

Mrs Pamela Gladys Jenkins

Kincare

Inspection report

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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 

Overall summary

This inspection took place on 6 October 2015 and was announced. Kincare is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of inspection the service was offered to 34 people.

At the last inspection on 25 and 28 November 2014, we had told the provider to take action to make improvements to requirements relating to workers. This action had been completed.

There was a registered manager in post. 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.

People told us they felt safe. Safeguarding procedures were in place and staff knew how to respond to allegations of abuse. Care workers had a good knowledge and understanding of safeguarding and whistleblowing policies.

Staff felt they were adequately trained and were encouraged to look for ways to improve their work. They believed the recent change in management improved the overall quality of service. They spoke highly of the service, the registered manager and the people they worked with.

Summary of findings

People's safety was promoted as risks that may cause harm in their home and local community had been identified and managed. Appropriate risk assessments were in place to keep people safe.

The service carried out assessments of people's needs before providing care to ensure their needs could be met. Care plans were in place and detailed people's support needs. Staff understood those needs.

People were supported by care workers to make their own decisions. People told us that their care was provided to a good standard. People were encouraged and supported by members of staff to make choices about their care.

Staff sought people's consent before carrying out care, treatment and support. People told us they were treated with consideration and respect. Staff we spoke with understood the need to protect people's privacy and dignity. There were many positive comments from people about staff. People's views showed that staff understood the importance of their role in supporting people and maintaining their independence and dignity.

People were protected from unsafe administration of their medicines because care workers were trained to administer medicines safely. All members of staff completed mandatory training to ensure they were competent to administer, store and dispose of medicines correctly.

People knew how to complain and told us they were happy to do so if this was necessary. Both people and care workers were encouraged to provide feedback on the quality of the service.

The provider had quality assurance systems in place to monitor the care and support people received. Systems were effective in identifying errors. Once identified, a senior staff member would investigate and resolve the concerns to people's satisfaction.

The registered manager was seen as a good leader, both by staff and by people using the service. The registered manager was trusted and had created a strong sense of commitment to meeting people's diverse needs and supporting staff.

Summary of findings

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 is safe. Previous concerns had been addressed.

People were safeguarded from the risk of abuse. People had confidence in the service and felt safe and secure when receiving support. Risks to health, safety or well-being of people who used the service were addressed appropriately.

The provider had sufficient staff to meet people's needs. All staff had been checked to ensure they were suitable to work with people using the service.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines as required.

Good



Is the service effective?

The service is effective.

The provider completed observations of people's care and support to ensure staff were competent in their work.

People were supported to access a variety of healthcare services to maintain their health and wellbeing.

Staff were being trained in relevant topics to meet people's individual needs.

Good



Is the service caring?

The service is caring.

Staff had a good understanding of people's needs. Everyone we spoke with reported having a positive and professional relationship with the staff.

Staff supported people to maintain their independence wherever possible.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

People were involved and their views were respected and acted on.

Good



Is the service responsive?

The service is responsive.

People's needs were assessed before the provision of care began to ensure the service was able to meet their needs.

People were encouraged to give their views and raise concerns or complaints. People's feedback was valued and people felt that when they raised issues these were dealt with in an open and honest way.

Personalised care plans were in place to meet the needs of individuals. People told us staff provided care and support that met their needs.

Good



Summary of findings

Is the service well-led?

The service is well-led.

There were systems in place to monitor the quality of the service and plans were in place to improve shortfalls identified.

Staff were aware of their role and felt supported by the registered manager.

Staff told us they were able to raise concerns and felt they were provided with good leadership.

Good



Kincare

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 October 2015 and was announced. We gave the service 48 hours' notice as it is a domiciliary service and we needed to be sure people would be available.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the domiciliary care agency.

During the inspection we spoke with four staff members and the registered manager. The expert by experience spoke with seven people and three relatives. We contacted the local authorities who purchased the care on behalf of people. We asked them for information about the service and reviewed the information received. We looked at records in relation to six people's care to see how their care was planned and delivered. We also looked at records relating to the management of the service including staff training, recruitment and quality assurance records.

Is the service safe?

