

Kinder Care & Support Ltd

# Kinder Care and Support Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Kinder Care and Support Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It currently provides a service to older adults and younger disabled adults in the Exeter and Exmouth area.

Not everyone using Kinder Care and Support Ltd received a regulated activity; 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 the time of the inspection there were 73 people receiving personal care.

The inspection was announced and took place on 05, 06 and 07 March 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

There was a manager in post who was in the process of applying as a registered manager with the Care Quality Commission. 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 service was a small family run business and the provider was supported by a manager and deputy manager, team leaders, care workers and care co-ordinators in the office.

The management team were committed to improvement to ensure they provided a good quality service to people. Although they were experienced in care there were some areas which required improvement including the quality assurance and leadership oversight of the service, to ensure standards were maintained with a robust system. The manager and deputy manager were keen to learn and improve systems to ensure people remained safe.

Staff provided good care but they were not always supported by consistent, relevant training or consistent care records, medicine administration information and risk assessments that clearly informed them about how to meet people's individual needs. Most staff had received safeguarding training, four had not, although all staff we spoke to were knowledgeable about when and who to contact if they suspected anyone was at risk of abuse. The daily records showed that people were receiving person centred care in the way people preferred but this often involved people having to tell staff what to do if they had not visited before. People were happy with the care they received. For example, "On the whole, I am pleased with the carers and usually have the same two every week whom I find to be excellent as are the managers." However, not all staff were competent to use manual handling equipment such as stand aids.

Care workers said they enjoyed working for the service. They were well motivated and committed to

providing a service that was personalised to each individual. People were fully involved in the initial assessment before receiving care, but care planning itself was inconsistent and a care plan was not always discussed with people or formulated. Some people had no Kinder Care and Support Ltd care plan, other than the initial social services 'My Plan' or it lacked full information. This put people at risk of not receiving the care they needed, however despite this, we did not see any negative outcomes to people's care, during our inspection.

There were quality assurance systems and audits but these were inconsistent relating to staff training and induction and care plan reviews. They had not identified all the areas which required improvement, found as a result of our inspection. There was no overview of staff training needs but the manager knew that training had been lacking in the past and had already booked a new training company for the near future.

There had been few complaints which had been made to the service and all telephone calls to the office were documented. However, communication could be more robust as actions taken were recorded in different places, written or on the computer system, or not marked as actions taken. This meant there was a risk communication may not be shared, some people said they were not always sure their calls had been communicated robustly, although we did not see any examples of this. People and staff felt listened to and said they could speak with a member of the management team or any staff, at any time.

People received effective care which met their individual needs and preferences. People told us the service was flexible and made adjustments to accommodate their wishes and changing needs. For example, when people had health appointments or had a health need or additional shopping requests. Where any concerns were raised about a person's health or well-being prompt action was taken to make sure they received the support and treatment needed, although actions were often not easily accessible as they were recorded within the daily records. Staff, were pro-active in recognising areas of improvement for people, suggesting and advocating for people, contacting health professionals who could further help promote people's independence.

People told us they appreciated the visits from staff who, were always cheerful and treated them with respect. Staff were knowledgeable about how to identify and manage any potential safeguarding issues. People received a weekly rota stating which carer would be visiting. Some people said they did not always know the carer who came. The manager said this tended to only occur if staff were sick, but told us they would now ensure they would phone people to let them know if a carer they may not have met before would be visiting, that day.

People were complimentary about the care workers who supported them. People we spoke with and visited were very positive about the caring nature and reliability of staff, who visited and stayed the correct amount of time. There had been no missed visits, and during the snowy weather care had been taken to prioritise visits, and phone calls had been made to each person to ensure they were fine, and/or to determine if family could assist that day. The office computer system alerted office staff to any late calls as care workers were required to log in on visit arrival and departure times.

There were sufficient numbers of staff employed, who had been recruited safely, to ensure people received their care and support at times of their choosing. People's comments included, "They are just extremely pleasant, confident people", "I find them very good", "What's good is that they are very flexible, which is important" and "They are very kind. They don't rush you, which is good. They always ask if there's anything else they can do."

