Kelly Park Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 30 August, 1, 4 and 7 September 2017. The provider was given 24 hours' notice to make sure someone would be at the registered office to meet us. We last inspected this service in November 2015 when it was rated good.

Kelly Park Limited is a domiciliary care agency which provides personal care and support to people in their own homes who have a variety of needs. The service covers a large area which includes County Durham, Gateshead and South Tyneside. The service is managed from an office located in Consett. At the time of this inspection 395 people were using the service.

The service had a registered manager. 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.

During this inspection people using the service told us they felt safe when regular staff supported them. Some people had regular teams of care staff. This made them feel confident in the staff that supported them and gave them continuity of care. Other people said they did not know which care staff would visit them and were not always told if they were going to be late. Some people told us staff rotas sometimes created difficulties, for example when calls were scheduled 'back to back' and people didn't always receive the full amount of allocated time. People had mixed views about the punctuality of staff.

We have made a recommendation that the provider reviews staffing levels and does an in depth analysis of call times once the electronic monitoring system is embedded. We have made a recommendation that the provider reviews the competency of all staff in relation to moving and positioning so that they can be confident staff have the necessary skills to support people safely.

Staff received training in safeguarding vulnerable adults, and told us about their obligations should any concerns arise. Staff said they felt any concerns they had would be taken seriously. Safeguarding concerns, accidents and incidents were recorded and dealt with appropriately.

Staff completed an induction programme before providing care, and completed additional training at regular intervals. Staff received regular supervisions, observations and an annual appraisal, although records of these lacked meaningful detail.

Medicines were mostly managed safely but we found some gaps in electronic records due to teething problems with handheld devices, most of which the provider had already identified and addressed.

Most people and relatives we spoke with said they felt staff had the right skills and training to provide care and support, although six people we spoke with felt staff training could be improved.

Most people and relatives told us staff were caring and listened to what people wanted and needed. Most people said they had positive relationships with care staff. People said staff promoted their independence and treated them with dignity and respect.

Some care plans lacked personal information about how people needed and wanted to be supported.

People told us they knew how to make a complaint. People and relatives had mixed views on how appropriately their complaint had been handled.

People and relatives had mixed views on whether the service was well-led. A number of people we spoke with felt improvements were needed in relation to receiving information about which care workers would visit their homes in advance, staff arriving too early or too late and the service not communicating when workers were late.

Staff spoke positively about the manager being approachable and supportive.

The provider had a quality assurance system in place but this had not always been effective in monitoring staff punctuality in relation to people's scheduled care visits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they felt safe when regular staff supported them, but those who had a varied staff team felt less safe.

People also had mixed views about the timekeeping of staff and the duration of calls.

Staff had a good understanding of safeguarding adults and their personal responsibilities to support people with matters of a safeguarding nature, should any concerns arise.

There were recruitment and selection procedures in place to check new staff were suitable to care for and support vulnerable adults.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received regular supervisions, observations and an annual appraisal, although records of these lacked meaningful detail.

Some people we spoke with felt staff training could be improved.

Staff completed an induction programme before providing care and completed additional training at regular intervals.

People told us staff sought permission before providing care.

Is the service caring?

Good

The service was caring.

People told us most staff were caring and professional.

People said staff promoted their independence and treated them with dignity and respect.

Each person who used the service was given a 'service user

guide' which contained information about all aspects of the service and how to access advocacy support if needed.

Staff told us how they often liaised with other agencies to get additional support for people.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some people's care visits took place much later or earlier than planned and some people did not receive care visits for the full allocated time.

People and relatives had mixed views about whether complaints were handled appropriately.

Some care plans lacked detail about how people needed to be cared for.

Most relatives told us they were kept informed about changes in their family member's needs.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A number of people we spoke with felt improvements were needed in terms of staff punctuality and communication about late calls.

A quality assurance system was in place but this had not always been effective in monitoring staff punctuality in relation to people's scheduled care visits.

Some staff said they felt able to raise issues but that these were not always dealt with.

The provider had acted on people's feedback by introducing a new telephone system and electronic monitoring system.

