Kinder Care & Support Ltd

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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

About the service: Kinder Care and Support Ltd is a domiciliary care agency providing personal care and support to older people who live 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. At the time of this inspection Kinder Care and Support were providing personal care for 79 people.

People, relatives, staff and an external trainer spoke highly of Kinder Care and Support. The service had strong person-centred values and placed people at the heart of their work. People had access to a stable staff team they knew well and achieved positive outcomes and strong relationships.

People were fully involved in their care and their wishes respected. One person said, "I can't tell you how amazing Kinder Care are. They really are top class and I have used other agencies." People's views were sought and their consent was always gained before any care took place. People were offered as many choices as possible and people and families could access their care plans at any time.

People's care plans contained personalised information which detailed how they wanted their care to be delivered. Staff knew people well and expressed care and affection for them when speaking with us.

Staff were valued and supported by the provider and manager. All staff we spoke with were proud to work for the service and praised the high standards of care expected. Staff comments included, "We know people well. I really love coming to work and seeing people every day."

Risks to people's health, safety and wellbeing were assessed and management plans were put in place to ensure these were reduced as much as possible.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

There was good leadership at the service and people, relatives and staff spoke highly of the provider and manager. There was a positive culture and staff felt their voices were listened to.

People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing.
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.

Staff were provided with the training, supervision and support they needed to care for people well.

The provider and manager were passionate about improving the service and had plans for future projects to benefit people. They had worked hard to address the issues raised in the previous inspection. There were new and robust quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided. These were embedded and working well.

The manager and their team were committed to delivering high quality and safe care to people and involving them in the planning of their care and the running of the service.

More information is in the full report.

Rating at last inspection: This service was last inspected on 7 March 2018 where it was rated requires improvement overall. The areas of safe, effective, responsive and well led required improvement. During this inspection in 2019 we found these areas had been fully addressed and the service had improved to good.

Why we inspected: This was a planned inspection based on the previous 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Kinder Care and Support Ltd

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.

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

The service had a manager who was in the process of applying to be registered with the Care Quality Commission. This will mean that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

What we did before inspection
We reviewed information we had received about the service since the last inspection. 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 spoke with eighteen people who used the service and two relatives about their experience of the care provided (two people in person and 16 on the telephone). We spoke with eleven members of staff including the provider, manager, office apprentices, senior care workers, care workers and a visiting external trainer.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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 reviewed.

Good

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People and staff told us the service was managed in a way that protected people from abuse. The manager and staff had undertaken further advanced training in this area.
- Staff and the manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff and management had done this in the past to ensure people were safe. For example, staff could press an alert button on their phone application to alert the office of care refusal, medicines issue or a person not answering so they could speak to the office staff quickly.
- Recruitment practices were safe and included pre-employment checks from the Disclosure and Barring Service before starting work. This ensured only suitable staff were employed to work with people who may be vulnerable.
- There were enough staff to ensure people had access to the care that met their needs and protected them from risks. People had small staff teams of known support workers to ensure consistency where possible. People were sent weekly rotas with photographs of the care workers due to visit them. Although some people said they did not always get a call if their care worker had changed, they did say it was usually someone they knew. The manager said they would try to ensure calls were made when there were changes to staff, if possible.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. The information was easily available to care workers at any time through the phone application system.
- Staff were knowledgeable about identifying risks to people and knew to raise this with management and healthcare professionals. For example, staff had adapted care tasks to enable and promote independence for a person with a prosthetic limb. Another person was at risk of smoking alone so care workers who did not mind smoking were matched so the person could have a social smoke safely. Another person had a history of behaviours which could be challenging so they had a consistent staff team who had been able to support the person successfully in attending activities.
- Where necessary, we saw specialist advice from healthcare professionals was sought. For example, equipment had been sought from the multiple sclerosis society and staff had regular contact with one person and their enablers who had no family. The manager said the person rang them all the time to say thank you.

Using medicines safely

•□Medicines were managed safely, and people received their medicines as prescribed. Each person had a clear risk assessment based on their level of need.
•□Most people either had support from family or self medicated but staff reminded them to take their medicines.
•□The manager conducted audits and reviews of people's medicines and medication administration records (MAR). They responded to any issues identified.
•□Only staff who had been trained in the safe management of medicines administered medicines to people. Staff undertook regular competency checks, tests and spot checks of records.

Preventing and controlling infection

•□People and relatives did not have any concerns with regards to staff following good infection control practices.
•□Staff had access to personal protective equipment (PPE) and gloves and received training to ensure good practice in infection control. The induction pack included photographs of how to use PPE and hand washing.

Learning lessons when things go wrong

•□Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. For example, learning was shared across the staff team and during staff meetings.

Good

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 requires improvement. At this inspection this key question has now improved to 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 care needs had been assessed and detailed support plans had been created to guide staff on how best to meet people's needs. The Kinder Care motto was "Your care, your way."
•□People's needs were regularly reviewed using a new system and where changes had occurred, their care plans were updated.
•□People and relatives had been involved in the planning of their care and their wishes were respected. If they had consent from the person, relatives could now log on to the new computer system using a password and check their loved ones care worker had visited and how they were doing. This was particularly helpful for families who did not live nearby as they could access care plans and understand what support was needed.

