

# Mr Michal Ganecki & Ms Margaret Mary Bowen Kells Domiciliary Care and Nursing Agency

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place at the providers office on 20 and 21 December 2017. At the time of the inspection Kells Domiciliary Care and Nursing Agency provided domiciliary care and support for six people in their own home. The service worked primarily with older people living with dementia and people with physical and mental health needs. People received varying levels of support depending upon their care needs from 24 hour care to two visits weekly.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection on 10 October 2016, we identified breaches of regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to risk assessments that failed to provide staff with guidance on minimising the risks; lack of documented person centred care; staff not having received an appraisal; and a lack of management oversight regarding monitoring the service. At this inspection we found that the provider had addressed the breaches regarding person centred care planning, risk assessments and staff appraisal. However, the provider had not adequately addressed the breach around regulation 17 relating to good governance.

We found that there were no regular audits completed to ensure good managerial oversight of the service. Two audits had been completed since the last inspection. However, these were general and failed to provide adequate reassurance of good governance. Medicines were informally audited but this was not documented. Significant information regarding a person's care had not been documented.

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 and has the legal responsibility for meeting the requirements of law; as does the provider. The registered manager was not present during the inspection as he was on leave. The inspection was supported by the training manager.

Risk assessments were in place that gave staff information on how to minimise people's personal risks.

Relatives told us that they felt their relative was safe and supported by the service. Procedures relating to safeguarding people from harm were in place and staff understood what to do and who to report to if people were at risk of harm.

Staff were aware of infection control procedures and the service provided personal protective equipment (PPE) such as gloves and apron to staff for when assisting people with personal care.

Staff had regular supervision and annual appraisals that helped identify training needs and improve the quality of care.

People were supported to have their medicines.

Staff were recruited safely and there were systems in place to ensure that staff were appropriate for the role.

Relatives told us that they felt that staff were kind and caring and treated their relative with respect.

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 supported this practice.

People and relatives were involved in planning their care. Care plans were person centred and included information on how people wanted their care to be delivered as well as their likes and dislikes.

At this inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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. Risks for people who used the service were comprehensively identified through person centred risk assessments to ensure known risks were minimised.

There were safe staff recruitment practices in place.

Staff were able to tell us how they could recognise abuse and knew how to report it appropriately.

People were supported to have their medicines.

There were systems in place to report accidents and incidents.

Staff were aware of the importance of infection control.

### Is the service effective?

Good ●

The service was effective. Staff had on-going training to effectively carry out their role. People were supported by staff who reviewed their working practices through regular supervision and appraisal.

Staff understood their responsibilities in relation to meeting the requirements of the Mental Capacity Act 2005 (MCA).

Where staff supported people with food, they were aware of people's preferences and needs, and supported them with their nutrition and hydration.

### Is the service caring?

Good ●

The service was caring. People were supported by staff that understood their needs. Relatives were positive about the care provided.

People were treated with respect and staff maintained privacy and dignity.

Relatives and people were involved in planning their care.

Staff understood and were positive about equality and diversity.

### Is the service responsive?

The service was responsive. People's care plans were presented in a way that was person centred and tailored to individual care and support needs.

Staff knew people well and were knowledgeable about each person's support needs and their likes and dislikes.

People were, where appropriate, supported with activities that they enjoyed.

A system for complaints was in place. People and relatives were aware of how to complain.

Good 

### Is the service well-led?

The service was not always well-led. There were no regular audits to ensure good governance of the service. Information relating to people's specific care needs was not always documented.

Relatives were positive about the management of the service. The views of people and their relatives on the care provided were sought, to help improve service quality.

There was good staff morale and guidance from the registered manager and training manager.

Requires Improvement 

# Kells Domiciliary Care and Nursing Agency

## **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.

We gave the service 48 hours' notice of the inspection visit because it is a small domiciliary care agency and we needed to be sure that members of the management team would be available to support the inspection.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when, to improve the ratings for key questions of safe and effective to at least 'good'. The action plan dated 15 January 2017 included information around how they would address concerns related to person centred care, risks assessments failing to provide staff with adequate guidance on how to minimise people's personal risks, failing to assess, monitor and improve the quality of the service, and staff not receiving an annual appraisal.