There was a robust recruitment process to ensure people were protected and cared for by staff suitable to

work with vulnerable people. Despite the lack of current robust training, staff competency was monitored through regular spot checks, and supervision sessions. Staff managed infection control well and used personal protection equipment (PPE), such as gloves and aprons, to minimise risk of cross contamination for people.

We found three breaches of our regulations.

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?

The service was not always safe.

Risk assessments were not always carried out to make sure people received their care safely in their home environment.

Medicine records did not always provide enough information to ensure safe administration.

People were supported by staff who knew how to recognise and report signs of abuse or mistreatment.

People were supported by staff who had been safely recruited.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People were not always supported by staff who had undertaken training to carry out their role effectively.

People were supported to access health and social care professionals as required.

People were supported to have enough to eat and drink.

Staff worked within the principles of the Mental Capacity Act 2005 (MCA).

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Respect for privacy and dignity was at the heart of the service's culture and values.

People's support was personalised to their individual needs, despite not always being reflected in care records.

There was a strong focus on protecting people's human rights and ensuring they did not experience discrimination in any form.

**Good** ●

### **Is the service responsive?**

The service was not always responsive.

Despite good staff knowledge, care planning and record keeping was lacking and inconsistent and did not ensure people received personalised care.

People received care that was flexible and responsive to people's individual needs and preferences.

People received their care visits as planned and there were no missed visits.

The service was flexible and adaptable to meet changes in people's needs and requirements.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

Provider input and leadership was lacking and did not ensure they had a formal, good oversight of the service.

The systems to monitor quality and safety were not robust or consistent and had failed to identify the issues found as part of our inspection.

Staff were supported, valued and appreciated and morale was good.

The manager and staff team were approachable, available and willing to listen to people. The manager and deputy manager were passionate and dedicated to providing a good service to people.

The service sought the views and experiences of people, their families and the staff in order to improve the service.

**Requires Improvement** ●

# Kinder Care and Support 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 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 was a comprehensive inspection carried out by one adult social care inspector and an expert by experience who undertook telephone calls to gain people's views. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection took place on 05, 06 and 07 March 2018. We gave the service 48 hours' notice of the inspection visit because it is small and the manager could be out of the office supporting staff or providing care. We needed to be sure that they would be in.

Prior to the inspection we looked at information we held about the service such as notifications and previous inspection reports. The provider completed a Provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met with five people in their own homes with their permission and one relative. The manager and deputy manager were available throughout the inspection and we also spoke with the administrator, a team leader and four care staff. The provider did not attend during our inspection. We also received comments from 14 people receiving the service over the telephone.

We looked at a number of records relating to individuals' care and the running of the home. These included six care and support plans, and records relating to medicine administration, staff recruitment, training and the quality monitoring of the service.

# Is the service safe?

## Our findings

At the last inspection in November 2015, we found the service was safe and was rated Good. At this inspection we found the areas of risk assessments and medicine records required improvement.

Although the new manager was working through care records to bring them in line with new documentation, some care files did not contain risk assessments at all. This meant they could not be sure staff were informed about people's individual risks to ensure they were cared for safely in their home environment. For example, where people had risks noted in daily records, these had not been identified as risks, and there were no instructions about how staff should minimise and monitor these risks. For example, five people's care files contained no information about how to manage people's risk of self-neglect or substance abuse, sensory impairment, or poor mobility. There were also no risk assessments relating to access and the home and family environment.

We saw in the daily records that staff had identified risks and taken action such as encouraging people with hygiene, addressing fragile skin and safeguarding issues. However, there was a risk that staff would not know people's risks as there was no risk assessment. For example, one person's self-neglect had been exacerbated due to a lack of clean bedding, mentioned by various care workers in the daily records. There was a risk of skin damage, which could have been addressed more quickly had this been included on the risk assessment.

Some people received support with taking their medicines. Although, the medicine administration records (MARs) were completed by staff, there was no clear information about whether this support was prompting or actual administration, how to administer or what the medicine system was. For example, five people were supported with administration and used 'blister packs' (where medication is dispensed into packs showing which medicine was to be taken when) but there was not always a clear record of what medicine they were taking. For example, one staff member had not known where a relative kept the medicine, so was therefore not given. The manager said they would rectify this as soon as possible and during the inspection had commenced a medicine audit to ensure all records were comprehensive.

