

KindCare At Home Ltd

# KindCare At Home (Redhill)

## Inspection report

Abbey House  
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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

### About the service

Kindcare At Home (Kindcare) is a domiciliary care agency that provides support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were five people receiving the regulated activity of personal care at the time of our inspection. Support ranged from daily visits to 24-hour live-in care.

### People's experience of using this service and what we found

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

Feedback was consistently positive about the service people received. People felt safe, valued and cared for. Relatives praised the support that their loved ones received and expressed how the agency had improved the lives of their family members.

There were good systems in place to keep people safe. Risks had been appropriately assessed and action taken to safeguard people from the risk of abuse or avoidable harm.

Enough staff were employed to meet the needs of the people who received personal support. People were supported by a regular and reliable team of staff who knew them well. Staff were kind and compassionate in their approach and had developed a good rapport with both people and their families. Staff promoted people's privacy and dignity and encouraged people to retain their independence.

Appropriate steps were taken to ensure staff were suitably vetted prior to appointment. Recruitment was values based, focusing on the attitudes, experience and willingness to learn of prospective staff. Training was ongoing to ensure staff had the skills and experience to support people effectively.

Each person was assessed prior to the commencement of care, from which a personalised plan of care was devised. Support was provided flexibly and regularly reviewed to ensure it remained responsive to people's changing needs.

There were good systems in place to keep people healthy, hydrated and ensure medicines were administered as prescribed.

The registered manager was committed to delivering high quality support and had a clear strategy for expanding the business, without compromising on quality. Quality assurance and governance systems ensured ongoing monitoring and improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 20/06/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection to look at the overall safety and quality of the service and to provide a rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Good ●

### Is the service effective?

The service was effective.

Good ●

### Is the service caring?

The service was caring.

Good ●

### Is the service responsive?

The service was responsive.

Good ●

### Is the service well-led?

The service was well-led.

Good ●

# KindCare At Home (Redhill)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection the service was providing support to people who required assistance due to age, injury, physical disability, sensory impairment or disease.

#### Notice of inspection

The provider was given 24 hours' notice of the inspection so they could send us contact details of the people we wanted to speak with. Inspection activity started on 29 September 2021 and ended when we visited the office location on 12 October 2021.

#### What we did before inspection

We reviewed information we had received about the service since the service was registered in June 2019. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We had telephone calls with two people who used the service and three relatives about their experience of the care provided. We also spoke with six members of staff including the registered manager, deputy

manager and four care workers.

We reviewed a range of records. This included three people's care records and the staff files for three members of staff. We looked at how staff had been recruited, trained and supervised.

After the inspection

We continued to review a variety of records relating to the management of the service, including policies, procedures and information relating to the quality assurance and governance of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them and confident that their homes and belongings were respected and secure. One person said, "Oh yes; I feel very safe with them, they are very kind and respectful towards me and my home."
- Relatives echoed that they also felt that their loved ones were in safe hands. One family member told us, "Staff are very respectful of [Person's name] home and belongings and I have no concerns over his safety or trusting them at all." Another relative described how prior to the agency's involvement, their family member had been in and out of hospital as a result of self-neglect. They went on to say, "They are amazing. They have absolutely turned [Person's name] life around."
- Staff understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. Staff told us they had completed training in safeguarding and were able to talk about different types of abuse and what they would do if they ever had concerns. One care worker said, "I wouldn't hesitate to report something if I felt my client wasn't safe or their care wasn't perfect."
- There were clear policies and procedures in place for identifying and reporting abuse and the registered manager demonstrated her knowledge and commitment to safeguarding the people who received services from the agency.

