

Kerr-Care At Home Services Ltd

Kerr-Care At Home Services Ltd - Right At Home (Wimbledon, Putney and Kingston)

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 ●

Summary of findings

Overall summary

About the service

Kerr-Care At Home Services Ltd - Right At Home (Wimbledon, Putney and Kingston) is a domiciliary care agency. It provides care and support for people living in their own homes. Not everyone using the service receives a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. Twenty- two people were using the service at the time of the inspection.

People's experience of using this service

People told us they felt safe. There were safeguarding vulnerable adults procedures in place to guide staff. The registered manager and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care needs. People received support from staff to take their medicines safely [where this was part of their assessed needs]. The service had procedures in place to reduce the risk of infections.

Assessments of people's care needs were carried out before they started using the service to ensure the service could support them. Risks to people had been assessed to ensure their needs were safely met. Staff had received training and support relevant to people's needs. People received support to maintain good health and they were supported to maintain a balanced diet, [where this was part of their assessed needs]. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they were treated in a caring and respectful manner and they had been consulted about their care and support needs. People knew how to make a complaint if they were unhappy with the service. There were procedures in place to make sure people had access to end of life care and support if it was required.

There were effective systems in place to regularly assess and monitor the quality of service that people received. The registered manager took people and their relatives views into account through satisfaction surveys and feedback was used to improve the service. Staff said they received good support from their line manager and the registered manager. The registered manager and care staff worked with health care providers to plan and deliver an effective service.

Rating at last inspection

The last rating for this service was Good (published 08/08/2017).

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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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

A single inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from professionals who work with the service. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager. We reviewed a range of records. This included four people's care records and medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People told us they felt safe. One person said, "I feel very safe with the carers that come to support me."
- There was a safeguarding policy in place and staff had received training and were provided with information regarding who to report potential safeguarding concerns to. One member of staff told us, "If I saw something, I was concerned with I would safeguard the person and contact my line manager. I would also report to the CQC and social services if I felt I needed to."
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC as required. They told us there had been no safeguarding concerns raised since the last inspection.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk for people in areas such as falls, moving and handling and medicines.
- Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring. For example, where a person had been assessed as being at risk of falling, we saw guidance had been provided to staff on how to support them to move around their home safely.
- Risk assessments had also been carried out in people's homes relating to health and safety and the environment to protect people and staff who provided care. .

Staffing and recruitment

- There was enough staff available to meet people's care and support needs. The provider used a computer system to allocate staff to support people. This system was monitored daily by office staff to ensure people received their support on time.
- The system alerted office staff if there was a late call. If a call was late the registered manager told us office staff would contact the member of staff, enquire on their whereabouts and let the person know when the carer would arrive. One person told us, "I have never had a missed call. The care staff are always on time and I am never rushed." A relative commented, "My loved one is safe with the care staff. They always turn up and their timings are very good."
- A member of staff said, "I live near to the people I support so and it's easy for me to get between calls. If I am running late, I let the office know and they let people know."
- A manager from a supported living facility where two people using the service lived told us care staff attended to people at the allocated times. If they were going to be late, they received a call to let them know.

- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, the applicant's full employment history, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.

Using medicines safely

- People received support from staff to take their medicines safely. Some people looked after their own medicines and some people required support from staff to take medicines. Where people required support to take their medicines this was recorded in their care plans.
- One person told us, "The care staff help me with my medicines. They make sure I get my tablets on time with water." A relative commented, "My loved one's medicines are in a dispensing box. The care staff dispense them and sign in the book. Everything about my loved one's medicines is written up in their care plan."
- The registered manager audited medicines records (MARs) on a monthly basis to make sure people were receiving their medicines.
- Training records confirmed that staff had received training on the administration of medicines and their competence in administering medicines had been assessed by the registered manager. This ensured that staff had the necessary skills to safely administer medicines.

Preventing and controlling infection

- The service had procedures in place to reduce the risk of infections.
- Personal protective equipment (PPE) was always available for staff. Staff told us the service provided them with gloves, aprons and hand wash when required. One member of staff told us, "I have had training on infection control and I have access to PPE. We have recently received advice from our line managers about the coronavirus through emails and face to face chats."
- Training records confirmed that staff had received training on infection control and food hygiene.