This inspection took place on 20 and 21 December 2017 and was carried out by one adult social care inspector. Following the inspection, starting on 5 January 2018 we made calls to relatives and staff to gain their feedback.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to us. We also looked at safeguarding notifications that the provider had sent to us. Providers are required by law to inform CQC of any safeguarding issues within their service.

During the inspection we spoke with the training manager. We looked at seven staff files including recruitment, supervision and appraisal's, five people's care plans and risk assessments and other paperwork related to the management of the service including staff training, quality assurance and rota systems.

Following the inspection we spoke with one person that used the service and two relatives. It was difficult to speak to people as people were unable to talk to us due to their conditions. We also spoke with five staff members. We also received written information via email from the registered manager.

## Is the service safe?

### Our findings

At our last inspection on 10 October 2016 we found that risk assessments were not always consistent. Some risk assessments gave staff appropriate guidance on how to minimise known risks. However, other risk assessments noted a known risk and did not adequately assess the risk to the person. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had addressed this issue.

Risk assessments were in place for people's individual risks which provided staff with guidance on how to minimise the known risks. This included for falls, pressure ulcers, self-neglect and mobility. Staff that we spoke with confirmed that they had access to risk assessments in people's homes. We saw that the service had completed environmental risk assessments around people's home environments and documented any risks and how staff should work with those identified risks.

For one person that had a moisture lesion, which can cause redness and breakdown of the skin, this had been documented in the person's risk assessment and care plan. There was information for staff on how to work with this risk and guidance from the district nurse. Where people were at risk of developing pressure ulcers this was assessed by using the Waterlow scale. The Waterlow scale is a specific way of estimating the risk to an individual of developing a pressure ulcer. If the assessment showed people were at risk, the service referred to the district nurses for further assessment.

However, one person had risks identified around PEG feeding and urinary tract infections. A PEG is a way that a person unable to eat food orally receives their food via a tube to their stomach. Due to the person's condition they were also at risk of chest infections. There were risk assessments in place but these were not detailed enough to satisfy us that staff were provided with guidance on how to keep the person safe. We requested that the risk assessment for this person be updated within 48 hours and sent to us following the inspection. We received the updated risk assessment which gave detailed, clear guidance on each of the person's risks and how staff could minimise the risks. We also spoke with staff who were able to explain what the person's risks were and how they ensured that risks were minimised.

Training records showed, and staff told us, that they had received training about safeguarding which was refreshed on a yearly basis. Staff were aware of safeguarding and how this worked in practice with the people that they cared for. Staff were able to explain what constituted abuse and how to report it if they had any concerns to ensure people's safety. One staff member told us safeguarding was, "If you notice anything out of the ordinary, like bruises or if he told me anything like someone was taking his money I would report it to safeguarding or the local council. I would automatically tell [registered manager]. He is very good and he will get in touch with safeguarding. He's a firm believer in reporting anything necessary. He always says, 'let the professionals decide'." Another staff member said, "We had training on it [safeguarding] for adults and children because sometimes family come with kids to visit so it was important to understand all areas of safeguarding."

The service administered medicines to two people that used the service. Four other people required



prompting or were self-medicating. Staff were able to explain the difference between prompting and administering. We were unable to check Medicine Administration Records (MAR) charts for the people that the service provided medicines to as these were not kept in the office. A staff member told us the registered manager "checks the MAR charts regularly at random. He is very careful about it." However, these checks were not documented, so we were unable to confirm that medicines were being recorded on MAR charts.

For one person that required their medicines to be given via a PEG there was no information available on what medicines the person had been prescribed and how staff administered these medicines. There was no information documented on how staff had been trained to ensure safe administration of medicines via a PEG. The registered manager told that staff working with the person had been with them for a number of years and had been shown how to administer the medicines by a district nurse. The registered manager told us that the person had capacity and was able to advise staff on her medicines. Following the inspection we spoke with staff who were able to tell us how the person's medicines were administered.

