

Kindcare Cornwall Ltd

Kindcare

Inspection report

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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

About the service

Kindcare is a domiciliary care service that provides personal care and support to people living in their own homes. At the time of the inspection ten people were being supported.

People's experience of using this service and what we found

People, and their relatives, were extremely positive about the care and support they received from Kindcare staff and management. Comments included, "They are all very good, never let us down. We are very happy with the care and don't think you could possibly get better anywhere", "Kindcare are really very, very good, they have a wonderfully consistent approach. I have been there in the house when they have visited, they have not known I was there, and yet I can tell you their way of helping and communicating with (Person's name) was always to the same high standard" and "I cannot fault them, they do lots of little things that are outside of the basics, and that is what makes them such a good agency. There is one carer in particular who really does go above and beyond when it is needed, she is amazing."

People were supported to be as independent as possible and have control over their lives. People's dignity was respected, and staff encouraged and supported people to make decisions and choices about how they spent their time. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care and support was provided mostly in hourly visits, to ensure adequate time was made available for staff to meet people's needs and have their wishes taken into account. Care plans were person centred, accurate and kept under regular review, with the involvement of the person and their family. They provided staff with comprehensive guidance to ensure people's needs were met. Risks were assessed and carefully monitored to ensure individuals safety.

People received support with their healthcare and nutritional needs. Staff told us, "We have time to sit with people, have a chat, encourage them to have a drink or some food if needed." Records showed staff monitored some people's intake and shared any concerns with the next shift of staff as necessary. There were effective electronic communication systems in place.

There were sufficient staff to support people's assessed needs. The rota was planned in advance and people received care from a consistent group of familiar faces. Any changes to the rota were communicated effectively to staff and people via an electronic communication system. All the people and staff we spoke with were consistently positive about Kindcare. Staff told us, "I love it, we are given the time to get to know our clients. We do mostly one-hour calls, no dashing in and dashing out. We are not task orientated at all, I even play with one of my client's dogs, and we have a coffee together. It is quality time we spend with people" and "I am happy at work and then go home happy, what more can you ask for?"

Staff had access to a range of training and support which helped to ensure people received good care and

support, in accordance with their needs. Staff told us, "The training is so thorough. (Provider's name) really cares that we all have as much knowledge as possible so we can provide the high-quality care our clients deserve. We learn new things all the time, above the standard that is necessary"

The provider was passionate about recruiting the right staff and matched them specifically to people who received care and support. Staff told us, "(Provider's name) is so committed, like me, we are passionate about good care. The provider won't just take on anyone when we recruit new staff, they take time to find the right match for the client. It works well." Staff were recruited safely. The service had continued to recruit throughout the COVID-19 pandemic, to ensure there were enough staff to cover for sickness or for staff who needed to self-isolate. Staff were supported by a system of induction, training, supervisions, appraisals and staff meetings. There was a COVID-19 infection prevention and control policy. It held all current government guidance. Staff followed infection control guidance to help ensure the safety of the people and visitors. All staff had received both vaccinations against COVID-19.

Staff understood people's individual communication needs and supported people to maintain relationships with others. The provider told us, "We provided bluetooth speakers to some people during the pandemic lockdowns, to help them with the isolation. This was so they could voice activate requests for their favourite music and specific information. We also supported people to access library books."

The provider was committed to providing the best service possible. They told us, "We don't just provide the care. We check smoke alarms, remind people when gas bottles that need changing. We go over and above. Sort clothes for them to help them, Hoover if it seen as needed even if that is not what we normally do, we do it. If it makes the person happy, we do it. We will iron things for people if they need it. We dust or clean up properly after showers etc., if it helps the family to reduce their burden, we do it. It might seem like little things, but it makes a lot of difference to them and that is why we do it"

The provider had effective and robust oversight of the service and carried out regular audits and checks to help identify any concerns that may arise. This helped them to continually improve the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us in July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a first rating of the service since their registration.

Follow Up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well led
Details are in our well led findings below

Good ●

Kindcare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in their own homes.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider and are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We announced the inspection a few days in advance to ensure appropriate management would be available to participate in the inspection process and to make arrangements for information to be shared with the commission before the site visit.

Inspection activity started on the 1 September and ended on 3 September 2021. We visited the office location on 3 September 2021.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We spoke with

two people who used the service and five relatives.