Assessing risk, safety monitoring and management

- People and their relatives told us that staff provided them with support that enabled them to lead their lives safely and, in accordance with their wishes. One family member commented, "[Person's name] relies on the staff for total care. He has been cared for in bed for over a year and has never had a single pressure wound. All the other professionals involved with him have said how extraordinary that is."
- Staff were confidently able to discuss the risks associated with the people they supported and the steps they took to mitigate these. One care worker told us, "I am really proud of the way as a team we manage people's pressure care, by following everything in place we have been able to prevent people from developing pressure wounds." Similarly, another care worker told us, "We always have two staff where people need to use a hoist to help them move. We'd never attempt to move anyone on our own as that would be very dangerous both to the person and ourselves."
- Risks to people were appropriately assessed and managed in a way that balanced their safety and right to freedom. For example, one person had risks associated with drinking alcohol and taking medicines. These risks had been discussed with the person and their family and a plan had been put in place which outlined how it had been agreed that staff would support them.
- Each person's care plan was linked to a set of risk assessments that outlined how identified risks could be mitigated and staff were clear about the guidelines in place for each of the people they supported.
- The provider had appropriate contingency plans in place to ensure people's care would continue in the

event of an emergency. For example, the registered manager explained how she maintained a number of bank staff who were fully trained, Covid-19 tested, and available in reserve in the event that regular care workers were unable to cover their calls.

#### Staffing and recruitment

- People spoke highly of the staff who supported them and told us they had never experienced a missed call or received care at the wrong time. One person confirmed, "My carer has always arrived within agreed time frame and stays the expected length of time. Similarly, another person commented, "They have never missed a call and I know I can always rely on them."
- People told us that they were supported by the same small number of staff and that they appreciated having consistent care that was flexible to their needs. One person told us, "They have never made me feel rushed or hurried."
- Relatives were equally positive about the staff that cared for their loved ones. One family member told us, "We had used two other agencies before Kindcare, and always had problems with staff being late or leaving after ten minutes. We don't have any of those worries now."
- Staff told us they were given the time to deliver the care that was expected. One care worker highlighted, "If someone's needs change and we need more time then the manager carries out a new assessment and gets the length of the call increased."
- The agency used an electronic system to monitor people's support in real time. The registered manager explained how if a carer worker is late or does not log in from a person's home then they get a red alert on the office devices which is the trigger for them to investigate the issue. We saw this in operation during our office visit and it was clear that the management team had a good handle on the care being delivered.
- As a new agency, the registered manager had demonstrated a commitment to only accepting new care packages for people when they had the staff in place in support them. The registered manager told us, "We are very cautious about what we accept to cover and will only take on a new client if we are confident that we can deliver high quality to them."
- Staff were recruited subject to appropriate checks to help ensure staff were safe to work with people who used care and support services. Recruitment information included obtaining two written references, a full employment history and the completion of a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check. Where staff had been employed from overseas the registered manager had also taken steps to ensure they had the correct permission to work.

#### Using medicines safely

- Relatives told us that the agency had taken the worry away from them in terms of managing people's medicines. One family member described, "[Person's name] is on a lot of medication that is regularly changing. They keep absolutely on top of that and have a great relationship with doctor and pharmacy to make sure he always has the right medicines available."
- There were systems in place to support people safely with their medicines and ensure they received their medicines as prescribed. Staff understood the importance of some medicines being given at set times and explained how they ensured this happened.
- Staff received training in the safe administration of medicines and the management team completed regular competency checks to ensure staff practices remained safe.
- Staff completed Medication Administration Records (MAR charts) following the administration of medicines which were continuously audited by the registered manager or her deputy.

#### Preventing and controlling infection

- People told us that staff maintained good standards of infection prevention and control and always wore



Personal Protective Equipment (PPE) when they were supporting them.

- Relatives confirmed that the registered manager and staff had taken control and made them feel very safe during the Covid-19 pandemic. One family member told us, "They have managed the pandemic really well, and I've always felt [Person's name] was very safe. Right from the beginning, the manager was very strict on infection control; both with staff and relatives and always ensured everyone was wearing the right PPE to keep [person] safe."
- There were appropriate systems in place to manage infection control and staff confirmed that they had completed regular training. Staff were able to describe the steps they took to prevent the spread of infection.
- The registered manager had continuously maintained a good supply of PPE. One member of staff told us, "At start of day, we have to check there is enough PPE in the client's home for the rest of the day, if not then you phone the office who will ensure more is sent out."