Staff support: induction, training, skills and experience

•□People and relatives spoke highly of the staff competencies since new training regimes had been provided. People said, "It's definitely getting there, training has improved especially around transfers and hoisting", "Anything even at short notice is dealt with" and "The girls respect cleanliness, are helpful and always there to offer to do other things."
•□Staff knew people and their needs well and were skilled in caring for people. One person said, "They [staff] know how I'm feeling or when I may need more help."
•□Staff undertook a thorough induction and all staff new to care work completed the Care Certificate, which is a nationally recognised course for care workers. New staff received a welcome bag of equipment such as aprons, shoe and long arm covers, gloves, torch and emergency alarms. The provider said, "I know care work so I do everything I can do to keep staff safe."
•□There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs. We spoke to the new external trainer who praised the attentiveness and interest in their work shown by the care workers.
•□Staff spoke highly of their training, with comments including how they received training from specialist health professionals in relation to individuals' particular needs if necessary. Staff evaluation feedback included, "I enjoyed all of the session, it was very informative and everything made me think."
•□Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff felt supported and made comments including, "We know people well. I really love coming

to work and seeing people every day."

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

•□Where people needed help with cooking and eating this was provided.
•□People were supported to choose and cook their own meals if possible.
•□Where people had specific needs and preferences relating to food this was provided. For example, where people required a diabetic diet.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of 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.

•□Care plans had signed consent documents in place and people had been involved in completing them. People told us they understood why they needed a care worker to support them in the community, for example.
•□Staff and the manager had a good knowledge of the MCA framework. They put people's choices at the heart of what they did and also felt able to explain to relatives about supporting people to make their own choices. They gave examples of how they acted as advocates in people's best interests.
•□People confirmed staff always asked for consent and explained what they were doing when supporting them.

Good

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

•□People told us how well cared for they were. One person said, "I can't tell you how amazing Kinder Care are. They really are top class and I have used other agencies." Another person said, "They [staff] are like my friends. I can ask anything of them and I have no problems. I look forward to them coming. My husband doesn't have to worry when he is away." The external trainer said, "The staff are a lovely bunch. They obviously know people really well and then use their experiences to inform their training so it makes more sense."
•□People were supported by staff who knew people's needs, personalities, likes and dislikes well.
•□The manager worked hard to ensure people had continuity of care where possible. Most people had a stable staff team who knew them well. For example, one person who was particularly vulnerable had the same two care workers who knew how they had certain needs when mobilising. The provider and manager had worked closely with care managers to support a person living with dementia whose acceptance of support could be challenging. Staff sent weekly reports to the care manager detailing how music therapy had been successful in creating a positive care environment, 'care time is music time'. The provider said it was lovely to see the person's positive pleasure now relating to care provision. They intended to consider music therapy as a tool for other people in the future.
•□Staff were clear the provider and manager placed people at the heart of the service. The care plans included set questions for staff to ask about people's wellbeing each visit. Each daily record completed at each visit was directly related to care plan tasks including how people were feeling. Office staff could access care plans 'live' at all times to see how people were, for example if family or health professionals called.
•□We heard examples of how the service had gone above and beyond for people. For example, each person received a birthday card from the provider, manager and staff team. Staff had seen a person they cared for out in the community looking dishevelled so had taken them home to help them.
•□Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company and attributes.
Supporting people to express their views and be involved in making decisions about their care; equality and diversity
•□People were fully involved in creating and reviewing their care plans. Paper documents were kept in people's homes with a 'live' care planning system on the new computer phone application. All staff used care plans as 'live' documents and used them to add more detailed information to promote person centred

care. For example, one care worker knew exactly when and where a person liked to eat and what task they liked in what order.

•□People's views were sought, listened to and used to plan their care and improve the service. A new more robust survey system would ensure this was consistent.

•□People told us they were offered choices in every aspect of their support.

•□Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Respecting and promoting people's privacy, dignity and independence

•□People's right to privacy and confidentiality was respected.

•□People told us staff treated them with dignity and respect. One person said, "I hug all my carers, they are all lovely."

•□Staff told us they ensured people were able to live the life they chose. People said they were not rushed with personal care needs and able to do things at their own pace. Examples showed that where people had behaviours that could be challenging for staff, the provider and manager looked at every aspect to see how support could be provided positively and in the right way for the person.

•□Staff spoke about people in ways which demonstrated they cared for them on an individual level and enjoyed their company and attributes. We saw one care worker responding in a caring and loving way with a person who enjoyed hugs whilst being respectful of professional boundaries. They clearly knew the person and their pet well.