The lack of risk management and medication administration information is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Staff had all, but four new staff, received safeguarding training and were able to tell us how they would manage various safeguarding concerns. Care workers we spoke with were very clear about their responsibilities in respect of keeping people safe from abuse and were confident that any concerns reported would be dealt with promptly. The manager gave us good examples of working with the local authority and safeguarding team to address concerns for the benefit of people in their care. For example, working with hospital staff to ensure safe discharge from hospital. By the end of the inspection the four staff had been booked to complete safeguarding training. People told us they felt safe using the service, commenting, "Yes I do feel safe. They are just extremely pleasant, confident people", "I do feel safe, I find staff very good", "I have every confidence", "No problems. They make sure the back door is locked when they leave" and "I think they

are wonderful. They absolutely [make me feel safe]."

People told us they felt safe and comfortable with the care workers who supported them and were able to discuss any concerns with any staff with confidence. For example, people could choose if they preferred a male or female worker and this was respected. One relative phoned us to say they were happy to have care workers they knew. They knew who was coming each day as they were sent a weekly rota and were phoned if it was going to change. Most people said they had a small group of care workers and knew them. Some people said they did not always know the care worker who came. The manager said this tended to only occur if staff, were sick and they would now ensure they would phone people to let them know if a care worker they may not have met before, or stated on the rota, would be visiting that day.

Sufficient numbers of staff were employed to meet the needs of people using the service. Care workers told us their visit 'runs' were well organised such as in local area groups close to their homes. Care workers confirmed they had adequate time allocated to them to carry out the required tasks, and to travel between visits. Records in people's care plans showed that staff stayed with each person for the allocated amount of time. Care workers could also be notified immediately through the electronic care planning system and via text message or phone call if there were changes in the rota, for example if a person had gone to hospital. Comments recorded showed care workers having a nice chat with people or carried out household tasks before leaving. People all said care workers made sure they were fine before they left. The office computer system alerted office staff to any late calls. Care workers were required to log in on visit arrival and departure, which also meant the administrator, could alert people if they saw a care worker was running late due to traffic or extended care. People told us there had never been a missed call.

Incidents and accidents were well managed and information shared with staff. The period of heavy snow had been well managed with the staff team working together to prioritise care and they telephoned everyone receiving a service to see how they could manage or contacting nearby family.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files seen showed staff did not commence work until all checks had been carried out. There was a six month probation period and new staff spent around two weeks shadowing more experienced staff before working alone.

Staff knew how to manage infection control and used personal protective equipment (PPE). People said staff used this effectively and the manager showed us that infection control issues were included in staff 'spot checks' and supervisions.

## Is the service effective?

### Our findings

At the last inspection in November 2015, we found the service was safe and was rated Good. At this inspection we found the areas of induction and training were not consistent and robust.

The manager had identified that training needed to be more robust to ensure all staff had the correct, relevant training before they provided care and that this was kept up to date. They had sourced a new training provider and showed us the dates booked and the wide range of topics included for all staff. However, during this inspection, there was no effective training system which provided a staff skills overview. Training the provider saw as 'mandatory' was minimal and all online, including manual handling, first aid, food safety, infection control and medicine management. However, there was no record of staff having their competency formally assessed in care before working alone. Four new staff had not completed the online induction at all despite out working and having no experience in care. One care worker said, "I've told them about needing training before" and another said, "We know the training is a problem, luckily I've worked in care a long time."

Most care workers had an NVQ qualification (a nationally recognised care qualification) from previous employment or were going through the process. Some staff were doing their English and Maths exam during our inspection. The manager said their goal was to have all staff with a nationally recognised qualification. No staff had completed practical manual handling training. Few people received care requiring the use of manual handling equipment but some used a ceiling hoist or standaid. Staff had not been assessed as to whether they were competent using particular equipment which could put people and staff at risk. This was to be included in the new training package, we were told by the manager.

People told us they thought staff were generally competent, however some people were not so positive. Comments included, "A lot of the girls, their training is just on line, they don't know, they haven't used the equipment. I have spasms and so many of them haven't used the hoist. I have to explain why and how", "They usually ask what's to do [rather than know]" and "I help them understand". People said if there was somebody new they shadowed other staff who told them what to do.