Learning lessons when things go wrong

- The registered manager had developed a culture of reflective practice across the service and as a team they were always looking at ways of improving the way care was delivered.
- Accidents and incidents were routinely reviewed to establish learning which was shared with staff. For example, where one person had touched their head on the headboard during personal care, the registered manager had demonstrated how to use equipment differently to prevent reoccurrence.
- Staff confirmed that where improvements were identified from audits or reviews, these were shared with them. One care worker told us, "We have regular spot checks and if something isn't quite right then they show us again what is expected and why."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed by the registered manager prior to support being delivered. One person told us, "The manager came and did an initial assessment with me to find out what support I needed and from that we agreed a care plan."
- Relatives consistently praised the assessment process. One family member commented, "They carried out a detailed initial assessment which has been kept under constant review." Another relative told us, "Right from the very first meeting with the manager, I had absolute confidence in Kindcare; the manager was so professional and thorough in the way she checked everything."
- The registered manager explained that regardless of whether a person was privately or publicly funded she always undertook her own needs assessment telling us; "I've learned that you have to be cautious and check the information other people give you. I only accept a new client once I am confident that we have everything in place to ensure we can deliver the care safely and to a high standard."
- Each person had a care plan. The information recorded was personalised and clearly reflected the needs, wishes and expectations that people had expressed during the assessment process.
- People's support needs were kept under ongoing assessment. For example, one person's assessed needs had recently changed, and both the person's relative and staff described how the support package had been reviewed and amended accordingly.

Staff support: induction, training, skills and experience

- People and their families repeatedly praised the standard of support they received from staff. One person told us, "I have a regular carer, who is very caring, respectful and competent." Similarly, a relative commented, "Staff seem to be well trained and have a really good understanding of dementia and how to adapt support."
- Staff had the skills and experience to meet people's needs effectively and received ongoing training and support. One care worker told us, "We get so much training and support. In addition to all the mandatory courses, I have completed specialist training in areas such as dementia and diabetes. I am also due to start a National Vocation Qualification (NVQ) in infection control." Similarly, another care worker confirmed, "I had a really good induction followed by a full programme of ongoing training. I feel very confident in the training and support provided."
- New staff completed an induction programme in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives. New staff always shadowed the registered manager prior to supporting someone alone.

Supporting people to eat and drink enough to maintain a balanced diet

- Relatives told us that staff were patient and skilled in the way they encouraged and supported people to eat and drink. One family member said, "[Person's name] is now eating better and more healthily than ever before." Similarly, another family member said, "[Person's name] is really not interested in eating and drinking much anymore, but they always manage to encourage him and ensure he is still offered choice."
- Where staff supported people with their meals, care plans included information about people's dietary needs and nutritional risks. This information was used alongside knowledge about people's preferences about the food they enjoyed and timings of meals to create personalised support plans which staff were confident in discussing.
- Food and fluid monitoring records were used to ensure staff and managers had a good oversight of how people were eating and drinking. We saw referrals to the GP or dietician had been made promptly where concerns were identified.

Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives spoke positively about the communication systems in place – both within the agency and with other professionals involved in their care. One family member told us, "They link with GP, pharmacy, take blood pressure daily and keep in constant contact with us; so, we all know what's going on."
- Information about each care visit was recorded which ensured that everyone involved in supporting people had access to current and accurate information.
- Regular staff meetings were held, and the minutes showed that best practice was shared. For example, one person had been declining drinks and so staff discussed different options that might tempt them. Coconut water had been suggested and successfully tried and enjoyed.
- Staff and managers constructively challenged each other about the importance of sharing information.

Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us their health needs were managed better since receiving support from Kindcare. For example, home visits from other professionals including dentists, chiropodists and occupational therapists had been arranged and care pathways coordinated.
- The registered manager recognised the importance of proactive healthcare and early action and impressed this message on all staff. She told us, "I teach the staff the skills and give them the information to talk with other health professionals on their level. We know our clients well and have good evidence about what is normal health for them, so we can advocate strongly when something isn't right." They shared many examples of how people's quality of life had been improved as a result of their coordination with other healthcare professionals.
- People were supported to maintain good oral hygiene. One care worker contacted the registered manager because a person was reluctant to brush their teeth. The registered manager added an additional call to the person for a few weeks where they went themselves and explained why oral care was important and encouraged them to accept the support in this area. This had led to the person accepting support in this area.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. No one was being deprived of their liberty at the time of our inspection.

- People told us they were fully involved in all decisions about their care and staff understood the importance of gaining people's consent prior to delivering support.
- Relatives confirmed that staff always respected people's decisions and provided support in line with their wishes and best interests. One family member told us, "They do everything by the book. We had an issue with [Person's name] and a decision needed to be made in their best interests. The manager arranged a meeting with us, and the professionals and together we created a plan to manage the situation."
- Staff had a good understanding of people's legal rights and how this affected the way they provided support to people. One care worker told us, "We have one client that has fluctuating capacity and sometimes cannot orientate to the time of day. We've noticed if we open the curtains and show them visually whether it is morning or night, then they are able to make decisions about their care more easily."
- The registered manager knew what action to take to ensure a decision was made in the person's best interests if they identified a person lacked capacity. Where people had appointed others to act on their behalf, the registered manager had obtained evidence of this authority.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a team of staff who were committed to delivering support in a caring and thoughtful way. One person reflected, "I know they are called Kindcare, but from the staff I've met; they really are kind." Another person told us, "They are all very nice and have never let me down."
- Relatives highly praised both staff and managers. One family member told us, "It really feels like the manager and staff genuinely care and go above and beyond their role. [Person's name] has a really good relationship with their regular carer, to the point that they properly missed their company when they went on holiday."
- Staff demonstrated an excellent understanding of people's needs and this knowledge was reflected in people's care records.
- The registered manager explained how she spent time getting to know people herself so that she was able to match them with care workers that shared the same cultural or religious beliefs.
- Staff values as outlined in the statement of purpose were continually assessed, starting at recruitment. These values were owned by every member of staff we spoke with. One care worker told us, "Kind care – everything starts with the name. I believe the agency chooses those staff who are willing to work with their hearts and not just their hands." Another care worker commented, "Every person we support has a big story behind them and we must see that person in the story before their age or need. Everyone we look after deserves to be treated with dignity, respect and love."

Supporting people to express their views and be involved in making decisions about their care

- People were actively involved in making decisions about their care. One person told us, "I like the way they asked me how I wanted my care to be."
- Staff understood the importance of respecting people's choices and supporting them to live their lives as they wished. One care worker told us, "My client has very high needs, so I always give them as much choice over the things they can control – like what time they would like to eat and offer different choices of drink not just a token two options."
- Care records reflected people's choices about how their support should be delivered. The registered manager also had contingencies for where people wanted to make changes to their support. For example, "We have one lady who can sometimes have bad nights, so we monitor that and if she wants to sleep in in the morning then we arrange to go an hour later."

Respecting and promoting people's privacy, dignity and independence

- Care was provided in a way which respected people's privacy and dignity. People told us they felt comfortable with their personal support and staff always made them feel at ease.

