

Kinver Care Ltd

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Inspection report

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Tel: 01902238777

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kinver Care Ltd is a domiciliary care agency providing support to people in their own homes. At the time of the inspection, the service was supporting 39 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

There were systems in place to assess and monitor the quality and safety of the service. However, these systems did not always identify when things went wrong and therefore were unable to effectively drive improvement. People had care plans in place, but these were not always updated once reviews had taken place.

People were safeguarded from the risk of harm as staff knew how to recognise and respond to concerns of abuse. There were enough staff to meet people's needs. Medicines were managed in a safe way and staff understood infection and prevention control principles to protect people from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed and reviewed, and staff were suitably skilled and trained to meet these needs. People were supported to access healthcare and the provider and staff team worked alongside other professionals to ensure people received effective support in a timely way.

Staff were kind and caring and people told us they felt they could approach the staff and management team with concerns and complaints.

The provider was passionate about delivering person-centred care for people and people and staff spoke highly of the provider.

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

Rating at last inspection

The last rating for the service under the previous provider Kinver Care was good (published 18 October 2016)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kinver Care Ltd on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Kinver Care Ltd

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.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 June 2021 and ended on 30 June 2021. We visited the office location on 29 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete 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.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the provider, deputy manager and care workers. We reviewed a range of records. This included four people's care records and medication records. We looked at three 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

- The provider had systems in place to record and review accidents and incidents when things went wrong. Action points were identified; however, the action plans did not provide timescales or identify who was responsible for completing the actions. The provider said, "I am in the process of developing and improving all the systems we have in place. With the improvements, I will be able to pull off reports to look for themes and trends."
- Where incidents had occurred, these were communicated to staff through the electronic care planning system and handovers to ensure staff were aware and took appropriate actions to reduce the risk of repeat occurrences.

Assessing risk, safety monitoring and management;

- People's risks were assessed and managed safely.
- Individual risk assessments were detailed and guided staff to care for people in the most appropriate and safest way.
- People and their relatives told us they were confident staff understood people's needs and knew how to support people to keep them safe. One relative said, "Yes, one hundred per cent staff know [relative]. They have a care plan the agency completed right at the beginning. They [staff] put everything in place to keep [relative] safe such as a walking frame and sticks; it is all recorded in the care plan."

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

- Staff kept people safe from the risk of harm and abuse. One person told us, "Absolutely! I feel completely safe. [Staff] respect me, they are lovely people."
- Staff received safeguarding training and were clear about their obligations to report any concerns of abuse.
- Safeguarding and whistleblowing policies and procedures were in place.

Staffing and recruitment

- There were enough staff to meet people's needs.
- People told us staff were punctual and arrived on time for scheduled care calls. One person said, "Yes, [staff] are very good. I haven't had a time when there has been a long wait. I do get a rota, so I know who to expect, which is nice. Yes, they stay the right amount of time."
- Staff told us they were given sufficient time to travel between care calls. One staff member said, "I have never missed a call or known any clients do not receive their call." Scheduling rotas we viewed confirmed what people and staff told us.

- Staff were subject to pre-employment checks before they started working at the service. These checks included checks with the Disclosure and Barring Service (DBS). The DBS supports employers to make safer recruitment decisions.

Using medicines safely

- Medicines were administered safely and in line with people's needs.
- Staff received medication training before they could support people with their medicines. Staff were subject to competency checks to ensure they were administering medicines in a safe way.
- The provider was in the process of updating their systems to ensure the medicine administration record audits were evidencing where actions had been taken to improve the medicine administration process.

Preventing and controlling infection

- The provider had infection prevention control policies and procedures in place.
- Staff had received training in how to prevent and control infection.
- Staff had access to Personal Protective Equipment (PPE) and staff told us what PPE they should be wearing in line with current guidance and the provider's policies and procedures.
- Staff undertook regular COVID-19 tests to help prevent the spread of infection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider completed pre-assessments before people started using the service to ensure they were able to provide support in line with people's needs.
- People's care needs were regularly reviewed; however, some care plans we viewed had not been updated following a review. We brought this to the attention of the provider who responded immediately to ensure all care plans reflected the findings of care reviews.
- A relative we spoke with said, "There was a good interview before they [staff] took [relative] on. The care plan hasn't had to change much and whilst management haven't been here, they have spoken to me on the phone."

Staff support: induction, training, skills and experience

- Staff received induction training before commencing work for the service and had completed 'The Care Certificate.' The Care Certificate is an identified set of standards which equip health and social care staff with the knowledge and skills they need to provide good quality care.
- Staff had received training to ensure they were suitably skilled to meet people's needs. One staff member said, "We do have specialist training too. I completed speech and language training and dysphasia training last week. We have recently had a couple of clients whose needs have increased in this area. I have also completed training on diabetes care and prevention of choking too. I think if I asked [provider] and it was relevant they would organise for extra training for us."
- The provider kept records of training requirements to ensure staff were kept up to date with the most relevant and appropriate forms of training.