The induction process was lacking. New staff had no check list of what they should learn when they started employment. They had a long period, two weeks, of shadowing more experienced staff. However, staff had not always completed their mandatory training before working alone and had no competency review of this practice. Induction relied on the staff member being shadowed by the new staff member having the knowledge to share as part of the induction. This could put people at risk of receiving care from staff who had not had robust relevant training. Staff had also not had training to meet people's specific needs such as dementia, diabetes, epilepsy or skin pressure care, although this was planned. Some staff had had training in catheter care.

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing. There was no robust induction and training programme to ensure staff, especially new staff with no care experience, were competent.

Some people were positive about the care they received, when asked if staff knew what they were doing. They said, "Yes I do, they are very considerate", "I think so", "Yes, both of them [the two care workers who provided the care for that person]. We have a laugh and they still do anything I want them to do. They use their initiative" and "Yes, they are alright. They are all pretty good." One person said, "[care worker's name] and [care worker's name] are doing a fantastic job." Another person said, "If not for the carers, I would not be as well as I am." People said that care workers did what needed to be done, although some people often had to tell staff. One person said, "If I have to have steroid cream on my legs they always know, and write down what they have put on. They will tell me if I have cuts on my feet and then I will make an appointment with the podiatrist."

People could be confident their health care needs would be monitored and action would be taken to make sure they received the treatment and support they required. People felt that care workers would help them if they needed to see a GP for example. One person said, "Occasionally they drive me to the doctor." We heard examples where staff had recognised changing health needs and sought appropriate healthcare. For example, where people needed antibiotics, staff offered to pick them up as soon as possible or source equipment such as a hospital bed. During the inspection, one care worker called to say they had rung 111 for a person. The manager said if a person was poorly they ensured the staff member was ok and could manage. The manager and office staff often took over people's visits themselves as they knew people, to ensure the person had continued support from their care worker. Staff had also resourced health information relevant to people's conditions despite lack of formal training.

People said they received good support that met their needs and expectations. People were asked for their consent before staff carried out any tasks. They said when asked if staff asked for consent, "Yes, they do. They are very good about it. I do need help with foot care, and they say 'how do you want me to do this'", "Yes, they do", "Yes, they ask about my legs, so if I am not in shorts my trousers have to be taken down. Before they take my shirt off, they always ask" and "They ask if I am alright with them doing something. I have never had any reason to say no to anything."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Care workers were able to tell us about the MCA despite some lack of formal training. The management team had good knowledge of the mental capacity act, and had consulted with family members and professionals where appropriate to make sure people's legal rights were protected in their best interests. For example, in highlighting family issues.

Staff were able to tell us how people communicated and we saw two care workers interact well with people in a way they understood. The manager was looking at how to formally include the Accessible information standard into pre-assessments and care plans for the future to ensure staff had good information about how to communicate.

Staff said they felt supported and care workers were popping into the office for a chat or with their family during the inspection. There was a toy box to occupy visiting children. One care worker visited with a person who liked to visit the office for a chat. They said they could talk to the management team at any time and supported each other. They gave examples of where the manager and office team had helped them out with personal issues, car breakdowns and helping staff continue their work.

Staff did receive regular supervision sessions where the management team could look at any issues or

discuss needs. Again there was no supervision/appraisal overview but staff all appeared to be up to date with supervision and support. Staff signed a supervision contract stating the session would be confidential, honest and transparent in order to promote the wellbeing of customers and other staff. Staff completed a self-appraisal before attending a meeting looking at their personal action plan and job description. There were regular staff meetings and spot checks, and staff incentives to complete training were already in place.

The agency supported some people with meal preparation and took action when they felt someone was not managing their nutrition effectively. Where care workers had concerns about a person's nutrition they took action. People said they were happy with the meal provision and support. They said, "They get things out of the freezer for me. They are very good" and "They cut my sandwiches, heat up a meal. They know drinks are my priority." Records showed staff communicated regularly with other people involved with the person's care to make sure they received appropriate support and had enough food, often helping with shopping on their days off or encouraging high calorie foods for people at risk of losing weight.

## Is the service caring?

### Our findings

At the last inspection in November 2015 we rated this area as Good. This key question remained Good.

