

Kirby Care Ltd

# Kirby Care Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement**



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 24 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a small domiciliary care service and we needed to be sure that someone would be in the office. The service provides domiciliary care and support to people living in the Kirby Muxloe, Ratby and Leicester Forest East areas of Leicestershire. At the time of our inspection there were 24 people using the service.

The service had a registered manager. 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.

Robust recruitment processes had not always been followed to ensure the suitability of people who worked at the service.

Support workers were aware of what they could and could not do with regards to people's medicines. However, records of medicines to be prompted or assistance with specific medicines had not always been included in people's plans of care.

We found that whilst some risks associated with people's care and support had been assessed, other risks had not.

People had been visited prior to their care and support package commencing and an initial assessment had been completed. Whilst some assessments were more comprehensive than others, the support workers were all well aware of the individual needs of those they were supporting.

Plans of care had been developed, though these did not always include all of the tasks that the support workers were required to complete. Although they didn't include all the tasks, support was being provided by regular support workers. These support workers knew the needs of the people they were supporting well and knew to carry out the tasks that had been omitted from the paperwork.

People told us they felt very safe with the support workers who supported them. They told us they were well looked after and relatives we spoke with agreed with this. Support workers were aware of their responsibilities for keeping people safe and knew what to do if they had a concern of any kind.

Support workers had been provided with an induction into the service and training was being completed. Support workers we spoke with felt very much supported by the registered manager and deputy manager. They told us there was always someone available to speak with should they need any help or guidance.

People told us that the support workers always asked for their consent before they provided their care and

support. The support workers we spoke with understood the principles of the Mental Capacity Act and training on this subject was being completed.

We were told that the staff team were caring, kind and considerate and people's care and support was always carried out in a dignified and respectful way.

People using the service knew what to do if they had a concern of any kind. They explained that they had been given the contact details of the registered manager and were confident that any issues would be immediately addressed by them.

The registered manager explained that they monitored the service on a daily basis and asked the people using the service for their thoughts on the service they received. The people using the service and their relatives confirmed this. The monitoring systems that were in place had not always been formally recorded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People were provided with regular support workers however, robust recruitment procedures had not always been followed.

Risks associated with people's care had not always been assessed.

Although the staff team knew what they could and couldn't do with regards to people's medicines this hadn't always been adhered to.

### Is the service effective?

**Good** ●

The service was effective.

People using the service told us that the support workers who supported them had the skills and knowledge they needed. People's consent was obtained before their care and support was provided and the staff team understood the principles of the Mental Capacity Act 2005 (MCA).

The staff team felt very much supported by the management team.

### Is the service caring?

**Good** ●

The service was caring.

Staff were caring and considerate and treated the people using the service with respect.

Support workers knew the people they were supporting and although not always recorded in people's plans of care, knew their personal preferences for daily living.

People were involved in making choices about their care and support on a daily basis.

### Is the service responsive?

**Good** ●

The service was responsive.

People were always visited prior to their care and support package commencing to ensure that their needs could be met.

People's plans of care did not always include the actions the support workers need to take or include people's personal preferences.

People knew what to do if they had a concern of any kind and were confident that any issue would be handled appropriately.

**Is the service well-led?**

The service was well led.

Some monitoring systems were in place to check the quality of the service being provided, though these were not being formally recorded.

People were visited regularly to ensure that they remained happy with the service they received.

Kirby Care Ltd was well managed and the management team was open and approachable.

**Good** ●

# Kirby Care Ltd

## **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 24 February 2016 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 the registered manager would be available to assist us with our inspection.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications we had received. Notifications tell us about important events which the service is required to tell us by law.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care and associated documents including risk assessments. We also looked at two staff files including their recruitment and training records and the quality assurance audits that the registered manager completed.

We visited four people who were using the service. This was to check that they had an up to date plan of care in place and to determine whether they were satisfied with the support they were receiving. We also had the opportunity to talk with two relatives during our visits.

Whilst at the provider's office we were able to speak with the registered manager and the deputy manager.

After the inspection visit we telephoned a relative of one of the people who were using the service and four support workers. This enabled us gather their thoughts of the service being provided.

# Is the service safe?

## Our findings

We checked the recruitment processes that were in place and found that these were not always robust. A recruitment policy had yet to be developed which meant that there was no formal recruitment process to follow. People's employment history had not always been pursued. This meant that the provider could not check whether there was satisfactory evidence of good conduct in their previous employment. We checked the recruitment files belonging to two support workers and noted that an up to date check with the Disclosure and Barring Service (DBS) had not been carried out. We also noted in one of the files that 'to whom it may concern' references had not always been followed up. Steps were taken to address these shortfalls following our visit.

