KIF 24 Health Care Limited

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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

This inspection took place on 3 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to meet with us. This was the first inspection since the provider registered with the Care Quality Commission in May 2016.

KIF is a domiciliary care agency providing personal care to adults within their own homes. At the time of the inspection the service was providing care and support to one person.

A registered manager was employed at the service. 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.

The registered manager provided most of the care but employed a member of staff on a relief basis. The registered manager and staff were trained in recognising possible signs of abuse and they knew how to report any possible suspicions to the relevant authority. Staff demonstrated awareness of possible warning signs of safeguarding concerns and the action they needed to take. People were supported by staff who were familiar with their needs. Checks were completed on staff suitability before they started working with people.

Risks to people's health and wellbeing were managed and care plans contained appropriate risk assessments which were reviewed regularly and updated when people's needs changed. Staff had received training in administering medicines and procedures were in place to record and monitor medicines, however people were not currently being supported in this area.

Staff had received induction training when they first started to work for the service and received on-going training to make sure that they continued to have the skills to provide people with appropriate care and support.

Staff had received training around the Mental Capacity Act (2005) and there was evidence people had consented to their care. The registered manager was aware of what requirements were needed where people lacked capacity.

Staff had completed training in food hygiene and people's specific dietary needs and preferences were recorded in care plans. Staff understood how to respond to any medical emergencies or significant changes in a person's wellbeing. People said staff were caring and that they had built up close relationships with the members of staff who supported them. People told us they were able to make everyday choices for themselves and staff provided the care they needed. People were consulted about their preferences and people were treated with dignity and respect. The registered manager and a member of staff spoke

enthusiastically about the person they were supporting, and were able to explain their needs and preferences.

Staff told us the registered manager was friendly and supportive. We saw there was a process for people or staff to contact the registered manager if they required additional support or guidance.

People were involved in planning how they were cared for and supported. The registered manager visited people in their own homes to carry out an initial needs assessment, from which care plans and risk assessments were developed. Care was personalised to meet people's individual needs and was reviewed if there were any significant changes.

People were encouraged to share their opinions about the quality of the service and there were effective systems in place if people wished to make a complaint.

There were arrangements in place to assess and monitor the quality and effectiveness of the service and use these findings to make on going improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us that they felt safe. Staff were trained in recognising the possible signs of abuse.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs.

There was a suitable medicines policy in place and staff had completed training in administering medicines, however people were not currently being supported in this area.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood how to support people's rights and respect their decisions and choices.

Staff were aware of people's health and well-being and responded if their needs changed. Care plans covered people's healthcare and nutritional needs although people did not currently need full support in this area.

Is the service caring?

Good

The service was caring.

People were happy with the support they received. People told us that staff were kind and helpful when supporting them.

Care staff knew how to respect people's independence, dignity and privacy.

Is the service responsive?

Good

The service was responsive.

Staff knew how people liked to be supported and care records were discussed and designed to meet people's individual needs.

People were confident to raise any concerns or complaints directly with the registered manager.

Is the service well-led?

Good

The service was well led.

People and staff said the registered manager was approachable and available to speak with if they had any concerns.

The provider had a system in place to gather views on the quality of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 February 2017 and was announced. The provider was given 48 hours' notice because the location provides support to people in their own homes and we needed to make sure the registered manager was available when we visited. The inspection team consisted of one inspector.

As part of the inspection we looked at the information we already had about this provider. We looked at the notifications we had received from the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. All this information was used to plan what areas we were going to focus on during the inspection.

We spoke with one person who used the service and two staff members including the registered manager. We looked at one person's care plan, three staff recruitment files, staff training files and records related to the management of the service.

Good

Is the service safe?

Our findings

The person using the service confirmed that they felt very safe with the staff who supported them.

Staff were trained in recognising possible signs of abuse and they knew how to report any possible suspicions to the relevant authority. Staff demonstrated awareness of the possible warning signs and the action to take, this included alerting the local authority and the Care Quality Commission. A member of staff told us, "If I noticed anything was wrong I would not be afraid to challenge."

There were procedures in place to identify and manage risks associated with people's care. Before people started using the service a full care needs assessment was carried out by the registered manager. This identified any potential risks associated with providing their care and support including any risk in relation to the person's home environment. Staff knew what these risks were and how to minimise them. Systems were in place to deal with emergencies. There was on call support from the registered manager at all times and people using the service were provided with an out of hours telephone number.

People were supported by staff who were familiar to them. The majority of care was provided by the registered manager but they also employed a member of staff to help cover calls. One person confirmed that they always received their care calls and that there had never been any incidents of staff not attending to provide their care.

The registered manager told us that staff were appointed through a standard process which included obtaining two references and checks through the Disclosure and Barring Service (DBS). A member of staff confirmed that their recruitment process had been robust and checks were completed before they started work. We looked at the recruitment records for three members of staff. This included two members of staff who no longer worked at the service. We found that references were sought to check the character of all potential care staff and proof of their identification was part of the recruitment process. Evidence that DBS checks were obtained was also available. We discussed with the registered manager that for one member of staff they needed to ensure the DBS check was renewed. However, the individual circumstances of this member of staff indicated there was likely to be little risk that they were not suitable to work with people.