Our findings

At the previous comprehensive inspection we identified non-compliance against Regulation 21 (Requirements relating to workers) HSCA 2008 (Regulated Activities) Regulations 2010.

From April 2015, the 2010 Regulations were superseded by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider was meeting the requirements of the comparable current regulation, Regulation 19 (Fit and proper persons employed).

At our inspection in November 2014 we had been concerned about the gaps in employment history ranging from one to 20 years. This issue had been addressed by the manager and the gaps had been corrected and filled with full employment details.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. All staff were subject to a formal application and interview process. Two references were taken, and a criminal records and barring scheme check was made.

All the people we spoke with told us they felt safe with the care workers who supported them. One person told us that carers are, "Reliable, decent people" and that made her feel safe.

People were protected from the risk of harm because care workers knew how to recognise signs of potential abuse and how to report their concerns appropriately. For example, they said they would stay alert to signs of bruising, changes in behaviours or signs of neglect. Staff knew how to escalate concerns about people's safety to the provider and other external agencies. Training records showed that staff had undertaken or were booked for training in safeguarding people against abuse. All the staff we spoke with were aware of safeguarding adults and whistle-blowing procedures and felt confident to use these. The service provided all new staff with the safeguarding policy in their staff handbook.

People were kept safe by staff with the use of appropriate risk assessments that had been completed before staff came to visit and support them in their home. Individual risk assessments included information about actions to be taken to minimise the possibility of harm occurring. They covered a wide range of areas, such as travelling and access to community, mobility, moving and handling, and physical environment. Staff understood people's needs and were aware of any potential risks to people.

People told us they were supported by staff to take their medicine safely. Staff had received training in safe management of medicines. There was a comprehensive medication policy in place for the service. Staff competence to follow procedures was assessed on a regular basis to ensure that individual practice reflected the policy of the agency. Medicine administration records (MAR) we reviewed were completed accurately. These were audited when they were returned to the office and during spot checks. No medicine errors had been identified since the last inspection.

The registered manager told us that the consistency of care was important for everyone they supported but particularly to people who lived with dementia and associated anxieties. Daily rotas confirmed that people experienced good continuity of care from regular care staff. There were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered manager told us that staff completed an ongoing availability form to ensure there were sufficient staff available to meet people's needs. They told us they would not take extra care packages if they did not have staff available to meet people's needs safely.

There were robust contingency plans in place in case of an untoward event. The contingency

plan assessed the risk of such events as fire or bad weather conditions.

There was a process in place to monitor incidents and accidents to identify patterns and trends. However, there had been no reported incidents since our last inspection.

Is the service effective?

Our findings

During our previous inspection in November 2014 the provider had not always ensured that staff training was updated on time.

At this inspection we found the provider had taken action to make the required improvements. The provider was using e-learning system as well as traditional face to face training in order to ensure all required training was provided on time. Refresher courses had been booked to help staff keep their skills up to date. Six staff members had completed national recognised vocational qualifications in health and social care and two people were in progress of completing their qualifications. One relative commented on staff knowledge and skills, “They do seem very skilled. They are confident with my mother.”

There was a comprehensive induction programme designed for staff which was flexible and adjusted to individuals’ experience and needs. New staff members were given enough time to read all care plans and learn about policies and procedures. The new staff were shadowing more experienced members of staff to ensure their practice was safe and followed the agency's care plans and risk assessments. Every staff member was issued with an Employee Handbook which consisted of core documents such as whistleblowing policy or emergency procedure.

People and their relatives told us the service was effective at meeting their needs. Without exception, people told us they felt that staff were well trained. One person said, “They do a good job and they are professional.”

Some people needed support with eating and drinking as part of their care package. The level of such support for each person was identified in their support plan. For example, if someone needed to be encouraged to drink a lot of fluids and have a balanced diet, there was guidance available for staff. People said staff cooked their meals and supported them at mealtimes. One person remarked,

“They cook my food and it’s good”. Even though most people took care of their own food, one person stated that the carer always offered to help with the food when she needed it.