Support workers we spoke with knew what they could and couldn't do with regards to people's medicines. They told us that they could only prompt from dossett boxes (boxes used by pharmacists to dispense people's medicines) and then they recorded in the daily records when assistance had been offered. We noted that although the staff team were recording when they were prompting people with their medicines, a record of the medicines they were prompting was not always available. Whilst visiting one person who was using the service we noted in their daily records that the staff team were supporting them to apply a medicine patch to their skin. The registered manager explained that the staff member had received training from the district nurse to carry out this task. However, this task was not recorded in their plan of care, there was no written confirmation of this training having taken place and there was no written guidance to inform staff what this patch was for or how to handle it. Not all of the staff team had completed training in medicine awareness. The registered manager explained that these shortfalls would be addressed as a matter of urgency.

We looked at the records belonging to three people using the service to see if the risks associated with their care and support had been assessed. We found that whilst some risks had been assessed, others had not. We saw that the risks associated with the moving and handling of people had been assessed. However, the risks associated with the environment in which people's care and support was to be carried out, had not. We also noted that the risks associated with tasks such as assisting people to shower had not been assessed. Steps were taken to address these shortfalls following our visit.

People we spoke with told us that they felt very safe with the support workers who provided their care and support. Relatives we spoke with agreed with this, explaining that they had no concerns with the support workers who provided their relatives care.

The support workers we spoke with knew their responsibilities with regard to keeping people safe. One told us, "I would contact the manager straight the way to raise any concerns she would deal with it." Another told us, "I would ring [the registered manager] immediately, she would definitely act on any concerns we had."

The registered manager and deputy manager, who also carried out care and support calls on a daily basis, were aware of their responsibilities for keeping people safe. They told us that any allegation of abuse would be referred to the local authority safeguarding team and the Care Quality Commission (CQC) would also be

informed.

We looked at the staffing rota. We found that the current staffing levels were sufficient to meet the needs of the people currently using the service and the people we spoke with agreed. One person told us, "We never feel rushed and they always ask us if there is anything else they can do before they leave." Another person explained, "They come at the right time, the time that we wanted. They never rush and always do everything we need them to do."



# Is the service effective?

## Our findings

People using the service and their relatives told us that the staff team who supported them knew them very well. They told us that the staff team were competent and they had the skills and knowledge they needed in order to meet their needs. One person told us, "We were surprised by their [the staff team] efficiency, particularly after the poor experience of the previous agency we had. Our needs were discussed so they knew exactly what they were required to do before they arrived and they have continued to provide a good service and know how to support [their relative]." Another person explained, "They [the staff team] are very experienced. We have a team of carers and they were introduced to us when our care started."

The staff members we spoke with told us that they had received an induction into the service so that they knew what was expected of them. They also told us that they had been given the opportunity to be introduced to the people they would be supporting and shadowed the registered manager during people's support calls. This meant that the staff team knew exactly what care and support people needed and how they preferred their care to be provided. One staff member told us, "I had an induction, [the registered manager] took me out to meet everyone first and then went through what we did for everyone, it was really good." Another explained, "I had an induction and I shadowed for a good couple of weeks."

The support workers we spoke with felt very much supported by the registered manager and the deputy manager. They told us that they had the opportunity to meet with the management team on a daily basis and unannounced visits were carried out at people's homes. This was to check that the support workers were carrying out their duties appropriately and to provide them with additional guidance and support. One staff member told us, "Spot checks are carried out constantly and we are never left without seeing someone every week." Another told us, "We [the staff team] meet up regularly but there is always someone around to talk to if you need to, they [the management team] are very supportive."

Support workers told us that they received regular supervision sessions though these were provided on an informal basis. The registered manager confirmed this. One support worker told us, "We meet regularly with the manager to discuss any issues we may have." Another told us, "We are constantly talking to the manager."

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 make 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. Applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been

made to the Court of Protection. The registered manager understood their responsibility around the MCA. They told us that if a person lacked the ability to make a decision about their care and support, a meeting would be arranged. This would be with people who knew them well so that decisions could be made in the person's best interest. At the time of our inspection there was no one receiving care or support who lacked the capacity to make their own decisions.

Support workers we spoke with had an understanding of the MCA and their responsibilities within this and they were in the process of receiving training on this topic. One support worker told us, "When [the registered manager] first visits people they discuss what care they need and make a formal agreement to make sure they are happy with the care they are to receive."