The service followed safe recruitment practices. It completed pre-employment checks and had received two references when staff applied for a role, plus a criminal records check and evidence of eligibility to work in the UK. The training manager told us, and we saw, that staff were not allowed to work until satisfactory references and checks had been completed by the service. This meant that people were cared for by staff that had been screened and were appropriate for the role. The training manager told us, "We do not employ people with no experience of care." Staff application forms showed that all staff had previous experience in care.

The service ensured that staff understood infection control and how to protect people from infection. Staff had been trained in infection control and the service ensured adequate supplies of personal protective equipment (PPE) such as gloves and aprons.

Rotas showed that people received continuity of care. Many of the staff had been with the service for a number of years and had people that they supported regularly. A staff member commented, "[The registered manager] tries to match clients to staff so that they can have regular carers." Relatives told us, "I'm happy with them. They are aware of the need for familiarity. We've got consistency" and "It's very important [person] has consistent carers and [person] does." Relatives also said that staff were on time for visits and if were running late they would call the person or relative.

There had been no incidents or accidents since the last inspection. Staff were aware of how to report an accident or incident.

## Is the service effective?

### Our findings

At our last inspection we found that no staff had received an annual appraisal. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection we found that the provider had addressed this issue. Staff had received an appraisal since the last inspection. Staff had input into the appraisal process and had completed a self-appraisal prior to meeting with their line manager. Appraisals looked at what had gone well for staff over the past year and if there were areas that they wished to develop. Staff that we spoke with confirmed that they had received an appraisal. One staff member said, "Yes, he [the registered manager] does them. He gives me a form to fill in and it was a long form. It's asking you to reflect on your strengths and weaknesses and reflect on your training needs."

There had been no new staff start with the service since the last inspection. The training manager told us that if new staff were taken on, there was an induction process in place. Staff would receive mandatory training before starting to work with people. They would also shadow more experienced staff for at least two days before working alone. If further shadowing was required, this would be provided.

People were supported by staff that were able to meet their needs. Staff told us and records confirmed they were supported through regular supervisions to look at people's on-going care needs and identify staff training and development needs. A staff member said that supervision helped to "refresh your mind, to see if you are doing your job well and give advice. They [management] support us in everything." Another staff member said, "I think it's [supervision] every six weeks. We do it when I take in my time sheet." Staff were also able to ask for a supervision if they felt it was needed and one staff member said, "I can go in and get a supervision whenever I need it." However, the service's supervision policy did not state how often staff could expect to receive supervision.

The service had a dedicated training manager who put together a comprehensive training programme for the staff and said, "Training is tailored to the staff and if there are any specialist needs such as epilepsy training we will provide it." We saw that staff had completed mandatory training in areas such as manual handling, Mental Capacity Act 2005, and health and safety. Training was refreshed on an annual basis. We asked relatives if they felt that staff were well trained. One relative said, "Yes, I'm confident."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of

Protection with the support of the person's local authority care team. There were no people using the service that were subject to a judicial DoLS. We checked whether the service was working within the principles of the MCA.

The training manager confirmed that everyone currently using the service had capacity. We saw that people had signed their care plans and where people had refused to sign, this had been documented. Staff had received training on the MCA and staff that we spoke with were aware of how the MCA impacted on the care that they provided. One staff member said that in practice, the MCA meant, "Is this person able to make decisions about their health and welfare? Are they able to make decisions to keep themselves safe?" Another staff member told us, "It's [MCA] about decisions. If he has capacity. If he has dementia, he may not be able to decide certain things. It may be about preventing him from doing something specific as he cannot make that decision."

Where staff noticed a change in people's capacity this was reported and reviewed. One staff member told us, "What I have done previously was to go to the agency and they contacted social workers and we initiated a review of the person's capacity. They had best interest meetings." Another staff member said, "If I felt someone's mental ability was deteriorating I would contact the office and the GP."