Kelly Park Limited

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 was 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 30 August, 1, 4 and 7 September 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector on 30 August and 4 September 2017 and two experts by experience on 1, 4 and 7 September 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The two experts by experience supported the inspection by telephoning people and their relatives to gather their experiences of the care and support being provided.

Before the inspection we reviewed information we held about the service including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted local authority commissioners of the service for feedback.

During the inspection we spoke with the provider, manager, HR officer, two risk assessors and six homecare workers. We asked staff to complete a questionnaire and received 19 responses. We spoke with 25 people who used the service and four relatives on the telephone. We also viewed a range of records about people's care and how the service was managed. These included the care and medicine administration records of 13 people, the recruitment records of seven staff, training records and quality monitoring records.

Requires Improvement

Is the service safe?

Our findings

The service provided support to people 24 hours a day seven days a week. The service employed two co-ordinators who were based in the registered office, a client liaison officer, two risk assessors and around 130 homecare workers. Other staff based at the registered office provided human resources and administrative support.

People had mixed views about the punctuality of staff. Some people felt staff were mostly on time and stayed for the required duration. Others felt punctuality was an issue. One person said, "I usually have to call the office a few times a week because staff are late." Another person said, "The care staff are spot on but they rarely come at the arranged times." One relative told us, "My husband gets a call at 0730 but often staff turn up at 0800." One staff member we spoke with said, "Sometimes calls get rushed as you don't get any travelling time in between calls."

Homecare workers were expected to contact the office if they were running late. The manager told us people who used the service were advised to contact the office if staff had not turned up after 15 minutes of their planned call. The manager also said they advised people staff may sometimes be up to 15 minutes early. A new electronic call monitoring system had been set up with this 15 minutes flexibility in mind. Most people we spoke with understood this and acknowledged that sometimes staff might have to deal with emergency situations or get stuck in traffic. However, a number of people told us staff were sometimes early or late by more than 15 minutes.

The recently implemented electronic call monitoring system enabled staff who were office based to check care staff were on time and to track the duration of visits. Each staff member had a hand held device (a mobile phone) which was linked to the provider's computer system. When staff attended people's homes they checked their device against a quick response code (type of bar code) in people's homes. At the time of our inspection this system had only been in use for a few weeks. The provider and manager told us they hoped this new system would help them monitor the timings of calls more effectively to improve the quality of the service.

We recommend that the provider reviews staffing levels and does an in depth analysis of call times once the electronic monitoring system is embedded.

Staff told us they had felt the benefit of the new system already, as information from previous calls such as care notes was immediately accessible on their hand held devices. Staff also said they could inform people which staff members were due to attend calls that day or later in the week as all the information was accessible on the device.

We received mixed views from people about the consistency of staff providing their care. Most people were happy with their staff team. One person said, "The co-ordinator does try to put the carers in I know. They try to fit the carers in who know me and know what I need." For the minority of people we spoke with there was no consistency in the staff who attended to them. People who did not have regular care staff said this

sometimes created difficulties. One person said, "I get different ones (home care workers). I never know who is coming or what time." Another person told us, "I have two regular carers who come in the morning, but if they are on holiday I could get anyone."

When we asked the manager about this they said people were allocated a team of regular care staff. Staff rotas were done in groups according to location to try and keep staff in the same area and reduce travelling time. The manager told us people were not given rotas of which staff to expect as calls could change quickly depending on staff sickness and other factors. The manager told us rotas did not allow for travelling time when calls were scheduled in the same area.

People and relatives we spoke with felt there were not always enough staff to carry out visits at the times people wanted them. When we spoke to the provider and manager about this they said they tried to accommodate people's preferences for times as far as possible in line with what the local authority had commissioned. The provider's HR officer told us they were constantly recruiting new staff to try and address this.

People had mixed views about whether staff attended for the required duration. Some people said staff always stayed for the full amount of time and never rushed them. One person told us, "They always stay for the right amount of time and don't rush me." However, others felt differently. For example, one person said, "Staff do not always stay the correct amount of time as they are always pushed for time to get to other calls."

Most people told us they felt safe when regular carers visited their home. Their comments included, "Yes, I feel safe, I don't have any problems with the agency" and "I am happy with the service I receive, I feel safe with them." Two people we spoke with felt less safe. One person told us, "Hand washing has been a bone of contention. No carers wash their hands before putting on their gloves." Another person said, "I have a hoist and I had to show two new ones (homecare workers) how to use it."

