

Kent Carers Limited

# Kent Carers Limited - Head Office

## Inspection report

Unit 1  
The Stables, Shirehall Road  
Dartford  
Kent  
DA2 7SL

Tel: 01322277944

Website: [www.kentcarers.co.uk](http://www.kentcarers.co.uk)

Date of inspection visit:

06 March 2019

14 March 2019

Date of publication:

17 June 2019

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: This service provides personal care to people living at home. This included older people and younger adults some of whom were living with dementia, learning disabilities and physical disabilities. There were ten people receiving personal care when we inspected.

People's experience of using this service:

People and their relatives commented. "We are happy with the safety of the service." "We are happy staff are sufficiently trained." "The staff are all very caring towards my relative, he is very happy with them."

People told us they felt safe with staff. Staff had been trained to administer medicines safely. People told us that staff were caring towards them.

People's needs were assessed. Care plans were in place. The care plans were consistently reviewed. People's rights and their dignity and privacy were respected. The care offered was inclusive and based on policies about Equality, Diversity and Human Rights.

Staff were not routinely required to assist people with health care monitoring or preparing food and drinks because people did this themselves or lived with others who did this for them. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

People told us they were listened to by the management of the service. Background checks were made on new staff. Staff were trained and supervised to maintain the standards of care. Staff were deployed in the right numbers to meet people's needs and choices.

Health and safety policies and management plans were implemented by staff to protect people from harm. Systems were in place so that incidents and accidents were investigated to reduce the risks of these happening again. Staff received guidance about infection control and protective equipment like disposable gloves to minimise the risks from the spread of infection.

People, their relatives and staff had the opportunity to share their views about the service. The service could continue to run in the event of emergencies arising so that people's care would continue. Staff were not providing end of life care at the time of this inspection.

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.

Rating at last inspection: At our last inspection on 24 November 2017, (The last inspection report was published on 07 February 2018), we gave the service a 'Requires improvement' rating because there was no registered manager in post. At this inspection the provider was in the process of registering a manager, but they were not yet registered. Not having a registered manager in post was a limiter of the rating of the Well

Led key question, therefore the 'is it well led' key question is rated as 'Requires improvement.' the overall rating is 'Good.'

Why we inspected:

This was a comprehensive inspection scheduled based on the previous rating.

Follow up:

We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least Good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below

Requires Improvement ●

# Kent Carers Limited - Head Office

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

The inspection was carried out by one inspector. We visited the agency office on 6 March 2019 and we telephoned people on 14 March to gain their views about the service.

#### Service and service type:

This service is a domiciliary care agency that provides care services to older people and younger adults people in their own homes. Not everyone using the service receives a regulated activity of 'personal care.' CQC only inspects the service being received by people provided with 'personal care'.

The service did not have a registered manager in post. It is a condition of the providers registration that a registered manager is registered with the Care Quality Commission and they with the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager oversaw the day to day operations of the service and the registered provider was in the process of registering a manager.

#### What we did:

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also looked at information sent to us by the manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least

once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed four people's care plans. We also looked at a variety of different sources of information relating to people, such as; risk assessments. In addition, we looked at; feedback surveys, staff rotas, training records, recruitment files, medicine administration records, complaints and accident logs.

We gathered people's and their relatives experiences of the service by telephoning them and sending them questionnaires during the inspection process. We received feedback from four people. We also spoke with the manager and two members of staff. The four external health care professionals we contacted did not feedback any concerns about the service.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People continued to be protected from harm and abuse and people told us that they felt safe. One relative said, "We feel very safe with staff coming to our house, they are very safe with my husband's care." Another relative said, "Mum is safe and happy with care staff."
- A safeguarding policy informed staff about their responsibilities to safeguard people and what constituted abuse. Staff received training in safeguarding, knew what signs to look out for and felt confident the management team would listen and act on any concerns they raised.
- The service operated a 24 hours on call service for people to access offering advice and support out of office hours.

Assessing risk, safety monitoring and management:

- Risks to people continued to be identified and mitigated against. People had individual risk assessments, to encourage choice, independence and safety at all times.
- Environmental risks and potential hazards in people's homes were assessed. For example, good lighting or enough space to work. There was guidance and procedures for staff about what actions to take in relation to health and safety matters.
- If people required specialised care to manage on going health issues the risk from this was assessed. Staff with specified training for each person was provided if required. For example, if people had hydration or medicines via a percutaneous endoscopic gastrostomy (PEG). This is medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

Staffing and recruitment:

- Staff were provided to people based on their needs on an individual basis. Where more than one member of staff was required, for example, where people needed specialist moving and handling care, the correct numbers of staff were provided. A relative said, "We always get two staff as X needs them for hoisting. Enough staff were in place to cover staff absences such as annual leave. Back-up staffing was provided through an in house staff bank team.
- Records showed that staff hours were matched to people's agreed care hours.
- Staff were recruited safely. The provider's recruitment policy and processes were followed to minimise risks. This protected people from new staff being employed who may not be suitable to work with them. The provider had a policy that was current with legislation and good practice for the recruitment of social care staff.