Where some people the service supported were independent around preparing their own meals or supported by their families in this area, this was noted in their care plan. Where people required support this was also documented. People were supported to maintain their nutrition and hydration. Staff told us, "We do it together and [person] can choose. The family does the big shop but the day to day stuff like meat and salad, he likes to go round the aisles and choose. I do cook sometimes. [Person] likes to go out and eat a lot" and "I sometimes cook for her and she chooses what she wants. Other times she has meals on wheels." A relative told us, "They put snacks out for him and make sure he has a drink. Toast, cereals, heating through a meal and placing it on the table"

Where a person required food to be given by their PEG, there was no information available on how this was done or if staff supported the person with their PEG feed. The training manager confirmed that staff gave the person their PEG feed and that they had been shown how to do this by the district nurse and the family. However, this was not documented. Following the inspection we spoke with staff who were aware of what to do and how to work with the person to ensure that they received their food safely. A relative said, "They're all trained [on PEG feeding] and I go in and speak to them as well." However, there was no guidance documented in the person's care file on what staff should do to support the person.

The service completed pre-assessments when people were referred to the service. We saw detailed assessments that helped create people's care plan. A relative told us that the registered manager had completed an initial general assessment and then a nurse from the service had completed an in depth needs assessment. A relative said about the pre-assessment, "He [the registered manager] has a willingness to deal with the human side of the situation. It wasn't just form filling."

The service did not generally attend healthcare visits with people as these tasks were completed by family members or people were able to go by themselves. However, the registered manager told us that care workers would go with people to appointments if it was necessary. Care workers were aware of how to refer people, if they thought their health needed attention, to services such as the GP, dentist or optician.

## Is the service caring?

### Our findings

We asked relatives and people if they thought that staff were kind and caring. A person said, "Mostly they're very good." Comments from relatives included, "What we have is safety and kindness" and "They're very, very nice. They're lovely, like friends. We have a lovely team. We're very happy with them. They [person and staff] have a good laugh altogether."

Staff had an understanding of maintaining people's confidentiality including information that may have been documented. One staff member told us, "I need to treat her history confidentially. Things like their care plans are confidential. Information is private."

Staff were aware of how to treat people with dignity and respect. Staff told us, "If [the person] is in the bathroom I must shut the door and give people privacy. When people have accidents you need to treat them with dignity. People cannot help it and we need to be aware of how this can affect them." Another staff member said, "I knock on the door when I go into the bedroom, ask him what clothes he wants. Ask what he wants for his breakfast. It's got to be his choice and that is what we are there for."

We asked relatives if they felt that their relative was treated with dignity and respect by staff that provided care. One relative said, "Yes, the tone of voice is important. Whoever we have had from Kells has spoken very politely to my [relative]. It's been noticeably dignified and pleasant interactions." Another relative said, "Things like closing the door when [person] is washing or changing. Just being sensible and treating [person] as a person and not a condition. They're marvellous really."

Staff were also aware of how their tone of voice could impact on people. One staff member said "If you are with someone with dementia you need to be calm. How you speak to people can have a huge impact."

Care plans documented people's likes and dislikes. Staff that we spoke with knew people well and were able to explain people's preferences. Staff gave us examples of how they had worked with people for a number of years and were able to pick up on people's moods and things particular to that person. Staff showed a genuinely caring attitude when we spoke with them and one staff member said, "They're [the person] like my family; I know him so well."

People and relatives were involved in planning care. Relatives told us, "Yes, I am consulted" and "Always."

The service had promoted a person's independence and supported them in moving to their own accommodation. A staff member said, "We try and ensure as much independence as possible."

Care plans noted what people's faiths were so that staff were aware if there was anything that may have related to care being provided and a person's faith. The registered manager told us that families supported people with their faith.

Staff that we spoke with were positive about working with people with different faiths, cultures and

sexualities. The training manager told us that families supported people with their faith. A staff member said, "It's about the care. I respect everyone's rights to be who they are."

## Is the service responsive?

### Our findings

At our last inspection we found that care plans were task focused and not person centred. Care plans did not contain any information around people's personal histories, their likes and dislikes or activities that they enjoyed doing. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection we found that the provider had addressed this issue.

