

Kerrier Homecare Limited

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Inspection report

Rock Farm
Carn Lane, Carnkie
Redruth
Cornwall
TR16 6SL

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Tel: 01209215656

Website: www.kerrierhomecare.co.uk

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

We carried out this inspection on 4 February 2016 and it was announced four days in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. This was the first inspection for the service since it had re-registered under a new legal entity.

Kerrier Home Care is a Domiciliary Care Agency that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in Redruth, Camborne, Penzance and surrounding areas. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 30 people were receiving a personal care service. These services were funded either privately or through Cornwall Council or NHS funding.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People we spoke with told us they felt safe using the service and told us, "Very happy with the service" and "It's a very good service."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Care plans provided staff with clear direction and guidance about how to meet people's individual needs and wishes.

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People and their relatives spoke well of staff, comments included, "I trust staff to get it right" and "The staff are very good, they all work to the same standard."

People told us they had a team of regular, reliable staff, they knew the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, "They [the service] ring me to let me know if staff are running late" and "Reliable service, staff usually arrive on time." A relative said, "We agreed the times of the visits."

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture in the service, the management team provided strong leadership and led by example. The registered manager had clear visions and values about how they wished the service to be provided and these values were shared with the whole staff team. Staff told us, "Kerrier is brilliant, they care about the clients and staff" and "We are a really good team."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People and their families told us the management team was very approachable and they were included in decisions about the running of the service. People told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. Staff were encouraged to challenge and question practice and were involved in making improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring. People, and their relatives, were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care

and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to raise a complaint about the service and reported that any concerns they raised had been resolved appropriately.

Is the service well-led?

Good ●

The service was well-led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People were asked for their views on the service. Staff were encouraged to challenge and question practice and were supported to try new approaches with people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 4 February 2016 and the provider was given four days notice of the inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one inspector.

Prior to this inspection we reviewed information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met with two people who used the service and one relative, two members of care staff, the care service co-ordinator, the deputy manager and the registered manager. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. Prior to the inspection we spoke with three people who used the service, one relative and two care staff.

Is the service safe?

Our findings

People told us they felt safe using the service and told us, "Very happy with the service" and "It's a very good service."

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. Staff had regular 'runs' of visits in specific geographical areas and when gaps in 'runs' occurred these were highlighted. This meant the service knew the location and times where new packages could be accepted.

A staff roster was produced each week to record details of the times people required their visits and which staff were allocated to go to each visit. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes at the agreed times. If they were delayed, because of traffic or needing to stay longer at their previous visit, office staff would always let people know or find a replacement care worker if necessary.

People told us they had a team of regular, reliable staff, they knew the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, "They [the service] ring me to let me know if staff are running late", "More or less the same staff" and "Reliable service, staff usually arrive on time."

The registered manager, deputy manager or care service co-ordinator were on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of the hours the office was open. One person told us, "I have rung at weekends to check on my visits and the phone was always answered."

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the health and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions. Staff told us management always informed them of any potential risks prior to them going to someone's home for the first time.

Sometimes the service took on new care packages at short notice. This meant that it was not always possible for a manager to visit the person's home and complete a risk assessment prior to a care package starting. In these situations the care service co-ordinator carried out the first few visits. This enabled them to complete a risk assessment and pass any relevant information to other staff before they visited the person's

home.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people's medicines. All staff had received training in the administration of medicines.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately. A summary of the service's safeguarding policy and the local reporting arrangements were in the staff handbook, which was given to staff when they started to work for the service.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, "Staff do everything that is needed" and "They [staff] do a really good job."

Staff completed an induction when they started employment. Kerrier Home Care had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards in April 2015. The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. New employees were required to go through an induction which included training identified as necessary for the service, familiarisation with the service and the organisation's policies and procedures. Initially new staff worked alongside a member of the management team and then worked with a more experienced care worker until such a time as the worker felt confident to work alone.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. One member of staff said, "We have lots of training." Most care staff had either attained or were working towards a Diploma in Health and Social Care. Staff received regular supervision and appraisal from the registered manager or deputy manager. This gave staff an opportunity to discuss their performance and identify any further training they required. One care worker told us, "I have regular supervision and appraisals".

Care plans recorded the times of people's visits. People and their relatives told us they had agreed to the times of their visits. A relative said, "We agreed the times of the visits." People and their relatives also told us staff stayed the full time of their agreed visits.

Kerrier Home Care worked successfully with healthcare services to ensure people's health care needs were met. The service had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists, dentists and district nurses to provide additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately.

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People we spoke with confirmed staff asked for their agreement before they provided any care or support and respected their wishes if they declined care. Care records showed that people signed to give their consent to the care and support provided.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. We checked whether the service was working within the principles of the MCA.