Using medicines safely:

- The use of medicines continued to be assessed and managed safely. Not all people required staff to administer medicines. The way people liked to receive their medicines was recorded in their care plans. The care plan stated if the person themselves or a family member was responsible for administering medicines. Where it stated in a care plan that staff were involved in the administration of medicines, this was fully risk assessed. People told us that their medicines were managed safely by staff.
- Medicines were administered by staff who had specialist training in this area. Staff followed the provider's medicines policy. The manager checked that staff followed the medicines policy and that staff remained competent in their knowledge and practice when they administered medicine's.

#### Preventing and controlling infection:

- People were protected against the spread of infection. A relative said, "Staff do washing and dressing. Staff always use fresh gloves." Staff received infection control training. Staff confirmed how they maintained hygiene and that they had access to personal protective equipment when appropriate, such as disposable gloves and aprons. One member of staff said, "We get personal protective equipment issued for infection control."

#### Learning lessons when things go wrong:

- Policies about dealing with incidents and accidents were in place to minimise harm and continued to be effective.
- There had been no reportable incidents since the last inspection.



# 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

Good: 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 told us they received the care they had been assessed for. A relative said, "My relative's needs are to be washed and dressed, staff care and support him with this." Another relative said, "The staff go the extra mile, they help with flushing my loved ones PEG (percutaneous endoscopic gastrostomy). The staff seem to know very well what they are doing." A PEG is tube is inserted into a person's stomach as a means of feeding, they sit with him when I am not there. Staff told us about the training they got for catheter care and using hoist safely.
- Each person had their own individual care plan which showed how the person wanted to be supported.
- Assessments included information and guidance about the person's physical and mental health needs.
- Assessments continued to consider any additional support that might be required to ensure people did not suffer from discrimination, such as needs around cultural or religious beliefs, and other protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion.
- Staff understood the care they should be providing to individual people as they followed detailed care plans. People confirmed that care plans were left at their home for staff to follow. The care people received was recorded by staff. We could see that their notes reflected the care required in people's assessment of need.

Staff support: induction, training, skills and experience:

- People told us that staff had the knowledge and skills to support them. A member of staff said, "We shadow other staff, we chat to people to get to know them, there is a care plan in people's houses for us to read through. We are not chucked in at the deep end, helped to settle into work."
- Different people had different needs; staff inductions were tailored to people's needs. Formal induction and on-going training was provided to staff to improve their skills and understanding of people's needs and how to deliver care.
- New staff underwent an induction programme followed by a period of shadowing experienced members of staff before they were able to work with people alone.
- Staff told us that they felt supported by the manager. Staff training and supervisions continued to be managed for effective care delivery. Evidence showed that staff training had been completed.
- The manager also facilitated staff meetings, which were used by staff to discuss health and social care changes and issues or challenges they may face in their work.

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

- Not everyone required support with preparing foods and drinks. People either had the skills to do this independently or they were supported with this by their relatives.

- Food hygiene training was provided to staff.
- All staff had been trained so that they had the skills to advise, guide and support individuals with their eating and drinking care needs.

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

- People's health and wellbeing was maintained and reviewed in partnership with external health services. Staff worked closely with the community nursing teams when people had conditions such as Diabetes or Epilepsy. Staff had training in the use of epilepsy medicines. A member of staff explained to us how they had been trained to look out for infections when caring for people with catheters.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves, The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection. At the time of the inspection no-one was subject to an order of the Court of Protection.
- Staff had a good understanding of the MCA and issues around capacity and consent. They told us they received training about this and that information was included in their staff handbook.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People told us that the staff treated them with care, respect and kindness. A relative said, "When the staff arrive they immediately ask how we are, they are respectful." Another relative said, "The staff are all polite and friendly and caring." And, "I like all the staff, all very nice, when they come it feels like friends are calling in."
- Policies set out the staffs' approach to dignity, equality, diversity and human rights. These were accessible to staff at any time and were taken into account as part of people's initial assessments. Staff we spoke with told us how they delivered care respectfully. A member of staff said, "We tend to get the same people, we always inform client what we are doing (before delivering care) chit chat with them."
- Staff knew people well. Staff actively engaged with people and interacted with them positively. One relative said, "Staff have had training, they are happy and jovial." Staff understood how to support people to make everyday choices. People told us that staff greeted them in a friendly way.