- Staff were clear about the steps they took to protect people's privacy. One care worker said, "We always make sure doors and curtains are closed. We then use towels to cover the parts of the body that don't need to be exposed."
- People's right to independence was promoted and staff recognised the importance of encouraging people to be as independent as possible. One care worker told us, "I support one lady who is living with dementia, she's a wonderful lady, but she has good and bad days. The key is always to treat her with respect and give plenty of time."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People told us that they received support that was personalised to their individual needs and choices. Care records reflected the information people told us.
- People were involved in planning their own care that was regularly reviewed with them. One person said, "I had an assessment at the beginning, but my care plan continues to evolve as my needs change."
- Support was responsive to people's needs. One relative told us, "They recognise if mum is having a good or bad day and adjust support to what she needs."
- The registered manager explained how staff were routinely required to monitor people's total well-being in order to identify and manage new risks immediately. She told us, "We do daily health checks for everyone, that way we can seek medical support quickly if we notice something has changed."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had the necessary skills to communicate effectively with people. Staff had a good understanding about people's communication. One care worker told us, "For my client providing visual cues is really important in helping them to make choices." Similarly, another care worker said, "[Person's name] needs time to reply, but there are key sentences that he recognises, and we use these as they encourage him to respond."
- Written information was available in ways that were accessible to people. For people whose first language wasn't English, the registered manager matched them with care workers that were able to converse in the same language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain social contact and lead meaningful lives. During the pandemic, staff had played a key role in supporting people to communicate effectively via telephone and online devices with their loved ones.
- Staff were given the time to support people in the way they wanted and understood the importance of respecting their relationships with family and friends. One family member told us, "They always go above and beyond what is expected of their role. Recently we had a family wedding, staff accompanied [Person's name] to the wedding and brought her home when she'd had enough."

#### Improving care quality in response to complaints or concerns

- People told us that they knew how to raise concerns and would feel confident to do so. One person said, "I am very happy with the service and have no concerns at all. The manager is very responsive though, so I wouldn't hesitate to call her if I had any issues at all."
- Relatives echoed the same views that they had no complaints but would have every confidence in telling the manager if they did.
- The registered manager actively sought feedback as part of their ongoing commitment to develop the service and had policies and procedures in place for handling complaints if they arose.

#### End of life care and support

- Relatives praised the kindness and compassion with which end of life care was delivered to their loved ones. One relative told us, "They are so incredibly responsive and do everything possible to keep [Person's name] comfortable."
- Staff demonstrated the roles they played in keeping people comfortable and pain-free at their end of their lives.
- Care records included information pertaining to people's end of life wishes.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives repeatedly told us that the agency was very professional and well-managed. One family member told us, "The whole team is so professional and on the ball; I literally couldn't ask for anyone better." Likewise, another relative commented, "I would 100% recommend them to anyone."
- The registered manager promoted a commitment to high-quality care and had a clear direction for continuing to develop the services provided with people at the heart of what they do. This vision was shared by staff, "We are growing, but would never agree to compromise quality of care to care for more people."
- Staff were proud to work for the agency and shared the provider's values. One care worker told us, "It's a great agency to work for, small company, family orientated, good teamwork and a really supportive manager." Similarly, another care worker said, "I like the values of the agency; I wouldn't stay if I didn't feel supported to deliver high quality care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Feedback was actively sought, and incidents were acted upon with honesty and integrity.
- The registered manager was hands on in the delivery of care. Systems however had been put in place to monitor and audit the service which included regular spot checks on staff and external monitoring by consultants in order to gain an independent view of compliance and quality.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of her legal responsibilities and understood when CQC and other external agencies were required to notified of significant events.
- The registered manager kept herself up to date with best practice and continuous auditing ensured regulatory requirements were understood and met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to be partners in their own care. People told us they were regularly consulted about their levels of satisfaction and that any ideas for improvement were always listened to and implemented.
- Satisfaction surveys gave the people and other stakeholders the opportunity to provide anonymous

feedback. The results consistently provided outstanding reviews of the support people received. One person had recorded, 'The carers do an amazing job and the manager is absolutely fantastic nothing is ever too much for them and they always stay longer than they have to.' Likewise, another stated, 'Thank you for your kind care. I cannot ask for more, very pleased indeed. Thank you so much for all you do for me.'

- The registered manager had developed close links with a range of other professionals including the local doctor's surgery, pharmacy and hospice. This partnership working had been used effectively to achieve holistic support for people.