Care records showed the service recorded whether people had the capacity to make decisions about their care. For example care records described how people might have capacity to make some daily decisions like choosing their clothes or what they wanted to eat or drink. It was also recorded appropriately where more significant decisions about their care would need to be made on their behalf in conjunction with their family and other healthcare professionals. For example any decisions about hospital treatment or substantial changes to their care package.

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were very happy with all of the staff and got on well with them. People told us, "The staff are very good, they all work to the same standard" and "I trust all the staff to get it right."

One person told us they had a small group of regular staff who visited them and had requested that any new staff were introduced to them before they were booked for visits. They told us new staff were always introduced and worked alongside existing staff to learn and understand their needs and daily routines before working on their own.

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People told us staff were kind and caring towards them. People and their relatives spoke well of staff, comments included, and "They [staff] are very obliging" and "All the staff are very kind to me."

During visits to people's homes we saw staff interacted with people in a caring and respectful manner. Staff were friendly, patient and discreet when providing care for people. People told us staff did not rush them and staff always stayed longer than the booked visit if they needed extra time. People told us, "I never feel rushed" and "They [staff] often stay longer."

Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Staff had a good knowledge and understanding of people. Staff were motivated and clearly passionate about making a difference to people's lives. Staff said, "I enjoy the job", "People get a good service" and "I have regular work so I know the people I go to well".

People told us they knew about their care plans and a manager regularly asked them about their care and support needs so their care plan could be updated as needs changed. One person had requested that they did not have any documentation regarding their care package kept in their home and their wishes had been respected. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Is the service responsive?

Our findings

Before, or as soon as possible after, people started using the service the registered manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided. People told us the registered manager had visited them to give them information about Kerrier Home Care and agree the care and support they needed before their care package started.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This meant staff could read the section of people's care plan that related to the visit or activity they were completing.

Care plans were reviewed monthly and updated as people's needs changed. A complete re-assessment of the persons' needs and wishes was carried out every six months with people and their families. People told us a manager visited them regularly to discuss and review their care plan.

Staff were encouraged to update the management team as people's needs changed and also at regular staff meetings. Any changes to people's care needs reported by staff were updated into people's care plans, both in the office and in their homes, in a timely manner. During the inspection we saw staff coming into the office to collect updated care plans to take into people's home when they were due to visit later that day.

Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example providing extra visits if people were unwell and needed more support, or responding in an emergency situation.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request. One person told us, "I have said that a member of staff was not right for me and they [the service] did not send them again."

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who was also the owner of the service, had overall responsibility for the running of service. They were supported by the deputy manager and the care service co-ordinator.

The registered manager had clear visions and values about how they wished the service to be provided and these values were shared with the whole staff team. Staff were enthusiastic about working for the service and said, "Kerrier is brilliant, they care about the clients and staff" and "We are a really good team." "I really enjoy working for Kerrier, everyone is friendly and supportive."

People and relatives all described the management of the service as open and approachable. People told us, "The management is good", "They [the service] really do care about what they do", "I trust them [the service]" and "I am very confident in the service."

There were effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the registered manager only took on new work if they knew there were the right staff available to meet people's needs. People told us they felt their staff had been matched to meet their needs and were complimentary about the service's recruitment practices. They also commented that when they had replacement staff they were of the same high standard. Comments from people included, "They recruit the right staff", "I don't know how [registered manager's name] does it, but she manages to recruit such good staff."

Discussions with the registered manager confirmed that they recognised that recruiting the right staff was essential to providing a high quality service to people. Recruitment practices were robust and staff induction and training were thorough and adapted to the individual member of staff. For example, each new care worker was monitored and supported for the length of time appropriate to their needs and experience. Staff were recruited for a six month probation period and the service used this period to check if the worker had meet the necessary standards, before making their employment permanent, and starting them working on their own. In some cases probation periods were extended if further training or supportive was needed. This meant staff did not start to work with people until the worker and the service were confident that they had the right skills and approach to meet people's needs.

Staff received regular support and advice from managers via phone calls, texts, e-mails and face to face individual and group meetings. Staff told us the management team were very supportive and readily available if they had any concerns. Staff told us, "you can go into the office at any time to talk", "they are very supportive" and "They [management] were brilliant when I was ill." Staff were encouraged to challenge and question practice and were supported to make improvements to the service. Staff told us how they would often feedback to the office about different ways of supporting people and this was taken on board and changes made to people's care plans.

People and their families told us the management team was very approachable and they were included in

decisions about the running of the service. When staff appraisals were due some people were asked to give feedback about staff practice which was used as part of the appraisal process. People told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided.

The management team monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. People and their families told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. The service also gave people and their families questionnaires to complete regularly. The care service co-ordinator worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.