We were given examples of how support workers obtained people's consent before providing their care and support. One support worker told us, "I always ask for people's permission. I am not there to take over so if they don't want me to do something I won't." Another explained, "I always ask people if it is alright for me to help them, I wouldn't dream of doing anything without asking first."

People using the service confirmed that the support workers who visited them always asked for their consent before they provided their care and support. One person told us, "They always ask me first before they start helping me." A relative explained, "They never take anything for granted and always ask us if we're happy for them to help, and of course we are."

Where people required assistance with food and drink the necessary support calls had been arranged. We saw that the support workers had received training in food hygiene and they ensured that people had the required food and fluids to keep them well. One support worker told us, "Everyone likes different things so we always give people an option at meal times and we always make sure that they have a drink of tea, coffee or water, which ever they prefer." A person using the service told us, "They [support workers] check the cupboards to see what there is and they give us a choice. We are satisfied with the meals they provide."

When we looked at people's daily records it was evident that the staff team had acted appropriately when concerns had been identified with regards to people's health and welfare. We saw that when someone had fallen, the ambulance service had been called and when someone had become unwell, their GP had been contacted. This showed us that the staff team took people's health and well-being seriously.

## Is the service caring?

### Our findings

People using the service told us that both the support workers and the management team who looked after them did so in a caring and considerate way. The relatives we spoke with agreed. One person using the service told us, "They treat me with respect, they [support workers] are all consistent in the way they work and they put me at ease." Another person told us, "We are very lucky, we have gotten to know them and they have become friends. You have got to have someone you can trust and I trust them." A relative told us, "The staff are very respectful and we have never had any issues with the girls."

People using the service had been introduced to the staff team before their care package had commenced. This had provided them with the opportunity to get to know the staff members who would be providing their care and support. One person told us, "We found Kirby Care by word of mouth. [The registered manager] came round for a chat and put us at ease. She then introduced the carers to us so that we knew them when they started coming on their own, that was important."

Support workers understood the care and support needs of those they were supporting and knew their likes and dislikes though these were not always recorded in people's plans of care. One person told us, "They know what we like, for instance they know that [person using the service] likes mustard on his meat sandwich." Another person explained how the support workers always made sure that they had their phone and a drink by their side before they left because that was what they liked.

Support workers explained how they gave people choices and involved them in making decisions about their care. One support worker explained, "I constantly offer people choices like what to wear and what to eat for breakfast." Another told us, "I always explain everything that I am doing and I encourage people to do as much as they can for themselves. It is more dignified if you can help them to help themselves when they can."

People we spoke with told us they had been involved in making decisions about their care and support. They felt that the staff team knew them well and listened to what was important to them. One person told us, "We discussed with [the registered manager] what we wanted from the company which was very important. We were able to make decisions about what help we needed from the off. She [the registered manager] listened."

The support workers we spoke with gave us examples of how they maintained people's privacy and dignity when they supported them. One explained, "When I'm helping someone with personal care, I always cover them with a towel and I make sure the door and curtains are closed. Another told us, "I treat people with respect, I put myself in their [people using the service] position and treat them as I would wish to be treated myself."

## Is the service responsive?

### Our findings

People we spoke with told us that they had been involved in deciding what care and support they needed before their care package had started. Relatives we spoke with also told us that they had been involved. One person explained, "[The registered manager] came to see us, to see what help we needed, she was very good." A relative told us, "The manager visited us and asked questions such as what we wanted from the company. They wouldn't take us on until they could be sure that our needs could be met."

The registered manager told us that they always visited people prior to any care or support package commencing. This was so that their individual needs could be assessed. This visit also provided the registered manager with the opportunity to assure themselves that people's needs could be met by the staff team working at Kirby Care Ltd.

The records we looked at showed us that an initial assessment of people's needs had been completed, though some were more fully completed than others. We also noted that these did not always cover whether people were able to make decisions for themselves. From this initial assessment, a plan of care had been produced.

The registered manager told us that they always carried out the care calls for people new to the service. Once they were happy that the care and support package was suitable, they introduced the support workers, who then took over the care and support. The people using the service and the support workers we spoke with confirmed this. One person told us, "The manager carried out the whole of the first week and then they introduced the carers to us."

The plans of care we looked at were rather basic in content and task focused. The majority of them included the tasks the support workers were required to complete. However, we did note that for one person who required the support workers to apply cream to their body, this task was not included in their plan of care.