People were supported by care staff who were properly trained and well supported. Staff described their team as supportive and well-organised. We were told that regular staff meetings were held and individual staff felt confident to raise issues for discussion. Staff meetings were arranged to include all care staff and were held in the morning and afternoon to ensure that all staff had the opportunity to attend them and that the service to people was not disrupted.

All staff received regular one to one supervision from their line manager. This included spot checks in people’s homes which were combined with quality of service assessments. Senior staff carried out regular observations of less-experienced staff to ensure they followed care plans. Two different monitoring and assessment forms were used in order to monitor care practice and to determine which issues needed to be improved.

Staff we spoke with told us that the supervision was helpful. They felt able to discuss any personal or work issues that affected them, and they felt supported by a flexible response. We were told by the management team that annual appraisals had not been introduced but were planned for full implementation in the near future.

Staff had a good knowledge and understanding of the Mental Capacity Act 2005 (MCA). They also knew how to ensure that people who did not have the mental capacity to make decisions for themselves would have their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. When people are assessed as not having capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant. Staff told us that if people were not able to make decisions for themselves, their relatives and appropriate professionals were contacted to make sure people received care that met their needs and was deemed to be always in their best interests.

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the quality of the care and support from staff. People told us that staff were considerate and kind, and that they received the help and support they needed. It was agreed by all that staff were very caring. Comments were, “Very much so” and “Yes, they care about me.” People said that staff always sought consent and explained what they were doing before they provided any care and support. One person remarked, “Everything is explained to me.”

People were provided with a choice of staff to support them in line with their personal preferences. Before a new staff member began to provide care they visited the person they would be supporting in the company of their current staff member. This meant people were provided with the opportunity to see if they felt they would be able to work with the staff member. People told us that the service maintained regular contact with them and involved them in decisions about their care.

The provider delivered considerate and person-centred care and support that had a positive effect on people. The interactions between people and staff were respectful and professional. People enjoyed staff’s company and the chats they were having, as well as the support provided as part of the visit. People and staff knew each other and had well established relationships. One person had received care from the same member of staff since 1996. Staff were aware of people’s needs, preferences and wishes. They understood the importance of ensuring people made their own choices and decisions, and supported them when necessary.

People were treated with respect and their privacy and dignity were maintained at all times. Independence was promoted by supporting people to do things for themselves and participate in daily living tasks like cooking or dressing themselves to develop their independence. People and relatives told us that they were treated respectfully by staff. They knocked on doors before entering people’s homes and ensured doors and curtains were closed when providing personal care. One person said that the carers helped them to be as independent as possible.

Records showed that people were asked if the care was meeting their needs and if there were any changes they required. People told us that staff involved them in making decisions about their care. This included offering people options of what they would like to eat, what they would like to wear or where they would like to go.

People's care was provided by staff whose caring behaviours had been assessed as part of their recruitment. The registered manager said if there were any concerns about a candidate's ability to get on with people, they would not be offered employment. The provider ensured compatibility by matching appropriate care staff to meet people's needs. They also ensured that people’s specific preferences in relation to the age or gender of staff were suited.

When a staff member was unable to work, a replacement carer who had worked with a particular person before was sent. It helped people to receive continuous care from the staff with whom they had built a good relationship before and who knew their needs and preferences.

Is the service responsive?

Our findings

People were supported in a way that suited their preferences concerning care and support. Each person was treated as an individual. Staff got to know a person first and the support they then provided was built around their needs. People told us the service provided was responsive to their needs. One person said that she was “treated as a person” which made her feel that for staff she was not just a client.

Care plans were in the process of being reviewed to ensure that all relevant information was recorded in a format that made it easy for staff to use. Staff told us care was coordinated through the care plans. We saw systems were in place to ensure people's rights and choices were adhered to. People's care needs had been fully assessed and documented by the registered manager and office staff before the delivery of a care package began. All care plans were fully reviewed on a minimum of an eight months' basis or more frequently if people's needs changed.

People and their relatives told us staff consistently responded to people's needs and wishes in a prompt manner. Feedback was sought by the provider and registered manager in various ways ranging from provider surveys, quality assurance visits, telephone calls and care staff meetings. The manager ensured this feedback was acted upon.

People were involved in identifying their needs, choices and preferences, as well as the ways to meet these goals.