People and relatives said staff were very kind and caring and met their needs. Comments included, "They are always caring. They enjoy talking to the animals. I have an assistance dog. They are pleased to see him. They make allowances for him. They will walk into any situation and are able to deal with it", "They are very understanding when I am not feeling very well", "Very much so [caring]. They have always been kind and helpful to me. They asked 'what extra help do you need?' when my wife was ill." One person had used their time to have a walk down the road whilst the care worker was there. They said, "I know I'm ok if they are around."

The service had received lots of recent thank you cards and these stated, "I was pleased to have the company and help of your staff", "A special thank you for all the care you have given to mum. She does miss you all (having moved to a care home) so take care and be safe always", "Thank you, he enjoyed talking to you all and his trips out".

People felt they were called their preferred name and staff, were kind and respectful. They said staff maintained their privacy and dignity saying, "They have a key they come in with. They usually ring the bell and I know they are coming in", "If I do need any personal care we go into the bathroom and shut the door", "Very well. In the beginning you get very embarrassed being washed by someone else. We have a little joke about it, and that helps. If you can make a joke about it, it makes you feel less embarrassed."

People thought staff were very helpful and understanding and would often go the extra mile, doing household tasks or taking recycling to the recycling centre. Relatives also confirmed that care staff were caring and they had no problems with them and felt they were all very nice. One person said, "They are brilliant, they came during the snow" and another person said, "They know I have a sore shoulder so they are careful with me and make sure I've put my pain patch on."

Care workers spoke about how they had built good relationships with people who did not have other community support and how they ensured they did the 'little things' to help them feel positive such as chatting and bringing shopping. Staff told us they ensured people were treated equally and they identified areas of diversity such as sensory impairment and communication difficulties. People had information made available to them about the services on offer and their care arrangements in a format they could understand. The manager showed us that equality and diversity training was included in the new training programme in the near future to further embed this into practice formally.

Care workers told us they enjoyed working at Kinder Care and Support Ltd and found the work rewarding. The agency made sure the focus of recruiting new staff was on the needs of vulnerable people. Staff absence levels were low as well as a low staff turnover overall. We saw during the inspection how the emphasis was on supporting staff and finding ways to support them carry out their work consistently for the benefit of people in their care. For example, there were a range of employment contracts to suit different staff needs.

The manager knew about each of their staff and understood the pressures and external events affecting staff outside work so they could support staff during work. The manager actively encouraged whistle blowing and shared information with staff at each supervision session and team meeting about how to raise any issues. Staff said they could always speak to someone to ask for advice. Therefore, staff felt well supported and empowered to provide caring, person centred support to people despite the lack of robust record keeping.

There were ways for people to express their views about their care. People were happy to ring the office and especially praised the manager and deputy manager saying, "They got things done". Most people had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. However, this was not audited so some people had not had a review for some time and the care plans did not reflect the care given. People and relatives said care workers were aware of issues of confidentiality and did not speak about people in front of other people. There were quality assurance surveys sent out annually to further enable people to express a view.

## Is the service responsive?

### Our findings

At the last inspection in November 2015, we found the service was safe and was rated Good. At this inspection we found the area of care planning and recording was inconsistent. The manager had started updating all care plans to new documentation. Some people new to the service had this in their care file but most people did not, and paperwork was in varying forms and detail.

Despite good initial pre-assessments carried out by the managers to ensure the service could meet people's needs, this information had not been formulated into comprehensive care plans. Therefore staff, although they were able to tell us people's needs, would not always be able to gain this information from people's care files. Those we saw in people's homes were either very brief, missing important information or absent.

One relative said, "They went through the initial assessment with me but I haven't been through a care plan". None was available in the person's home and the person was living with dementia. They had fragile skin and required a referral to the GP for a small wound. The care worker had good knowledge verbally about the person's needs and there were elements recorded in the daily record. However, there was no information about what tasks were to be completed for each visit or how to manage a small wound. The relative said the person would always say they had eaten, but had not. This would be important information for a care worker to know. Care workers had a phone which had some details but these did not include care plans, people's history, medical or social needs, or detailed tasks. We went through a care workers rota of visits for the day and saw information on the phone was not useful for care delivery, missing information such as a person having a learning disability or that a person lived with family.

