

Kent Carers Limited

# Kent Carers Limited - Head Office

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an inspection of Kent Carers Limited - Head Office on 24 October 2016. This was an announced inspection where we gave the provider notice because we needed to ensure someone would be available to speak with us.

Kent Carers Limited - Head Office is a domiciliary care service providing personal care to people in their own home. At the time of our inspection there was one person who received personal care from the agency.

The service was last inspected on 3 March 2014. During the inspection we found people were not protected from the risks of unsafe or inappropriate care and treatment. Accurate and appropriate records were not maintained in relation to daily notes on the support provided by carers to people and references had not been obtained when recruiting staff.

The service had a registered manager in place. 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.

Risk assessments were not updated to reflect the person's current needs and did not take into consideration their health needs. However, staff were aware of the risks to the person and how to mitigate those risks.

The person was protected from abuse and avoidable harm. The relative we spoke to told us they were happy with the support received from the service. Staff knew how to report alleged abuse and were able to describe the different types of abuse.

Assessments were not being completed in accordance to the Mental Capacity Act 2005 (MCA). Staff had not been trained in MCA. Both staff we spoke to were unable to tell us the principles of the MCA.

Staff told us they were supported by the management team and had received supervision and spot checks. Supervision meetings and spot checks findings had not been recorded that could be used to ensure high quality care was being delivered at all times.

There was no documentation to show that audits were being carried out on the person's records, such as risk assessments that would have helped identified the issues we found during the inspection.

Staff meetings were being held but the meetings were not being documented.

Staff had not received training from the service to ensure knowledge and skills were kept up to date.

The relative we spoke to told us that staff communicated well with them and with their family member.

There were sufficient numbers of staff available to meet the person's needs.

Pre-employment checks had been undertaken to ensure staff were suitable for the role.

There was a formal complaints procedure with response times. Staff knew how to respond to complaints in accordance with the service's complaint policy.

The person was supported to maintain good health.

The person was encouraged to be independent and their privacy and dignity was maintained.

We identified three breaches of regulations relating to training, mental capacity and record keeping. You can see what action we have asked 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.

Risk assessment had not been documented adequately. However, staff were aware of risks to the person.

The relative told us they were happy with the support the person received from the service.

The person was protected by staff who understood how to identify abuse and who to report to.

Recruitment procedures were in place to ensure staff were fit to undertake their roles and there were sufficient numbers of staff available to meet people's needs.

### Is the service effective?

Requires Improvement ●

Some parts of the service were not effective.

The person's rights was not being consistently upheld in line with the Mental Capacity Act 2005 (MCA). Staff had not been trained in MCA.

Staff told us they received supervision and were supported. Supervision meetings had not been recorded.

Training had not been provided to staff. Staff told us they had received mandatory training in their previous jobs.

### Is the service caring?

Good ●

The service was caring.

The relative told us that staff were caring and respected people's privacy and dignity.

Staff had good knowledge and understanding of the person's background and preferences.

### Is the service responsive?

Good ●

The service was responsive.

Staff were able to tell us the support and care the person received.

The person participated in activities. Staff knew what the person liked and disliked.

There was a complaints system in place. Staff were able to tell us how they would respond to complaints.

**Is the service well-led?**

Some aspects of the service were not well-led.

Spot checks findings were not being recorded.

Quality assurance systems were not in place to make continuous improvements

Staff meetings were not being recorded.

Staff were supported by management.

**Requires Improvement** ●

# 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.

The inspection was carried out on 24 October 2016 and was announced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider. We also made contact with social and health professionals for any information they had that was relevant to the inspection.

During the inspection we spoke with the registered manager and the provider. We looked at one care plan, which consisted of the person receiving personal care in their own home. We reviewed three staff files and looked at documents linked to the day to day running of the agency including a range of policies and procedures on safeguarding, equality and diversity and supervisions.

After the inspection we spoke with two staff members.

## Is the service safe?

### Our findings

The relative we spoke to told us they were happy with the support received from Kent Carers Ltd. The relative said, "My [person] is safe around the carers" and "[The person] is well looked after." A health professional told us, "Individual [person] accessing these services is satisfied with the support [the person] is receiving."

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff members were able to explain what abuse was and who to report abuse to. Staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority.

We looked at the provider's safeguarding procedure, which provided clear and detailed information on how to report allegations of abuse. The safeguarding procedure did not list the different types of abuse such as physical, verbal and emotional abuse. We fed this back to the registered manager who informed that this would be included. After the inspection the registered manager sent us the policy to evidence this had been included.

The relative we spoke to told us that staff were reliable and turned up on time and the support they received was what they expected. The relative told us that staff always stayed for the expected time and made sure that they were happy before leaving. The relative commented, "They have not missed an appointment" and "If they [staff] are running late, they let me know." There were systems in place for staff to alert the service if they were going to be late or not able to come into work. This enabled alternative arrangements to be quickly made to ensure that the required support could be provided. The registered manager told us that if emergency cover was needed, then staff were available to provide cover. Records showed staff had to complete a log sheet detailing the time of arrival and departure, which they had to submit to the registered manager.