The plans of care did not always include people's preferences in how they would like their care and support to be carried out or their individual likes and dislikes. However, this said, when we spoke with the support workers providing people's care and support it was evident that they knew the people they were supporting very well. One support worker told us, "We were introduced [to the people using the service] first and we got to know what help they needed. We [the staff team] also meet most days to discuss any changes in people's care." The people we spoke with also told us that the support workers knew exactly the support they needed. One person told us, "They got to know us and got to know what they needed to do. We are very lucky to have them and very satisfied."

We noted that for two people who had specific health related conditions, there was little information about this included within their plan of care documentation. Providing support workers with information on people's conditions such as symptoms to look out for would provide them with a better understanding of people's conditions.

The registered manager explained that they visited the people using the service on a regularly basis. This was to provide their care and support, review their plans of care and make sure that they remained happy with the care and support they received. People using the service confirmed this. Where changes in people's care and support had taken place, their plans of care had been changed to reflect this. One person told us, "[The registered manager] comes and does the carers job and checks that we are alright with everything." Another told us, "She [the registered manager] comes and carries out the visits and checks that all is well."

People told us that they received the care and support they needed. They told us that they had regular support workers who visited them, they told us that the support workers arrived on time, stayed the right amount of time and never missed a visit. One person told us, "They [the support workers] are very reliable and very good, I have two carers and they have always turned up." Another person told us, "I've never been rushed and they [support workers] have never been late. What's more, if you want an earlier call they will accommodate."

A staff rota had been made available to people wishing to know who would be providing their care and support on a weekly basis. This showed them which members of the staff team would be attending their calls. One person told us, "We get a weekly list to tell us who's coming, it's nice to know beforehand who to expect, but we are very comfortable with them all."

The people we spoke with knew what to do and who to speak with if they had a query or concern of any kind and the contact details of the registered manager was included in the documentation held in people's homes. One person explained, "If we had any worries we would tell [registered manager] straight the way, she would sort it." Another told us, "Any issues, I would call [registered manager]." A relative told us, "We would call [registered manager] direct, but we have never had too."

## Is the service well-led?

### Our findings

People we spoke with told us that they felt Kirby Care Ltd was well managed and the management team were open and approachable. One person told us, "[the registered manager] is very approachable and what is nice is that she is part of the care team and so is always asking if everything is alright." A relative told us "I trust [the registered manager] whole heartedly, she has everyone's wellbeing at heart and will go the extra mile to ensure everyone is supported." Another commented, "They [the staff team] are very professional and their personal presentation is excellent."

The registered manager told us that she, and the deputy manager, visited the people using the service on a weekly basis. This provided them with the opportunity to discuss any issues that people may have and reassured themselves that the people using the service were satisfied with the service they received. The people using the service confirmed that these visits took place. One person told us, "[The registered manager] visits us regularly to check that we continue to get the help we need." We did note that these visits were not always formally recorded so as to demonstrate that reviews of people's care and support packages had been carried out. The registered manager told us that this would be addressed and a formal process of reviews would be developed.

The registered manager also explained that audits were carried out to monitor the service being provided though these again had not been formally recorded. They told us that they looked at the daily records, the staff rotas and timesheets and this was something that the registered manager was developing further.

We looked at the daily records that support workers were required to complete. These showed us the tasks that had been completed at each visit and the support workers who attended. We did note that they didn't record the time of arrival or the time of departure from the call. This information is important because it demonstrates what time the support workers were at the person's home. It also shows the duration of the support workers stay and that the people using the service had received the visits they had agreed to and at the agreed times. The people we spoke with did tell us that they currently received the calls they agreed to. One person told us, "We wanted 10.00am and they come at 10.00am."

People using the service had been given the opportunity to share their views and be involved in developing the service. The registered manager carried out regular visits to people and an annual survey for both the people using the service and their relatives had been devised. The registered manager was in the process of sending out the surveys at the time of our visit.

Support workers we spoke with felt very much supported by the registered manager and felt very much part of the team. They told us that they were asked for their views on the service and felt able to share any issues or suggestions with the registered manager. One support worker told us, "I feel very much supported by [the registered manager], she is always around if you need her." Another explained, "I feel supported, I wouldn't work for anyone else, we have a very kind boss who is true to her word. We regularly meet to support each other and discuss ideas."

The provider's aims and objectives of the service had been shared with everyone involved and details of these were given to people when they commenced using the service.

Whilst some policies and procedures for working practices had been developed, others had yet to be established. This meant that there was not always a formal process for staff to follow. The registered manager informed us that they were in the process of developing further policies and procedures to enable them to further improve the service being provided.

The registered manager was aware of their responsibility for notifying the Care Quality Commission of any deaths, incidents or injuries that occurred or affected people who used the service.