Care plans were person centred and gave the background of the person. People's communication needs were noted and staff that we spoke with were able to explain how people's conditions impacted on their communication and how they communicated effectively. For example, for one person their care plan noted, '[Person] speaks English but sometimes does not wish to communicate. Staff should understand this and give [person] space.' Where people had behaviour that challenged or may self-neglect, their care plan clearly documented this and gave staff guidance on how to work effectively with people. The training manager told us, 'Important information often comes from family members. [The registered manager] spends a lot of time with them [people] discussing care, likes and dislikes and also what people like to be called. Anything related to their care and how we can support their lifestyle.'

Where people were receiving 24 hour care, activities and things that they enjoyed were documented in their care plans. For one person their care plan noted, 'Carers go with [person] to concerts, special editions of [popular TV filming's]. This is really a joy of her life that carers support'. For another person a staff member told us, 'We go out whenever he wants and we will facilitate that. Recently we went to see a live stream of an opera at the cinema. I ask what he wants to do and if it's achievable we go and do it. He's a great lover of music and we go to concerts, we try and source it.' A person's relative told us, 'They [staff] get [person] out as much as they can.'

We saw reviews of care that were completed yearly or when people's needs changed. Relatives told us that they were involved in any reviews that took place.

The service did not currently work with people receiving end of life care. Staff had not received training in end of life care as they were not working with this currently. The training manager told us that if there was a need for staff to receive training, this would be provided.

There was a complaints policy which people were given when they began using the service. There had been no complaints since the last inspection. People and relatives told us that they knew how to make a complaint if they needed to. Relatives told us, 'First I would speak to the carer if I thought it was something manageable and then I would speak to Kells' and 'I would go to Kells and if I wasn't happy I think there is a complaints procedure.'

## Is the service well-led?

### Our findings

At our last inspection we found that the provider was failing to assess, monitor and improve the quality of the service and was failing to ensure good governance of the service. This related to the lack of audits being conducted by the service and the lack of clearly documented supervisions. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection we found that this breach had been partially addressed. Supervisions were now well documented and clearly showed how staff were being supported to carry out their roles. However, whilst there had been some improvement around auditing there were still issues with this.

There were two audits that had been completed by the registered manager. There was a medicines audit dated 14 April 2017 that looked at an overview of medicines management within the service. However, this did not audit MAR charts. The second audit looked at the key lines of enquiry that the CQC use to inspect and stated how the service would meet these expectations.

Relatives and staff told us that the registered manager checked MAR charts when he visited them at home. However, there were no documented audits of MAR charts in place. There were no further audits completed that looked at things such as care plans, staff files or risk assessments.

For one person receiving their medicines via a PEG, there was nothing documented in the care plan on what medicines the person had or if staff administered these medicines. The person also received food via their PEG. However, it was not documented whether staff gave the person their food through the PEG and how they did this. Whilst we were satisfied that the person was receiving their medicines and food; and staff understood how to do this, there were no records or information available to show that the registered manager had oversight that this was occurring safely. The training manager told us that the registered manager was always checking things. However, this was not documented.

The registered manager provided written feedback following the inspection. We asked if there were any further audits the he completed. The registered manager said, "I believe the medicine audit form explains what I do. What I have written down is what I do. [Staff] all can confirm I check the MAR sheets are completed and stress the importance of doing this. If something is not given they should state why and contact the doctor to explain." However, the medicines audit was from 14 April 2017 and there were no further audits following this.

There was a lack of documentation and audits to show that the service had a clear oversight and governance.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were positive about the registered manager and said that they felt supported. Staff told us, "Oh yes, I always feel supported. I can call [the registered manager] and he will advise or just listen if I need it" and

"He's [the registered manager] marvellous. If you have a new client he calls every day. Even though I've been with them for ages, he calls me every week to see how things are." A relative commented, "When I call up [the registered manager] is very caring."

Staff were also complimentary about the training manager who also acted as deputy manager and the support staff in the office. One staff member said, "He [the training manager] and all the staff in the office are supportive if I need them."

There had been six documented spot checks to monitor the quality of care with staff since the last inspection. The training manager explained that people that used the service were private clients and "Some clients refuse to allow spot checks." We were told that this was an area that the service was working on and that as the service had six clients, this was monitored by survey feedback and visits by the registered manager.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Nursing care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	Provider had a lack of documented systems and processes to ensure good governance of the service.
Treatment of disease, disorder or injury	