Risk assessments were undertaken with the person and their relative to identify any risks and provided information for staff to keep the person safe. This included risk assessments on allergies, mobility, wandering, the property and environment. The service had identified if the person was at risk of falls. Records showed the person had specific health concerns. Risk assessments were not completed to demonstrate the appropriate management of these risks in order to minimise them leading to serious health complications. However, when we spoke to staff they were aware of the risks to the person and how to respond to escalating health concerns. After the inspection, the registered manager sent us the completed risk assessment and how to mitigate the risk of serious health complications.

Records showed the service collected references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the staff. The registered manager told us staff members do not commence employment until pre-employment checks had been completed. This corresponded with the start date recorded on the staff files.

The service did not support the person with medicines. The relative and staff we spoke to confirmed this.



## Is the service effective?

### Our findings

The relative we spoke to felt that staff had the skills and knowledge to meet the person's needs effectively. The relative said, "One of them [staff] feels like [staff] is the second mother" and "I am more than happy."

Despite these positive comments, some aspects of the service were not effective.

There were no records that showed staff had completed an induction when they commenced employment. However, staff told us that they had received induction training when they started working at the service, which included shadowing experienced members of staff and looking at people's care plans. The registered manager confirmed this.

There were no records that showed that staff had undertaken any training since being employed by the service, such as first aid, safeguarding, people handling, health and safety and infection control. The service did not have systems in place to keep track of training staff had completed and future training needs. Staff told us that they had received training in previous jobs. We saw in one record that a staff member in their previous job had completed training in moving and handling and asthma, both were dated 2012 and no refresher training had been carried out. The registered manager told us that staff will be enrolled to complete the Care Certificate, which is a set of standards that social care and health workers adhere to in their daily working life. The registered manager also told us that safeguarding and first aid training will be booked this year.

The above issues related to a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA.

There was a MCA section on the person's care plan. The plan did not cover the elements of capacity, namely whether the person could understand, retain, and weigh the information, and make a decision on the information. The plan did not list if the person had capacity to make certain decisions.

None of the staff had received MCA training. The staff we spoke to were not able to tell us the principles of the MCA.

The above issues related to a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff told us that they always asked for consent before providing personal care and if the person refused then this was respected. The relative told us, "They [staff] always ask for consent."

An appraisal had been carried out with one staff member during 2014 and records showed that plans were in place to carry out appraisals towards the end of the year. Staff told us that they received support from management. A staff member told us, "Yes of course, very much supported" and another staff commented, "I have regular contact with [registered manager]."

There were no records to confirm that individual one-to-one staff supervisions had been carried out. The provider's supervision policy stated that supervisions should be carried out every two months. The registered manager told us that supervisions were carried out with staff but this was not recorded. Staff confirmed that they received regular supervisions where they can talk about concerns, working hours, objectives and provide updates on the person.

The person's care plan listed their preference in food. When we spoke to staff they knew what the person liked and disliked. The relative told us, "They [staff] know what he wants and they will make that for him" and a staff member commented, "We know what he likes." Staff told us that they did not prepare food from scratch as this was predominantly prepared by the relative.

People's care plans listed details of health professionals such as GP and included their current health condition. This meant that staff can contact the person's GP if they needed to. Staff members were able to tell us how they would identify if the person was not feeling well such as a change in their behaviour and body language or not able to eat. Staff told us depending on the situation they would report to family members or in serious situations would call a doctor or ambulance. The relative we spoke to told us they had confidence that staff were able to identify if the person was not well. The relative also told us, "[The person] had [health condition] and they [staff] were at the hospital. They dropped everything and stayed in hospital" and "They can tell and understand if [person] is not feeling well."

## Is the service caring?

### Our findings

The relative that we spoke with was happy with the staff and spoke positively about their relationship with their family member. The relative told us, "They [staff] are caring and friendly." A staff member told us, "I treat [person] with respect" and another staff commented, "I treat [person] the way I like to be treated."

Staff demonstrated a detailed knowledge of the person and knew what their personal likes and dislikes were. Staff members were able to tell us the background of the person and the support they required. They told us they always encouraged the person to do as much as they could to promote independence. The relative confirmed that staff encouraged independence.

Staff told us that they respected the person's privacy and dignity. Staff also told us that when providing particular support or treatment, it was done in private and they always knocked on the door before entering. One staff member commented, "I will not expose [person] in public. When I care it is in a locked room." The relative told us that staff treated the person with respect and with dignity when providing personal care.

Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

The service had an equality and diversity policy. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against their race, gender, age and sexual status and all people were treated equally. The relative we spoke to had no concerns about staff approach towards the person.

During the inspection we did not find records that showed that the person's communication ability was recorded. After the inspection the registered manager told us this had been recorded and sent us evidence to support this. The relative told us that staff communicated well and took the time to make sure that they were involved in the person's care. They felt that staff explained clearly before going ahead and carrying out any care tasks. Staff told us they knew how to communicate with the person. After the inspection, the registered manager sent us evidence that the person's communication ability had been recorded.