Staff had a good understanding of safeguarding adults and their role in preventing potential abuse. Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults as part of their induction training and then at regular intervals. Staff knew how to report concerns and were able to describe various types of abuse. Staff we spoke with said if they had any concerns they would raise them immediately with the care co-ordinators or the manager. One staff member told us, "I had to report a safeguarding issue recently. I spoke to [manager] and it was dealt with appropriately and immediately." A safeguarding log was kept which showed appropriate and prompt action had been taken.

Thorough recruitment and selection procedures were in place to check new staff were suitable to care for and support vulnerable adults. The service had requested and received references, including one from their most recent employer. Background checks had been carried out and proof of identification had been provided. A Disclosure and Barring Service (DBS) check had also been carried out before staff started work. These checks help employers make safer recruitment decisions and reduce the risk of unsuitable people from working with vulnerable groups.

Risks to people's health and safety were assessed, managed and reviewed regularly. These included an assessment of the safety of the person's home and equipment, and any potential risks relating to falls, mobility, medicines, skin care and nutrition. The risk assessments were regularly checked to make sure they were still relevant. Any accidents or incidents that occurred during the delivery of care were reported by homecare workers via their hand held devices, which meant the transfer of information happened immediately.

Staff recorded when they administered medicines on their hand held devices. Medicines were managed safely but we found gaps in some of the electronic records, some of which the provider had already identified and addressed. We found six people's electronic medicine administration records were incomplete as staff had not ticked each item on their hand held devices. Handwritten records confirmed medicines had been administered or were not needed, but the electronic records did not always match. When we spoke to the provider and manager about this they felt this was down to "teething problems" with the new system. The manager said this issue had already been raised with staff and would be covered during supervisions and would be checked when medicine audits were carried out.

Requires Improvement

Is the service effective?

Our findings

Most people and relatives we spoke with said they felt staff had the right skills and training to provide the care and support they needed. However, six people we spoke with felt staff training could be improved. One person said, "I don't think they get enough training in moving and handling. Sometimes they are unable to transfer me into and out of my wheel chair." A relative told us, "There has been a lot new starters in the last few months, sometimes they come with an experienced carer."

Most staff told us they had received appropriate training and opportunities to shadow established care staff before providing care on their own. Most staff told us they felt they had sufficient training, and if they wanted to do further training they would discuss this with the manager. Some staff we spoke with said they felt new staff had not received enough practical training. One staff member said, "The online training we get sometimes leaves a lot to be desired. There's no substitute for practical training when it comes to care."

We recommend the provider reviews the competency of all staff in relation to moving and positioning so that they can be confident staff have the necessary skills to support people safely.

Training records confirmed new staff completed a comprehensive induction programme which included training on moving and positioning, food hygiene, health and safety and safeguarding adults. Records confirmed staff had also completed training on infection control, fire safety and medicines administration. New staff were also expected to complete the Care Certificate as part of their induction. The Care Certificate is a training programme designed specifically for staff who are new to working in the care sector. Staff told us they felt supported. One staff member said, "I can raise issue at any time. We get plenty of support."

Records confirmed staff received regular spot checks or observations of the care they provided. They also received supervisions several times a year and an annual appraisal. Supervisions are regular meetings between a staff member and their manager to discuss training needs and how their work is progressing. Records of supervisions, observations and appraisals we viewed were all similar in content and lacked meaningful detail around people's care needs and staff development. This demonstrated that supervisions were not used as an effective method of communicating best practice. When we discussed this with the manager they agreed to look at ways in which this could be improved.

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. 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 Act.

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The manager told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with

MCA legislation.

Staff told us most people they supported had capacity to make their own decisions, although they did support some people living with the early stages of dementia. Staff received training in MCA and understood the concept of ensuring people were encouraged to make choices where they had capacity to do so. Staff told us if there was a doubt over someone's capacity they would pass this on to the manager so the matter could be discussed with the person's family and social worker. This meant staff knew how to seek appropriate support for people should they lack capacity in the future.