Good

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 requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•People received care and support in a way that was flexible and responsive to their needs. The statement of purpose stated, "We aim to provide care and support that values the whole person" which we saw. For example, people all said yes when asked whether they felt that their care worker would help them and contact medical assistance if required. One person told us how a care worker had contacted a community nurse for them. People said that the office were very helpful especially when they had hospital appointments or were admitted into hospital. In one case a husband did shifts so the office worked visits around their rota.
•The new computer care planning system had been very successful. Care plans had all been re-written and provided staff with detailed descriptions of people's abilities and how they should provide support in line with people's preferences. Each person had a detailed summary about their background and why they needed support. Care plans were now regularly reviewed with people and their relatives to ensure they remained current and provided accurate information about how to meet people's needs. The manager had devised a comprehensive list to ensure reviews were more regular and delegated to a team member.
•People said that they and if applicable family members had been involved. This was clear from the level of detail about people's backgrounds, hobbies and important people information.

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 identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats, such as large print and were aware of their responsibility to meet the Accessible Information Standard. For example, one person was reluctant to receive support due to living with dementia. The service had used music therapy to good effect when offering personal care. This meant the visits were more joyful and positive for the person who was now happy to receive support, communicating through music.
•People were supported to take part in routines and activities of their choice. One person who had not been able to go out due to their negative behaviours had made good relationships with care workers. This

had enabled them to access the community safely to enjoy an ice cream out, for example. Staff were knowledgeable about people's preferred routines. Care plans detailed exactly what support people liked. For example, staff understood the importance of one person's pet companion and the care plan included the pet care. People were encouraged to remain as independent as possible, for example staff reminded people to do any exercises to aid their mobility.

Improving care quality in response to complaints or concerns

- People felt comfortable raising complaints and were confident these would be listened to and acted on.
- Systems were in place to address any concerns raised. In the past people said they had not always been able to contact the office but the new computer system showed all calls were logged and actions taken. Learning took place as a result to avoid any repetition. The provider said being able to give families protected access to care and visit records enabled families to understand people's care better. They could then work with families to promote acceptance of care for example, and that this had reduced complaints.

End of life care and support

- People's care wishes at the end of their lives were recorded in their care files or being gathered in a sensitive way over time if appropriate. The service was not caring for anyone requiring end of life care at the time of this inspection.
- Staff received training on how to support people at the end of their lives.

Good

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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted good quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us the service was well managed and spoke positively of the manager. Comments included; "If the manager knows about it, then you know it will be sorted" and "I have reliable carers and the knowledge that the manager will sort it out and my two regular carers will do anything for me. They never let me down, never left me without someone."
- The service informed relatives of any concerns or if an accident had happened, and fulfilled their duty of candour.
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. People were very much at the heart of the service. For example, there was low staff sickness management and the provider said, "We always connect staff behaviours to the impact it has on the people we support, in every team meeting and back to work interviews. The staff sickness level is a lot better." People and staff told us they would recommend the service to others needing care.
- The provider said, "We had a difficult year for personal reasons but we have started again, with good new and robust systems and we are really proud of what we have achieved." Each staff member we spoke with told us how positive they felt working for an organisation that shared their personal values about delivering good quality personalised care. Staff were valued and motivated and enjoyed spending time with the people they supported.

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

- The manager was supported by administration staff in the office who had auditing and monitoring duties. The manager said, "The provider and I have more formal, regular meetings than before and we all work really well together. I feel supported and we all know people well so it works."
- Quality assurance processes, such as audits, were in now more robust and ensured the manager had the information they needed to monitor the safety and quality of the care provided. For example, looking at patterns and behaviours such as a person's reluctance to accept care. Staff monitored relationships between people and different care workers, for example for those living with dementia. This ensured the best suited staff were matched to people's needs where possible. If any gaps in recording were found in

medicine audits, the care worker was contacted, training given and reminders given to all staff.
•□The manager was aware of their responsibilities to provide the Care Quality Commission with important information.

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

•□Staff said the management team were caring and supportive and that everyone worked well as a team. Staff felt able to pop into the office at any time. The provider and manager were committed to treating staff well and rewarding them for the work they did. For example, when people died the manager always personally telephoned care workers to tell them as staff genuinely cared about people and often attended funerals.
•□The manager was committed to involving people in the service. They now had a good system to regularly seek views from people, their relatives, staff and external healthcare professionals and visited people in their homes.
•□Regular staff meetings took place in order to ensure information was shared and expected standards were clear. There was good staff attendance. Policies and procedures were online in a staff portal. Staff were expected to read and sign different policies each week. They also had access to the service improvement plan.
•□Staff told us they felt listened to, were supported by the manager, and had input into the service. They signed a consent to contact form if they were sick and the provider had invested in an employment consultancy package which included welfare meetings if required.

Continuous learning and improving care

•□The manager was continually working towards improvements and had plans for future projects and community involvements to increase people's wellbeing and opportunities. For example, the provider and manager were developing and sharing learning on using music therapy to promote positive visits for people, especially those living with dementia who were reluctant to accept care.
•□Staff had good relationships with community health professionals and knew when to refer and signpost people so they received the appropriate support. They attended local council forums and training events and encouraged care staff to attend.
•□They attended local council forums and training events and encouraged care staff to attend.