## Is the service responsive?

### Our findings

The person received personalised care which was responsive to their needs. The relative we spoke to told us, "They [staff] respond to [person] needs." A staff member told us, "[The person] responds to me very well."

The relative told us staff responded to the person effectively and the person was very fond of the staff as they had been caring for the person a long time. Comment from the relative included, "When [person] fingernails has grown, they [staff] will manicure [person] to prevent [person] from scratching" and "They go the extra mile."

The care plan we reviewed had a personal profile outlining the person's mobility, nutrition, health conditions and if they were taking medicines. There was a 'Goals for the future' section providing information on the person's aspiration. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

People's care plans were personalised and person centred to people's needs and preferences. Staff told us they get time to provide person centred care and interact with the person. One staff commented, "We always have time to provide good care." The relative told us, "[Staff] will talk to [person] and make [person] laugh."

Reviews were undertaken regularly with the person, which included important details such as current circumstance and if there were any issues that needed addressing.

There was a daily log sheet, which recorded key information about people's daily routines such as behaviours and the support, provided by staff. Staff told us that the information was used to communicate between shifts on the care people received during each shift.

Complaints had not been received. Relatives told us that they did not have any complaints about staff and felt they could raise concerns if they needed to. The service had a complaints policy, which included response time and how to escalate complaints to external authorities. When we spoke to staff on how they would manage complaints, they told us that they would record the complaint and inform the management team.

The person received support with social activities and accessing the community. Staff were able to tell us about the things the person liked. The information they gave was consistent with what we had seen in the person's care plan. Records showed the person went shopping, to sports sessions, to the park and hydrotherapy. One staff member told us, "[Person] goes to hydrotherapy, trampolining. [Person] loves being out in fresh air, loves walking, we do that a lot." The relatives confirmed that the person participated in activities with staff. This showed that staff were aware of the importance of delivering care that was centred on the needs and preferences of the person.

## Is the service well-led?

### Our findings

The relative told us they were happy with the support provided by the service to their family member. The relative commented, "I have no concerns." This was reciprocated by the health professional we contacted who told us, "As far as I'm aware there have been no concerns raised." Staff told us they were happy working for the organisation. A staff member told us, "My job is very good" and another staff member commented, "I enjoy my work."

Despite these positive comment, some aspects of the service were not well-led.

There was no documentary evidence that audits were being carried out on the person's records. Care plan records were not up to date as the risk assessments specific to the person's health condition had not been included in order to ensure staff had the relevant information to provide high quality care at all times. This meant that there was a risk new staff members may not be aware of risks posed to the person should experienced staff not be available. While the risk assessments were submitted after the inspection, the audits would have helped identify these issues to ensure high quality care was being delivered at all times and risks were minimised.

The registered manager told us that supervisions were carried out but not recorded. Staff confirmed supervisions were carried out. It is important that all supervision meetings are recorded properly and promptly. This will enable agreed actions and timescales to be noted and for the form to be reviewed before the next supervision meeting which could also be used to review performance and identify any needs for further staff development. This would help both the provider and staff member to form an objective view of the staff members past performance, as well as encourage better performance in the future.

There were no records that showed spot checks were being carried out on staff when they provided personal care to identify best practises and areas that may require improvements. The registered manager told us that spot checks were carried out but not recorded. Staff confirmed that they received spot checks and the outcomes were communicated to them. One staff commented, "[Registered manager] does spot checks and lets us know how we did." Keeping records of spot checks is important to keep track of the number of checks undertaken and help identify areas of improvements or best practise that could be used in staff supervision and appraisals to ensure high quality care was being delivered at all times.

The registered manager told us that staff meeting were being carried out. However, we did not find records that showed minutes of the staff meetings. The registered manager told us that the meetings were not recorded. It is important to record the minutes of the staff meeting to ensure there is a record of what was discussed which could be used to follow up on the next meeting and also could be accessible to staff that may had missed the meeting.

This was a breach of regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The provider's aims and objectives were to provide good quality care and to improve the quality of life for people to enable people to live as independently as possible. Staff were aware of the aims and objectives of the service and told us that this was communicated in staff meetings and supervisions.

Staff members were positive about the registered manager. One staff member told us, "I have no bad words to say about [registered manager]" and another staff member commented, "She [registered manager] is top, she is brilliant, very approachable" and "She is very understanding, if I have a problem, she will sort it out." Staff told us that they were supported in their role and felt that the service was well-led. There was an open culture where staff could raise concerns and felt this would be addressed promptly. Staff told us they could speak with the registered manager when they needed to and felt that their comments were listened to.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment was not always provided with the consent of the relevant person as the registered person was not always acting in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11(1)(3)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service provider was not maintaining securely an accurate and complete record in respect of the person receiving personal care and was not maintaining securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity.</p> <p>Regulation 17(1)(2)(c)(d)</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The service provider had not ensured that all staff received training as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18(2)(a)</p>