People completed Client Observation Notes which were later audited by the registered manager. By recording their notes, people were able to comment on the care received, for example on staff attendance and punctuality.

Staff told us they were aware of people's need to maintain their confidentiality. Carers discussed the issues concerning people who used the service only with the registered manager, or staff, or those individuals who were involved in the care of the person.

Regular newsletters were sent out to staff members updating them about changes regarding people and their care, the agency, the team and daily practice. They ensured important events were not missed and any actions identified were completed or followed up on time. The management had started to use social media to communicate with their employees regarding their trainings or changes in their shift patterns. The social media website also allows people and their relatives to rate and to comment on the service provided by the care agency..

People who used the service and their relatives knew how to contact the service immediately if necessary. A record of complaints was maintained. The record seen clearly recorded the nature of the complaint, the action taken and the outcome that had been achieved. A record called 'you say, we did' had been introduced to demonstrate what the service had done in response to people's comments and concerns. Five complaints had been received since the last inspection. All complaints had been investigated and responded to appropriately in a timely manner.

Is the service well-led?

Our findings

During our previous inspection in November 2014 the service used systems to monitor the quality of the service and make improvements, however, these were not always effective.

At this inspection we found the provider had taken action to make the required improvements. A range of audits had been introduced which were designed to monitor the quality of the service and to identify where improvements were required. These included care records and Medicine Administration Record (MAR) sheets kept at the person's home. Improvements to the clarity of recording care needs and completion of tasks in daily notes was a result of the new auditing systems.

People were supported to express their views and to be involved in making decisions about their care and support. The registered manager and office staff had regular contact with people and got them involved in discussions about their care. The telephone quality assurance system was in place and people were asked about their view of quality of care provided to them. The telephone quality assurance calls were carried out every three months and people were asked if they were happy with their care. Records showed that these conversations were documented on a telephone quality assurance form. It helped the manager to identify any needs of improvement in service provided to people.

The manager had introduced an 'Ongoing Availability Form' which helped to improve staffing levels, reduce lateness of care workers and the number of missed calls. It also reduced cancellation of shifts by staff members who did not want to work at weekends. Once staff declared their availability, cancellation of their shift was only possible by using annual leave.

In order to ensure high quality care was being delivered to people, the registered manager undertook unannounced spot checks. These spot checks included observing the standard of the care provided, care workers' presentation and medicines administration. Observation visits also provided an opportunity to identify any training or development needs individual staff members might require. In addition, they ensured that management were aware of any difficulties experienced by individuals and that they were addressed.

There was a clear management structure, and staff understood the lines of accountability. Staff felt supported in their role and did not have any concerns. The service had an out of hours on-call system which meant there was always a senior member of staff available to talk to if required.

The registered manager promoted a positive culture at Kincare and actively sought feedback from people using the service, their relatives and staff. The manager looked for opinions of staff through the 'Employee Supervision Satisfaction Questionnaire'. The provider held regular staff meetings to enable staff to share ideas and discuss good practice relating to working with people. Staff told us the registered manager routinely asked them for their views about the service and any concerns they had.

Staff described the registered manager as very approachable and supportive. People talked about the registered manager and staff as being very 'open' and easy to talk to. They all felt that there were sufficient resources and that staff understood people's needs and did their best to see that these were met. Staff said that they felt well supported and could contact the manager for support and advice when needed.

The registered manager showed us copies of staff newsletters containing updates on training, or areas of concern. They also told us they kept staff up to date on people's changing needs via texting, phone calls or by a recently created secure profile on a social website. The staff we spoke with said they were supported by the provider and confirmed they received contact on a daily basis via different means of communication.

There were examples of actions taken by the agency to improve the service. When people said they found it confusing to use different numbers for day time and out of hours contacts, the manager merged the contacts and used one number instead of two different numbers.

An incentive scheme for staff had been introduced which involved the presentation of a small gift when an individual had gone beyond the call of duty. For example, a member of staff covered work at a short notice when they had not been scheduled to work. This initiative had been received well, improved staff's morale and commitment, and was welcome by staff as a genuine recognition of their efforts.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.