Another care plan was for a person with complex self-neglect and mental health issues. Care workers demonstrated they had addressed the person's needs through the daily records but information was not co-ordinated into an informative care plan which only said, 'Help with personal care and meals'. This person was in a wheelchair and could not weight bear or walk. They required assistance with continence and had a pressure sore mentioned in the daily records. Care workers had offered a bath on more than one occasion but the person was unable to access a bath. The person was happy with the care and could communicate, but said they had to tell some care workers how to do things, saying "I never have eaten breakfast, so I wish they wouldn't offer". This person had particular changes as the day wore on which care workers needed to be aware of to ensure the person was safe. They had managed this well with support from office staff, but records did not reflect this, or show what actions to take in the future.

Another person had a brief care plan saying, 'walks with frame'. This person had a painful condition which care workers were aware of verbally, but the care plan did not reflect the information they knew. Another person felt they had good care but felt they had to tell staff what to do sometimes. They said, "No one knows what to do if you don't tell them, I sometimes have to tell them on the morning and then evening visit." This person had a brief care plan that did not mention a list of items they liked to take upstairs, treatment and prevention of a sacral sore or that they used a wheelchair. Staff did know how to care for this person when asked and communicated sometimes with handwritten notes on the care files, but there was a risk that due to lack of formal care plan detail, this person would not receive personalised care.

Some people said they had care plan reviews with the management team and all said they had had a visit from the management team to see if their care and support met with their needs, preferences and wishes. However, we could not see who had or had not had a review as there was no overview system, and reviews were 'ad hoc'. Therefore, some people had a formal review and others had no care plan to review or a visit was not recorded relating to their care planning. One person said, "I've been with the agency over a year but have not had a review."

The lack of accurate, complete and contemporaneous records in respect of each service user is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance

Some people we spoke to had care files. Those that did told us, "There are two books they can write in, or they look in every day. They [the staff] always write in something there", "I had a new carer this week and she looked through my book and I have explained to her the problems I have got and they get on with what they have to do, once they have read the book" and "I think they look in the book, there's a book manual and they usually read all that to see what's got to be done."

People felt if they had a problem they could ring the office at any time. People said they had had a review of their care plan. They said, "Yes, it's been reviewed, every six months. My care plan is more or less stable at the moment", "Yes, the last review was a young lady, who was most helpful. That was less than a year ago. They [carers] always write in the log book – problems, cuts, etcetera, are always written in" and "That [review] was done fairly recently. They do look before they start. With a new carer, the first thing they do is have a look in the book."

The service was flexible and able to respond to people's needs. People said they had been able to request visits at times that suited their needs and lifestyle, and these were accommodated. This enabled them to make changes to their care if they needed to. For example, outings with relatives or hospital appointments. People were happy with their care and were happy to have been able to continue to be supported at home. We heard many examples where the agency staff had responded to a request from people at the last minute, with office staff or the provider supporting people.

The service responded to changes in people's needs and we saw records of how the manager had liaised with other professionals to make sure people received care and support which met their changing needs. For example, some people had additional hours arranged through social services as care workers had identified increased needs. One person now had an 'enabler' so they could go out socially with support due to the agency initiating a social worker assessment. There had been meetings with the mental health professional team to manage people's mental health needs and minimise safeguarding issues. One person was now able to go out shopping to their favourite shop. Care workers told us and daily records showed that despite the lack of care plan information, they referred people appropriately. For example, to the district nurses for wound care or GP with people's consent for treatment for infections.

The agency, were not caring for any people at the end of their lives during this inspection. The manager said they were trying to grow the business slowly and currently did not accept people with complex needs or needs that required two care workers. We saw this was the case. End of life care was included on the list of training being booked with the new training provider.

People knew how to make complaints. They all said they would be happy to ring the office team. People said, "Yes, I would know how to complain. It's all been explained. They give you that sort of information in the folder", "I have never thought about it. I would ring the office and do it verbally and then possibly in

writing, but I haven't had any cause" and "I would ring them up. The phone number is on the front of the book. I have never complained. They are very good indeed."

One person said, "New carers came to the front door instead of the back door", but confirmed this had now been resolved satisfactorily.

There had been few complaints to the service and all telephone calls to the office were documented.