People told us staff sought permission before providing care or administering medicines. People's consent to care was documented in care plans and signed appropriately.

Each person who used the service had an assessment about their nutritional well-being. People received support with nutrition and making meals as part of their individual care package, where they had needs in this area. Some care plans detailed people's food preferences, for example, 'I like tea with milk and two sweeteners and cornflakes for breakfast.' Some records relating to people's food intake lacked detail in terms of how much people had eaten.

Most people told us staff supported them to eat the food they wanted when they needed it. One person said, "They make my meals and give me a choice. If I don't feel like a dinner they will make me an omelette or they do a nice scrambled egg. They are good. I have a healthy diet. The carers advise me what I should eat that is good for me." Another person said, "I am satisfied with them and they ask what I want." However two people we spoke with felt that staff punctuality impacted on meal times. For example, one person said, "They come at 11am which is too early for dinner." Another person said, "Sometimes the gap is too long between breakfast and lunch."

Good

Is the service caring?

Our findings

People we spoke with were happy with the care and support they received. People told us most care staff were caring, polite and professional. People and relatives told us they had a positive relationship with care staff. One person said, "The carers are really great." Another person told us, "I get on well with them, they are kind and caring." A third person said, "They are good girls, like family." A relative commented, "I do think they are very good. They talk to [family member] and treat them like a human being. They are fun and we have a laugh with them."

People and relatives told us staff treated them with dignity and respect. For example, making sure that doors and curtains were closed before providing personal care.

People said staff promoted their independence. One person told us, "They never rush me. It takes me a long time to get out of bed but they enable me to do it." A relative said, "[Family member] is quite used to dressing themselves and carers don't take over."

In the most recent provider survey completed in December 2016 145 people and relatives responded. 97% of those who responded said they got on with staff and staff treated them with respect. People's comments from the annual survey included, 'I find [staff member] very friendly and she does her job well' and 'I'm really happy with the service. I'd be lost without them.' A staff member told us, "We respect people and their homes. We work round people to provide the care they want."

Staff spoke proudly about the standard of care they provided. A staff member told us, "The care is brilliant. You develop a relationship with people. I love them." Another staff member said, "We do the very best we can in the time we have." One staff member told us how they got on so well with one person's family that they were invited to attend a family wedding.

Staff told us how they often liaised with other agencies to get additional support for people. For example, finding trades people that had been vetted and approved by the local authority or contacting mental health or older people's charities to obtain further information or arrange transport for people.

The service had received several thank you cards from people and relatives. Comments included , 'We would like to pass on our thanks and appreciation to the carers who made [family member's] life more pleasant and comfortable,' 'You were all wonderful and I couldn't manage without you' and 'The family would like to thank the care staff involved in [family member's] care for giving a wonderful level of care.'

Each person who used the service was given a 'service user guide' which contained information about all aspects of the service and contained the provider's statement of purpose. These were kept in people's homes so they could refer to them at any time. The 'service user guide' contained information about how to make a complaint and how to access independent advice and assistance such as that from an advocate, although nobody who used the service had an advocate.

Requires Improvement

Is the service responsive?

Our findings

Some people's care visits took place much later or earlier than planned and some people did not receive care visits for the full allocated time. The majority of people told us that they had the same regular home care workers. However, some people told us the agency did not always tell them when there was a change in home care worker and they would like them to. They also told us they were not always told when a care worker would be late. The provider and manager acknowledged that further improvements were needed. They told us that they had prioritised care visits where timing was vital, for example when people were prescribed time critical medicines and for people who were particularly vulnerable.

People had a range of care plans in place to meet their needs including personal care, eating and drinking, medicines, skin care, continence and mobility. Care plans we looked at contained varying degrees of detail. We saw some plans were written in a very person centred way, describing exactly how care should be delivered to suit the individual's needs and wishes. Other people's care plans contained only basic information relating to their practical care needs rather than personal preferences. Staff we spoke with knew about the care preferences and social backgrounds of the people they supported regularly, but this was not always captured in people's care plans.

The people we spoke with did not raise any concerns regarding a lack of person centred care which meant this issue was more to do with the content of care plans rather than the delivery of care. Records showed care plans were reviewed regularly and when people's needs changed, although some care plans still lacked person centred detail.