The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We visited the main office to review records and met with the provider. We reviewed a range of records. This included two people's support records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with five staff members. We continued to seek clarification from the provider to validate evidence found. We reviewed the additional documentation we had requested from the provider prior to and during the site visit.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Systems for managing and monitoring medicines were safe. Electronic medicine records set out when and how staff should support people with their medicines. Records were regularly checked for any gaps or errors. Staff had received training in medicines management. Regular spot checks took place to ensure medicines administration and recording was safe.
- Staff told us they only prompted people to take their prescribed medicines. Medicines that required stricter controls by law were not in use at the time of this inspection.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place which helped to ensure people who used the service were protected from the risk of abuse. People and relatives felt they were safe using the service.
- Staff we spoke with told us people were safe. Records confirmed they had received training around keeping people safe and protecting them from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks had been assessed and strategies implemented to reduce the level of potential harm. Electronic risk assessments were regularly reviewed and updated as needed.
- The provider spoke of the 'rollercoaster of re-evaluating and learning from situations. They told us, "I have learnt to wait for the right staff to apply before I appoint. I won't take people that are not right. That is why we are a small service. I match them specifically to my clients. I also like to ensure the staff are happy. Happy staff make for happy clients."
 - There had been no incidents or accidents reported at the time of this inspection. There were no missed visits recorded on the electronic visit system. This was confirmed by all the people, relatives and staff we spoke with.
 - Regular audits were completed, and lessons learned were regularly shared with staff in order to improve the service wherever possible. There was a regular exchange of information between staff and the provider so that any improvements needed could be made in a timely and effective manner.
 - The provider had an emergency plan in place which indicated which people were dependent on the service for their visits and who had family or friends who could step in. This was used in times of severe weather.

Staffing and recruitment

- People who used the service were supported by a consistent staff team, who were able to work with vulnerable individuals. Effective recruitment procedures ensured people were supported by staff with

appropriate experience and character. All checks had been carried out prior to staff working at the service.

- The provider worked hard to pair staff with people for the right match. They told us, "I like to ensure a good fit. When it is a good match it is a lovely thing. The right staff member will suddenly get a positive outcome from the person which would not otherwise happen. This would not happen if we did not get them a good relationship. There is care and there is great care, and that is what we do. I am passionate about caring and providing the best quality care that hits the mark."
- Staff consistently told us there were enough staff. They told us, "Yes there are enough of us. I love it, we are given the time to get to know our clients. We do mostly one-hour calls, no dashing in and dashing out. We are not task orientated at all, I even play with one of my client's dogs, and we have a coffee together. It is quality time we spend with people" and "I am happy at work and then go home happy, what more can you ask for?"
- Short notice staff absences were low and the staffing team was stable. One staff member told us, "I gave up working for other agencies because of the rushing about and having so much pressure of back to back calls, one finishing after the next one should have started, crazy. I found myself always apologising to the clients for having to leave before I wanted to. It was very stressful. Kindcare are completely different, we have the time and we provide quality care."

Preventing and controlling infection

- Staff had completed infection control training and had access to Personal Protective Equipment (PPE). They completed weekly Covid-19 tests and shared the results with the service to enable management to respond quickly in the event of an outbreak. All staff were double vaccinated.
- People told us staff used PPE. Staff commented; "We have plenty of PPE. Yes, we have had the training, (Provider's name) made sure of that from the beginning."
- Spot check observations of staff were used to check they were wearing the correct PPE and washing their hands frequently and effectively. People and their relatives were very confident of the way staff carried out their infection control practices. One told us, "No worries at all, they are all very good and being safe."

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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people with meal planning, shopping and meal preparation. One staff member told us, "We have time to sit with people, have a chat, encourage them to have a drink or some food if needed."
- Staff helped people make good dietary decisions. One person who lived alone, was not always making healthy food choices. Staff discussed this with the person and asked if they would like to try attending a day centre to occupy their time more sociably. This was effective and the person was now eating more healthily.
- The staff planned ahead to ensure appropriate care to meet people's needs. One person had a specific medical condition, which led to them becoming occasionally dehydrated. The provider arranged for this person to have an emergency home treatment plan put in place whereby the district nurses provided them with IV fluids at home when needed. This avoided unnecessary admission to hospital.
- Care plans detailed where the person may need support to monitor health needs and where they required support to attend any healthcare appointments. The provider and staff regularly attended appointments with people, sometimes spending hours in hospitals supporting people while they waited for care.
- It was clear that the service worked well with other health and social care agencies to ensure people received a good standard of care and support. One relative told us, "When staff were a little concerned about an area of (Person's name) skin, they photographed it immediately and sent it to the district nurses for advice. Then they used the guidance provided to care for it quickly and in the right way. That is professional care."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had systems in place to ensure good outcomes were achieved for those who used the service. For example, the provider told us, "We take photos when we see changes in people's skin, it provides an audit trail from alert to action and then the result." We saw several examples of this when staff worked closely with healthcare professionals to heal damaged skin areas.
- People had their needs assessed before the service supported them. Information gathered during the process helped to form the care plan with involvement from family if necessary.
- Care plans were regularly reviewed and updated monthly or where people's needs had changed.