Learning lessons when things go wrong

- There were systems and processes in place to ensure that lessons were learnt when things went wrong.
- Staff understood the importance of reporting and recording accidents and incidents.
- The provider had systems for monitoring, investigating and learning from incidents and accidents.
- The registered manager told us that incidents and accidents were monitored to identify any trends and actions were taken to reduce the possibility of the same issues occurring again. For example, following a recent incident staff were reminded on how to support people with their medicines in line with their needs.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The provider carried out assessments of people's care needs to consider if the service could support them safely. These assessments were used to draw-up care plans and risk assessments.
- People, their relatives and any health care professionals had contributed to these assessments, where appropriate to ensure their individual needs were considered and addressed. We saw that care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to people's needs.
- Staff had completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Staff told us they had shadowed experienced staff on their first calls so they got to know the people they supported. One staff member said, "I had a three-day induction then shadowed senior staff on double up calls. This was really helpful as I gained more experience and confidence with my work."
- A relative commented, "The care staff support my loved one in and out of bed using a hoist. They know how to do this properly because they have been trained by an occupational therapist to use the equipment safely."
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included dementia awareness, safeguarding adults, health and safety, moving and handling, food hygiene, basic life support, fire safety, infection control, medicines administration, equality and diversity and the Mental Capacity Act 2005 (MCA).
- A member of staff told us they would ask for training if they were not confident about the support they needed to provide people with. They said the registered manager would not let any staff support people unless they had the relevant training on moving and handling, medicines or specific medical conditions.
- Staff told us they received regular supervision and annual appraisals of their work performance from their line manager or the registered manager.

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

- People received support to maintain a balanced diet. Where people required support with eating and drinking we saw this was recorded in their care files.
- One person told us, "The care staff cook for me. They all seem to be good cooks, if they are not sure about something I can tell them how I like it cooked." Another person said, "The care staff have offered which is nice, but I do own cooking." A relative commented, "I cook all my loved one's meals and put them in the fridge. The care staff heat these meals up and support my loved one with eating and drinking. Everything is

written up in my loved one's care plan."

- A member of staff told us, "I cook for people when it was recorded in their care plan. Some people have their meals delivered and I just heat it up in the microwave."

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- People received support to maintain good health. The registered manager told us they and staff worked in partnership with health care professionals, for example district nurses and speech and language and occupational therapists to plan and deliver an effective service for the people they cared for.
- Information was available and shared with other health care services when this was required. For example, people had hospital passports which outlined their health needs for professionals.
- A relative commented, "I arrange health appointments for my loved one. I am sure if my loved one wasn't feeling well the care staff would the GP."

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager told us the people they currently supported had capacity to make most decisions about their own care and treatment. Where people lacked capacity to make specific decisions, we saw that the registered manager had worked with the person, their relatives to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the Mental Capacity Act 2005.
- Staff told us they sought consent from people when supporting them and they respected people's decisions.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us they were well treated and supported. One person said, "This is an excellent service. The care staff do what I expect and more. For example, they cleaned my kitchen windows which was not asked for but was very much appreciated."
- A relative commented, "I find that the care staff are excellent and very caring. I have not experienced such good carers before. They know my loved one very well and I know my loved one is really happy with them. If my loved one has any problems, I can call them and they address the problem right away."
- People's care records included sections that referred to their cultural and religious backgrounds. Staff told us they were happy to support people to express their diverse needs. Training records confirmed that staff had received training on equality and diversity.