People and relatives we spoke with told us they knew how to complain. Most people said they would ask their relatives to contact the office on their behalf. One relative told us, "I've never had to make a complaint. I would feel comfortable to raise one if necessary and I know how to do this."

People and relatives had mixed views about whether complaints were responded to appropriately. Some people were happy with how their complaint had been handled, whilst others were less happy. For example, one person said, "At the beginning it wasn't brilliant, they came too early and they missed two calls. My son rang to complain and now in the last five weeks it has definitely improved. We now get the same lady carer who comes on time." Another person told us, "I have raised concerns or complaints about the times of the visits. The office say they are going to ring you back but they don't." One relative told us, "I rang and raised a concern and was happy with how it was dealt with."

We looked at the providers records of complaints. They had a system to log all complaints and concerns and show what action they had taken. There was evidence they had responded and investigated these appropriately. We saw copies of correspondence with complainants, evidence of investigations and where action had been taken. This action included disciplining staff, retraining staff and changing the home care workers for people. Therefore we evaluated that, whilst some people felt dissatisfied with the way in which their complaints had been handled, the provider had taken reasonable steps to respond to and investigate all complaints they had received.

Staff told us they felt they were responsive to changes in people's needs. One staff member told us how they stayed with a person for several hours while they waited for a doctor to arrive when the person became unwell. The staff member said, "The office covered my calls so I could stay and support the person."

Most relatives told us how they were kept informed about changes in their family member's needs. One relative told us, "The carers will text me and involve me when necessary. For example, if [family member] is feeling poorly." Another relative said, "Yes, they always tell me if there is a problem." Some relatives we spoke with felt they were not told of issues relating to their family member's care in a timely way.

Requires Improvement

Is the service well-led?

Our findings

People who used the service and their relatives gave us mixed feedback about whether the service was well-led. We identified some general themes where a number of people had concerns or felt improvements were needed. These included not receiving information about which home care workers would visit in advance, staff arriving too early or too late and the agency not communicating when home care workers were late. Most people were happy with the service and spoke positively about the commitment and kindness of staff, the friendly approach of staff and the knowledge and skills of staff.

The provider had a quality monitoring or audit system in place to review areas such as medicines, care plans, safeguarding and complaints. The senior management team reviewed this on a quarterly basis. We found gaps in some of the electronic medicines records, some of which the provider had already identified and addressed, but not all. Handwritten records confirmed medicines had been administered or were not needed, but the electronic records did not always match. The provider and manager took reasonable steps to address this when we brought this to their attention.

Staff punctuality in relation to people's scheduled care visits was not always monitored effectively. The provider explained that they had invested in a new electronic call monitoring system to address this. The provider said an in-depth analysis of the timings of care visits was planned once the new electronic monitoring system had been fully operational for a couple of months. The provider told us they needed 'a full picture' so they could analyse trends and identify where improvements were needed. At the time of our inspection the new system had been in place for a few weeks.

Services that provide health and social care to people are required to inform the Commission of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred at the agency.

There was a manager in post who understood their responsibilities. Staff spoke positively about the manager. One staff member said, "The manager is approachable and easy to talk to." Another staff member said, "[Manager] is good, she sorts things." A third staff member said, "[Manager] listens to what you have to say."

Staff meetings were held regularly. Minutes of staff meetings were available to all staff so staff who could not attend could read them at a later date. However, we noted minutes of staff meetings sometimes lacked meaningful detail and it was not always clear where further action was needed and who was responsible for this. Most staff told us they had enough opportunities to provide feedback about the service and felt able to discuss issues at any time. Some staff said they felt able to raise issues but that these were not always dealt with. Some staff we spoke with felt they had to cut care visits short so they could make their next call as travelling time was not built into rotas.

People and relatives had been asked for their views on the service via an annual survey. The most recent survey was carried out in December 2016 when 70 people who used the service and 75 relatives responded.

The majority of feedback was positive. Some people raised concerns about the availability of office based staff out of hours, as some people were unclear which telephone number to use. The provider responded to this by changing the telephone system so all calls came through to the office; if a call came through outside of office hours it was diverted to the on call manager. This meant the provider acted on people's feedback.