responsive to people's changing needs. One person confirmed they used the service from time to time, to check on their relative whilst they went out. Another person who used the service regularly said they felt the staff were responsive to their needs and wishes. They said because there were only two staff, they knew them well and it "felt more like friends than carers."

The service was responsive to people's needs because people's care and support was well planned and delivered in a way the person wished. This was achieved by ensuring people's needs had been assessed prior to them starting with the service. The registered manager explained that, wherever possible, they visited the person and their caregivers prior to agreeing what package of care and support would suit their needs. They discussed all aspects of people's care, their preferred routines and their personal preferences in respect of how they wished to be supported. This information was then used to develop a detailed care plan for staff to follow. The PIR stated "Kenwith Castle uses a commissioned Care Planning System - this is a person centred planning system that offers a comprehensive package of planning tools and risk assessment for the individual. Kenwith Castle responds to the changing needs of the resident through review of the care plan this is dynamic document that is reviewed regularly but can also be update daily if the residents condition changes rapidly."

The service also offered people regular activities to help people to socialise and get together. Throughout December for example, there was a planned activity each afternoon for people to attend at the office, which had a small kitchen and lounge for use. This included activities such as cheese and wine afternoons, movie afternoons and coffee and mince pie afternoons with carols.

People's views were sought and their suggestions implemented in a variety of ways. There were suggestion boxes in reception for staff, visitors and people. All suggestions were posted with the registered managers response about whether the suggestion would be implemented and if not the reason why. There were also annual surveys completed by an external agency with results published for people to review.

People's complaints and concerns were acted upon. People and relatives said they were confident in the registered manager's ability to resolve any concerns they may have. There have been no formal complaints about the service in the last 12 months.

## Is the service well-led?

### Our findings

People knew who the registered manager was and were confident in their ability to ensure the service was well-led. The registered manager was based at the nursing home on the same site, but held regular weekly meetings with the staff at the domiciliary care service. They were also available via phone throughout the week. There was also on-call support 24 hours per day.

Staff said they felt supported, valued and their views and opinions were listened to. Staff described the management approach as open and inclusive.

There was a strong commitment to continuous improvement, both through investment in staff learning and support. Staff said there was a huge drive to provide the right training and support for them. They had opportunities to develop specialist areas such as end of life care and all were encouraged to obtain diplomas in care. Staff confirmed that supervisions were constructive and helped them to develop and learn.

Comprehensive audits were used to drive up improvement and enhance the lives of people using the service. The management team worked together to establish a vision for 'excellence in delivery of the best personal care in the home, with an aim to promote an open and learning culture within which accountability for safety and quality is shared by all.' The provider had a quality assurance team who independently audited the service on all aspects of care delivery and records. This occurred four times per year with monthly quality checks to follow up on any actions needed. As this service was small, there were no current action plans needed.

There were accident and incident reporting systems in place at the service. There was a means to gather the information in order for the registered person to be able to monitor any adverse events. However there had been no incidents recorded in the last year.

The registered person was meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.