However, communication could be more robust as actions taken were recorded in different places, written in separate books, on the computer system, or not marked as actions taken. One person said, "Sometimes, information doesn't quite get through." The manager said they would ensure actions were now recorded in one place and items ticked off as 'completed'. However, people and staff felt listened to and said they could speak with a member of the management team or any staff, at any time.

## Is the service well-led?

### Our findings

At the last inspection in November 2015, we found the service was well led and was rated Good. Since our last inspection, Kinder Care and Support Ltd had since appointed a new nominated individual (a legally responsible person) who was the new director of the company (the provider Kinder Care and Support Ltd), a new manager and the business had grown. At this inspection we found the quality assurance and provider input was lacking to ensure systems were effective. Systems had not identified the areas which we identified as requiring improvement.

We spent time with the manager and deputy manager. They were both knowledgeable about people using the service and often provided care for people working with the care staff if needed. They were keen to learn and improve the service. Following our feedback they started to immediately implement changes. For example, auditing medicine administration records, and adding informative information.

The provider did not attend the inspection but knew we were inspecting. Staff said the provider did visit sometimes and supported them. However, we did not see any formal monitoring of the service to ensure the provider knew the management team were doing a good job and were meeting regulations. For example, there was no quality assurance method to check training, medication and care plan review audits were completed. People we spoke to mostly did not know who the provider was. One person said, "The owners have never been out to see me, despite being told they would." The provider's mission statement said they were a family run business that they believed in strong family values and aimed to provide a quality service driven by the customer. The beliefs and caring attitude were seen during our inspection, but the leadership and quality assurance overview did not fully ensure good quality care.

The managers were aware that formal training was lacking and had sourced a new training provider, with a meeting booked in the near future. However, at the time of our inspection there was a lack of consistent, formal training and a formal induction for new staff. The manager was encouraging staff to undertake additional qualifications and this was, in part, happening. However, there was no clear oversight of staff skills to ensure people could be confident and receive care from suitably trained staff at all times.

Although staff were knowledgeable verbally about people's care needs, a lack of a consistent care plan format and care planning meant that people could be at risk of not receiving personalised care. Care plan reviews were not always carried out or documented and were 'ad hoc'. There was no oversight or records showing which people were due a care review.

The lack of robust, comprehensive quality assurance systems in place and provider oversight is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance

People said they would recommend the agency to others. They said the manager and deputy manager were particularly good. People said, "Yes, I think I would recommend because they have always been very good here", "I personally would because I have found them good", "I have done to several people who live nearby"

and "I would, yes. All the staff are very mindful, considerate and helpful." One person said, "They are 100% better [than any previous agencies]. This one has been the best."

Staff said they felt the agency was very open and the manager was "one of the team" and approachable. Staff said they knew what was expected of them and felt able to meet people's general low needs but said they needed more timely, relevant training and better written information. They did feel supported though and were happy working at Kinder Care and Support Ltd. People said staff were kind and caring and had no complaints. The management team promoted these values and all staff spoke with genuine fondness for the people they cared for. Staff we spoke with were positive and enthusiastic about the work they did. They all said they loved their job and found it a privilege to work with people enhancing their lives and said it was a pleasure to visit people. One care worker was sad to have to leave due to personal reasons. All staff received regular spot checks of their work and supervision sessions. Records were kept and issues followed up and discussed in individual supervisions.

The service listened to the views of people and care workers to make sure the service was responsive to people's individual needs and wishes. There was a formal annual quality assurance survey which people confirmed and said they had completed. People said they did feel as involved as they wanted to be, despite the lack of formal recorded care reviews.

When the manager/provider was not available there was an on call system that ensured the safe running of the service. This meant someone was always available to staff or people using the service to offer advice or guidance if required. Staff told us they felt very well supported by the manager and office team. One care worker said, "They have been amazing, supporting me in my personal life so I can continue doing the job I love." Staff felt fully involved in the work of the agency and there were ways for them to share their views and make suggestions which were actively encouraged.

The service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a lack of risk assessment records and medication administration information to ensure that people were safe.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of accurate, complete and contemporaneous care records in respect of each service user.</p> <p>There was a lack of formal provider input and overall governance.</p> <p>Quality assurance systems were not robust and had not ensured the issues we found had been identified.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There was no robust induction and training programme to ensure staff, especially new staff with no care experience, were competent to meet people's needs.</p>