Staff support: induction, training, skills and experience

- Staff training had been disrupted during the COVID-19 pandemic. However, staff told us it had commenced again, and all staff told us about the training they had been enrolled on.
- The provider had found creative solutions to providing face to face training to the staff. Booking a large

local hall for moving and handling training, where equipment was bought in and staff could work socially distanced. This had been effective and enjoyable for the staff.

- Staff were competent, knowledgeable and carried out their roles effectively. One staff member told us, "The training is so thorough. (Provider's name) really cares that we all have as much knowledge as possible so we can provide high quality care. We learn new things all the time, above the standard necessary."
- Staff told us they felt supported by the provider and received one to one supervision sessions. New staff told us they had received a thorough induction and shadowing programme which had supported them during their probationary period.

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

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 they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in understanding the MCA legislation and its implications for people living in their own homes. Training records confirmed this.
- The provider supported one person to access legal advice to have a Lasting Power of Attorney appointed. This person did not have any family and this support helped ease their concerns about when they may not be able to make decisions for themselves.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

People were treated with respect and kindness by competent staff and the provider. Relatives told us, "They (care staff) will all push the Hoover around, or do a bit of tidying up and dusting, whatever makes (Person's name) feel better. They are all really wonderful."

- One staff member told us, "The owner really cares about us as much as we do for our clients, we really are looked after. She gives us plenty of time, no rush at all. (Provider's name) understands what people need. Once I arrived for my last call and the person was poorly and needed to wait for an ambulance. The provider came straight out there and then took over from me to allow me to go home. They stayed for hours with that person until the ambulance arrived. That is not unusual."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's diverse needs. A staff member said, "I really love working for Kindcare, I am given the time I need with people. We all believe that this job is more than just completing the necessary tasks, we build a relationship with all of our clients." A relative told us, "I cannot fault them, they do lots of little things that are outside of the basics, and that is what makes them such a good agency. There is one carer in particular who really does go above and beyond when it is needed, they are amazing."
- The provider explained how, over time, some staff had become viewed as part of the person's family, by their relatives. Staff were invited by family to attend their client's birthday parties. The provider always sent flowers and cakes to the home of people on their birthdays. They told us, "Who does not like a bit of a fuss made about them."
- The provider shared with us that the staff encouraged people to do what they could for themselves. They said, "It takes time, longer than perhaps some services can provide, but I know that this will in the long term pay dividends as it makes them independent for longer."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- We received very positive feedback about the staff and the management of the service in relation to respecting people and promoting their independence. One person told us, "Kindcare are really very, very good, they have a wonderful consistent approach. I have been there in the house when they have visited, they have not known I was there, and yet I can tell you their way of approaching and helping (Person's name) was always to the same every time, it is a very high standard."
- The service received a number of compliments. The provider told us, "Families and people send grateful thanks into us. People are so pleased with the care we provide they thank us when they pay their invoices. Not many people thank you for sending them a bill! That is unusual don't you think?. We share all of these

thanks with our staff, everyone likes to get positive feedback. I just provide what I would like for my own family."

- People's privacy and dignity was fully considered, and staff were aware of the importance of respecting people as individuals. One relative told us, "They are all very good, never let us down. We are very happy with the care and don't think you could possibly get better anywhere."
- The provider had a range of policies in place to help staff to promote people's privacy and dignity

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider and staff team encouraged people to develop and maintain relationships, particularly during the COVID 19 pandemic lockdowns. The provider told us, "We provided bluetooth speakers to some people during the pandemic lockdowns, to help them with the isolation as they could voice activate requests for their favourite music and specific information. We also supported people to access library books. Telephone boxes locally had been turned in to book swap systems, so we helped people to access these. We also helped people to use Facetime video calling to keep families and friends in touch with each other."
- The provider told us, "Staff have taken people out to see the sea, to garden centres, to buy plants to make their garden brighter, we go when they are quieter at the end of a day. Whatever helps them to feel better."
- One person was struggling due to a difficult corner on a ramp when leaving their home. They were supported to employ a builder to take out the corner and provide a straight ramp straight to the garden. The provider told us, "(Person's name) is always out in the garden now, you can't keep her in."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided person-centred care and support. One person needed to be fitted for new clothing, as they were causing discomfort. Staff supported this person to attend a specialised fitting service and more suitable clothing was purchased.
- There were systems in place to ensure the planning of people's care and support was person centred and tailored to individual needs and choices. Care plans and risk assessments had been developed for each person receiving a service. They provided very detailed information for staff and helped them to deliver support which met people's specific needs.
- Electronic records had been completed detailing the care and support people had received. People and their families were able to obtain access to these electronic records, with the appropriate consents and checks in place, so that they could see when visits had been provided. This reassured many families who did not live close by, especially during the pandemic lockdowns.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People could be provided with information and reading materials in a format that suited their communication needs as required. Care plans included people's methods of communication.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process. No complaints had been received at the time of this inspection. People told us the provider was extremely approachable and spoke with them often to seek their views. Everyone was positive that any concerns would be addressed immediately.
- The provider assured us any concerns would be taken seriously in accordance with their policy. People had only compliments to share, they told us, "We receive really wonderful care. We have never been missed, staff always come at the time we expect them, they are very reliable" and "I am completely happy with my carers they always come when I expect them and they never let me down."