The provider had an appropriate medicines policy in place and staff had received training in the administration of medicines. At the time of the inspection, nobody was being supported with their medicines. People's ability to administer their own medication was recorded in their care plan recorded along with details of the medicines they were prescribed. Staff knew what medicines people were prescribed and of the possible side effects.

Good

Is the service effective?

Our findings

A person using the service confirmed that they received the support they needed and that staff also assisted them with the 'little extra's' that they needed help with, for example some domestic tasks.. They told us that staff usually arrived on time and that the timing of the care call suited them.

Staff told us, and records confirmed that staff had received induction training when they first started to work for the service. Staff confirmed they felt supported in their role. The registered manager told us that new staff were introduced to people before they worked on their own. This was confirmed by a member of staff who told us that they had completed a 'shadow shift' before working on their own with the person.

Staff received on-going training and support to make sure that they continued to have the skills to provide people with appropriate care and support. One member of staff told us that they had received suitable training to enable them to carry out their role effectively.

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. We checked whether the service was working in the principals of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had a good understanding of the principles of the MCA. We found that the person receiving support had full capacity and were able to make their own decisions and give consent. Staff we spoke with told us that the person's consent was sought before they supported them. Care plans had been signed by the person who used the service to show their agreement with the information recorded.

A person using the service confirmed they were able to make everyday choices for themselves, and told us staff respected their choices, for example in regards to their choice of clothing.

Staff had received training in food hygiene and infection control but at the time of the inspection they were not supporting people with their meals and drinks. We saw that although a person was not being supported in this area their care plan contained information about their meal preferences should they ever need any support.

The person receiving care from the service did not need support to manage their healthcare needs. However, our discussions with the registered manager showed they were fully aware of the person's healthcare needs. They were also able to tell us of the action they would take if they found the person very unwell. We saw a sample of some daily log records as they were returned to the office on a monthly basis.

They had been completed with a summary of tasks undertaken including information regarding health and wellbeing.

Good

Is the service caring?

Our findings

A person using the service confirmed that staff were kind and caring and spoke with affection about the staff who supported them. They told us that all of the staff were nice people, were helpful and knew their care needs. They told us, "We chat like old friends."

Staff respected people's privacy and dignity. A person using the service confirmed this was the case and gave an example of how staff left them to undress in private and did not make them feel embarrassed. Staff had a good understanding of the need to ensure they respected people's privacy and dignity and gave examples of how they did this when providing support with personal care.

People were supported to maintain their independence. A person using the service confirmed they had been able to retain their independence. They gave an example of still being able to undertake some of their personal care themselves with staff offering assistance for the tasks that they struggled to do.

Care records showed that people were asked what they would like to achieve and were encouraged to think about personal outcomes. The care plan of a person recorded what they were able to do for themselves, in addition to the tasks they needed support with. The plan included guidance on how to make sure the person's privacy and dignity was respected.

Good

Is the service responsive?

Our findings

The registered manager told us they would schedule a home visit to discuss people's needs when they were contacted about new referrals. Once a full assessment of their needs had been carried out, they would discuss with the person and their family (if appropriate) what care and support they would be able to provide. A person using the service confirmed that an assessment had been completed with them before they started to receive a service.

Care records contained contact details for the person, their next of kin, their GP and other health and social care professionals who were involved in their welfare. They identified health conditions and gave an overview of the person's needs, including communication methods, likes and dislikes, and people's personal histories.

Care records showed that the person had been involved in establishing their care plans. A review had been scheduled with them to establish if any changes were needed to their care or their care plan. A member of staff confirmed that a copy of the care plan was available in the person's home and that it contained all of the information they needed to help them meet the person's care needs.

A person using the service told us that they had never needed to make a complaint. They told us they would feel comfortable to raise any issues directly with the registered manager and were confident these would be responded to.

The registered manager told us that no complaints had been received since the service was registered. The service had a policy and procedure for dealing with complaints. This included dealing with the complaint and feeding back to the person to let them know the outcome. The procedure also gave details of other agencies who could be contacted, for example the local authority or the ombudsman. People received a copy of the service user guide, which included the complaints procedure.

Good

Is the service well-led?

Our findings

A person using the service told us they were satisfied with the service they received and would recommend the agency to other people.

The service had a registered manager in post at the time of our inspection. A member of staff confirmed that the registered manager was supportive and approachable. They told us they had no concerns about how the service was managed.

Staff were aware of the reporting process for any accidents or incidents that occurred. They told us they would record any incidents in people's daily log record and report the incident to the registered manager. The registered manager had a system for logging and analysing accidents and incidents but told us that none had occurred since the service was registered.

Our discussions with the registered manager showed that they were aware of their responsibilities. This included their responsibility for notifying us of deaths, serious injuries, incidents of concern and safeguarding alerts as is required by the regulations. They were also aware of the Duty of Candour regulation in regard to being open and transparent with people should things go wrong.

There were procedures in place to assess and monitor the quality and effectiveness of the service and use these findings to make on-going improvements. As the service was only providing support to one person, and most of the care was provided by the registered manager most of these procedures had not yet been undertaken. The registered manager told us that if the service grew and took on more people and staff then spot checks and audits would be introduced.

A system was in place to seek the views of people, this included reviews of their care and the use of a quality questionnaire. A recently completed questionnaire showed that a person using the service was very satisfied with their care. The registered manager told us that based on feedback she intended to review the format of the questionnaire so that it was in large print and easier for people to complete.