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

- People decided how they wanted to be supported. The manager assessed each person's ability to do things for themselves or the levels of staff care required. They involved people and their family members in the process when this was appropriate. This assisted staff to meet people's needs in ways the person chose.
- People had care plans which described their individual communication needs and preferences. Guidance was given to staff on how people's communication needs should be supported and promoted. For example, one person was supported by staff who could communicate using sign language.
- People were given information about access to advocacy services, which help people by enabling them to explore and voice their opinions. Advocates are independent people who help people to express their views and wishes and help them to stand up for their rights.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff respected their privacy and maintained their dignity.
- Staff were aware of confidentiality regarding information sharing. Records were kept securely so that personal information about people was protected.

# Is the service responsive?

## Our findings

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

Good: 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:

- Care staff had consulted with each person, their relatives and healthcare professionals about the care to be provided and had recorded the results in an individual care plan. A relative said, "Staff are friendly. They follow the care plan and always write in it."
- The care plans were being regularly reviewed by care staff so they accurately reflected people's changing needs and wishes.
- People told us that the care staff provided them with the assistance they needed as described in their care plan.
- Staff recognised the need to provide care that promoted equality and diversity. Care staff had received training and guidance in respecting the choices people made about their lifestyles. This included people who were lesbian, gay, bisexual, transgender and intersex.
- The provider met the principals of the accessible information standards 2016 (AIS). AIS applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. When people were assessed, their communication needs were considered. For example, a care plan for a person with a learning disability was in pictorial format which made it easier for them to understand the information. Staff used Makaton signs and symbols to help people communicate.

Improving care quality in response to complaints or concerns:

- People told us that they felt confident raising any concerns or complaints. One person told us they had raised an issue which had been dealt with to their satisfaction.
- How to make a complaint was clearly set out in a complaints policy that provided the information people would need if they wished to make a complaint. This included the step by step process to follow within the policy and where people could go externally if they were not satisfied with how their complaint was handled.
- There had been two complaints but these had been resolved at the time of this inspection.

End of life care and support:

- At the time of this inspection the service was not providing end of life care.
- The manager told us that they would not normally be involved in the planning and delivery of end of life care. The majority of people they provided care for lived with other family members.

# 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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered provider was in the process of registering a person for the role. Therefore, a limiter of 'requires improvement' was applied to the rating of the Well Led key question as there was no registered manager as required by the provider's registration.
- It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating on their website and within their offices, which were accessible to the public.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. At the time of the inspection there was no evidence that notifications had been required to be submitted to CQC. The manager understood when to submit notifications to the Care Quality Commission.

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

- A relative said, "We have used Kent Carers Ltd for quite some time, they are very caring, I would recommend them." And "The manager is approachable and I would raise any concerns with her."
- The provider had a Statement of Purpose which set out their vision and values for the service. This was available to people and staff if they wanted a copy. Staff had a good understanding of the values that were expected of them and agreed that a good quality service was what they all strived for.
- Staff told us they thought the culture at the service was transparent and open, and senior staff were available if they had queries or concerns. People using the service said the service was well led.
- At the time of the inspection there was no evidence that the provider had been required to exercise their duty of candour responsibilities.

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

- Arrangements had been made for the service to learn, innovate and ensure its sustainability. However,

from people's feedback there was no evidence that changes had been required. The manager told us that they had plans to improve the levels of community activities they could offer to people.

- The manager carried out a number of audits and checks to make sure a safe and effective service was provided. Additionally, the views of people, their relatives and staff were gathered to see if any changes could improve their experience of the service. People's feedback had not required any changes to be made since the last inspection.

Continuous learning and improving care:

- Policies and procedures governing the standards of care in the service were kept up to date, taking into account new legislation. For example, the management had worked to make sure that they implemented the new General Data Protection Regulation that came into force in May 2018. (The General Data Protection Regulation (GDPR), replaced the Data Protection Act as the primary law regulating how companies protect citizens' personal data.)
- Staff meetings were held and staff told us they were able to speak out if they wanted to.
- Staff felt they were well supported by the management team.

Working in partnership with others:

- Staff worked closely with health and social care professionals. When people needed specialist support, referrals were made without delay and specialist guidance was cascaded to staff and used to provide people with the most appropriate support for their needs.