End of life care and support

- The service engaged with other health and social care professionals to support people coming to the end of their life.
- The provider told us, "No one can ever know when we may need to provide this care for our clients. We discuss people's wishes for when they are at the end of their lives and encourage families to have conversations with their relatives about this. We know our clients well and will always do whatever is needed, however long it takes."
- One staff member told us, "One of my clients had a partner who became terminally ill. It was really hard, but I was supported to care and support both of them in different ways right up until the partner died. I was supported by (Provider's name) to spend a lot of time with them both, especially on the day of the death. It was very emotional. I now continue to support the partner left behind, I help lift their spirits and keep them going. I had not experienced this with other agencies, there was not the time allowed for this quality of support. It is very rewarding and that is why I do it."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was extremely motivated to provide the best care and support possible for people. People and relatives were consistently positive about the quality of the service provided. The provider told us, "Financial reward is necessary for our work but the reward is in the gratitude we receive from people for what we do."
- Staff said their views and suggestions were listened to and they felt valued by the management team and organisation. The provider rewarded the staff team, they told us, "I spoil my staff when it is their birthday or when they have given me that extra effort, they need to be appreciated, otherwise why would anyone do this day in day out. When you are asking staff to work hard you have to acknowledge their effort." Staff had been treated and taken out to tea together as a team to thank them for their work during the COVID-19 pandemic.
- The service sought the views of people and staff to measure the quality of support people received. Staff told us they were encouraged to share their views. We saw the positive feedback received from people in the last quality assurance survey sent out to people and their families. One relative told us, "We are very pleased they are very reliable; they contact us when necessary, and that is what you want when you are not nearby."
- The provider received a number of grateful thanks and compliments when people and families settled their invoices. We received very positive feedback from everyone we spoke with about the quality of the service provided, the reliability and consistency of the staff and that staff went 'the extra mile' regularly.
- Staff were committed to providing the best possible support for people. They demonstrated a good understanding of people's individual needs and preferences. The provider told us, "We don't just provide the care. We check smoke alarms, remind people when gas bottles that need changing. We go over and above. We will iron and sort clothes for people to help them look their best, Hoover if it seen as needed. Even if that is not what we normally do, we do it. If it makes the person happy, we do it. We dust or clean up properly after showers etc., if it helps the family to reduce their burden, we do it. It might seem like little things, but it makes a lot of difference to them and that is why we do it."
- The provider has set up a secure electronic chat system between people, their families and the service. This meant any issues could be raised in a timely manner, changes in circumstances like holidays of relatives, increase or decrease in call times needed, can all be raised and actioned in real time. This made for effective two-way communication. The chat system was also used between care staff to pass important information to be followed up at the next visit.

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

- The registered manager had systems which effectively monitored the service. Regular audits and checks were completed.
- The provider was particularly motivated to recruit the right person to work with the right client to get the best outcomes. They told us, "This model works for us. Everyone wins."
- People were consistently positive about how the service was managed. Comments included, "(Provider's name) is really good, very committed" and "They really care and that shows in everything they do and what the staff team do."
- There was a business continuity plan that had been developed to ensure staff were aware of actions they needed to take in the event of an emergency situation arising.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had a range of information at the office as well as making it available to staff through the electronic monitoring system.
- The service had developed strong links with families, the local community, as well as health and social care professionals. The provider told us, "I am still in touch with people whose partners have had to go into care. We still continue to support them emotionally especially during the lockdowns when they could not visit. It is a privilege; I love my job."

Continuous learning and improving care

- The provider had systems to ensure the staff team were continuously learning to improve their skills and deliver professional support for people using the service. Staff commented that the provider was very keen that all staff had the opportunity to improve their knowledge and every opportunity. Creative solutions to providing face to face training had been identified and had been effective in supporting staff.
- The staff team were provided with guidance to enable them to carry out their role safely and effectively. Guidance was frequently updated and shared. The electronic systems in use at the service were valuable in keeping families, staff and management in touch in real time. This led to effective communication between everyone.
- People were encouraged to make suggestions about possible improvements or to comment on current good practices. Team meetings took place and necessary actions were followed up by the provider. The provider told us, "We do whatever people want, we give them time, we care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour was understood, and it was clear in the way, if any concerns were raised, they would be listened to and people's concerns would be investigated.
- The provider had systems in place, which supported the staff team to be open and honest when things went wrong. All staff felt the provider was very supportive and accessible.