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

- People and their relatives had been consulted about the care and support they received.
- One person told us, "I have a care plan. I told the manager and care staff what I wanted them to do for me. It is totally up to me what goes into the plan. The care staff are doing what I have asked them to do, and they do it to a high standard."
- A relative said, "I am fully involved in planning for my loved one's needs. The manager carried out an in-depth assessment of their needs and put a care plan in place. I was able to add my points of view. The care plan is kept under review so if anything changes, we can update it." Another relative commented, "My loved one's care plan is very detailed and written in the first person for example, 'I would like to be supported this way' which my loved one and I feel is very important."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person said, "The staff always treat me with respect and dignity." Another person told us, "I am actually very happy with my carers. They treat me with dignity and respect. They are all very chatty and they cheer me up."
- A relative commented, "Staff definitely treat my loved one with dignity and respect. They try to get them to do little things for themselves. My loved one likes the staff and is very happy with the service."
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their homes. When they provided people with personal care they maintained their independence as much as possible by supporting them to manage as many aspects of their own care that they could.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 had care plans that met their needs and preferences. Care plans were agreed and signed by people and their family members.
- Care plans described people's health care and support needs and included guidelines for staff on how to best support them. For example, there was information for staff about supporting individuals with their medicines and with moving and handling.
- A relative told us, "The care staff do an excellent job. They definitely understand my loved one's needs and support routine. When new care staff are introduced, they learn about my loved one's needs from more experienced staff. My loved one has always received care that is consistent."
- Staff had a good understanding of people's care and support needs. A member of staff told us how they supported a person they cared for when they became anxious by singing and engaging with them whilst carrying out personal care tasks."

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.

- People's communication needs were assessed when they started to use the service. Their communication methods were recorded in their care records.
- The registered manager told us that information was provided to people in formats they understood for example large print. If people require information in different language or in Braille this would be made available to them.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they were unhappy with the service. The provider had a complaints procedure in place. The complaints procedure was available in a format that people could understand.
- One person told us, "I never need to complain but if I did, I would call the registered manager. I have the office number and the out of hours number." A relative told us, "I received the complaints procedure through the post but I have never had to make a complaint. I have raised small things with the office staff and they have addressed them."
- Records showed that when a complaint was raised it was investigated by the registered manager and responded to appropriately. Discussions were held with the complainant to ensure they were satisfied with

how their complaint was handled.

End of life care and support

- People's care records included a section relating to their wishes and needs for end of life care.
- The registered manager told us that none of the people currently using the service required support with end of life care. They said they would liaise with the appropriate health care professionals to provide people with end of life care and support when it was required.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the office.
- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery. A relative told us, "This is a very good service. They have good carers and everything is efficiently run."
- Staff were positive about how the service was run and the support they received from the registered manager. A new member of staff told us, "This service is really good at supporting people with their independence. The care workers know exactly what people want. I am very pleased to be working with other care staff that really care about the people they support."
- Staff told us management support was always available for them out of hours when they needed it. One member of staff commented, "I am very well supported by my line manager and the registered manager. They are great, someone is always available in the evenings and at weekends, if I need anything they get back to me right away."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: 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

- The provider sought people and their relative's views about the service through annual surveys. We saw an action plan following a satisfaction survey carried out with people in November 2019. This indicated people were very happy with the service provided. An area for improvement identified and actioned related to improving communication between office staff and people using the service and their relatives.
- Records showed that staff meetings were held to discuss the running of the service and to reinforce areas of good practice with staff. Items discussed at a March 2020 meeting included safeguarding, incidents and accidents and lessons learned, infection control, training and medicines records. A member of staff told us, "Team work is really good and the team meetings are very helpful. We receive updates from our line manager and registered manager and talk about people's needs for example their medicines. We are also able to talk about what things the team needs."
- The registered manager understood their responsibility under the duty of candour and were open, honest

and took responsibility when things went wrong.

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service. They undertook regular quality monitoring audits. These audits covered areas such as people's medicines, care records, equipment, staff training and supervision, incidents and accidents and complaints. The audits were up to date and showed actions were taken when shortfalls were identified. For example, staff were retrained and a new colour coded MAR system was being introduced that would reduce the likelihood of medicines administration errors.
- The registered manager carried out unannounced 'spot checks' on staff to make that care was provided for people appropriately and safely.

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with health professionals, and they told us they welcomed these professional's views on service delivery.
- A manager from a supported living facility told us, "The care staff provide people with a lot of support. They have good ideas on how to support people properly. For example, one person had an issue with their medicines and the care staff helped to improve the situation. They also provide me with feedback if they notice anything of concern. That feedback has helped me to look after people better at the facility. I wish other care services were as good as them."