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

- People who required support with eating and drinking had their dietary and nutritional needs met.
- Where people had specific dietary requirements, staff sought advice from relevant professionals and told us how what actions they took to meet those needs.

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

- The provider worked closely with other social care professionals such as social workers and occupational therapists to ensure people received consistent and effective support as required.
- People who needed support from a healthcare professional, and could not arrange this independently, had this care arranged by the provider so the necessary support was delivered in a timely way.
- Staff told us staff morale was good and the team worked effectively to improve outcomes for people. One

staff member said, "We [staff] all get along ok. When I am working alongside other staff, we always agree who does what on the call and we work well together."

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

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.

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.

- Staff had received MCA training and understood the principles of the MCA and what this meant for people. However, some staff felt they needed additional training in this area. We brought this to the attention of the provider who stated they would speak with staff and arrange additional training where needed.
- Records we viewed evidenced people had been consulted about their care packages and contained signed consent forms for agreements for things such as personal care.
- The provider told us most people they supported were able to make their own decisions. However, in the event this was not possible, people, their relatives and other relevant professionals would be consulted to ensure any decisions made were in the person's best interests.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they were well cared for by staff.
- Comments we received included, "Staff are friendly, kind and reliable; lovely, lovely people!", "We are one hundred per cent happy with them" and "They are very good. I can't fault them."
- The provider took into consideration people's protected characteristics in line with the Equality Act 2010. The provider said, "Equality starts with our assessments and our recruitment. All our staff interviews are value based and scored and then once recruited, we ask staff if they have any protected characteristic's they wish to share so we can make sure we can support people. We do the same with people we support, we want to make sure everybody has the same opportunities."

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

- People were encouraged to participate in the planning, and in the delivery of their care and had their wishes respected. One person said, "The girls are willing to do anything I need doing."
- The provider sought feedback from people through questionnaires and surveys. Throughout the pandemic, the provider had consulted with people over the telephone to ensure staff were following government guidance and people felt safe and happy with their care.
- The provider had received compliments from people and their relatives. One compliment read, 'I am so grateful for your compassion and kindness and for including all of us in [relatives] care.'

Respecting and promoting people's privacy, dignity and independence

- People told us how staff promoted privacy and preserved dignity by doing things such as knocking on doors and waiting for an answer, closing doors and curtains and covering people with towels when delivering personal care.
- People also spoke with us about how staff promoted their independence. One person said, "They [staff] try to get me to do things, they say 'how do you feel about trying to do this today?' They will make suggestions to help me do things."
- Staff confirmed what people had told us. One staff member said, "I knock on doors and always announce myself. I use the person's chosen name. I ask, ask, and ask; it's all about what the person wants and how they want it."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were personalised and took into account people's choice and preferences.
- The provider asked people about their likes and dislikes and tried to match this with staff who shared the same interests to promote person-centred care and help build rapport between people and staff.
- People had control of their daily lives and routines. One person said, "[Staff] always know I like a shower of a morning. They shower and dry me and help me get dressed." Another person said, "I think they do read care plans, but when they have been once or twice, they just know what to do."
- People were supported to maintain contact with relatives and significant others particularly throughout the pandemic. The provider gained consent from people to allow relatives to access their electronic care notes to offer reassurance that people were being supported and well cared for.
- The provider had been pro-active to ensure people were able to engage in meaningful activities. For example, the provider had supported people to feel part of the national celebrations for VE Day by delivering afternoon tea to people using the service. They told us, "Everyone was having parties and I didn't like to think the people who should be celebrating VE day more than anyone, were the people who were inside and could not get out. The deputy manager and I ordered afternoon tea for everyone and delivered it to their houses so they could enjoy and be part of the celebrations."

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.

- Reasonable adjustments were made for people where necessary in line with the AIS. The provider had literature and documentation available in large print and spoke with people to share information if they were unable to read text. The provider said, "Anything people need we accommodate it so information is accessible to all."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which people had access to. People told us they knew how to make a complaint and felt confident they would be listened to.
- Where complaints had been made, these were addressed and responded to in line with the provider's policy.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of the inspection.
- The provider had previously worked with the local hospice and other professionals to provide compassionate care and support when people had reached the end of their lives.
- The provider had been nominated for a dignity in care award for care they had provided and had placed as a runner up.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the provider's quality assurance processes needed improving and strengthening. Practices could not be evaluated to improve practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The quality and safety assurance processes were not always effective in identifying and addressing risk in a timely way.
- Some audits were not consistently completed, for example care plan audits. This meant any issues or shortfalls were not identified at the time of the occurrence and actions could not be taken to mitigate risk. On some audits we viewed, issues had been identified but there was no corresponding action timeframes or person with responsibility to address the shortfall.
- Care plan information was not always consistently updated. This meant staff may not have always been following the most up to date guidance to best support people.
- The provider told us they were aware of the required improvements and had begun the process of improving the practices in place. The provider said, "Quality assurance has got better and we are making sure everything is more robust. I am working on more robust care plans and I want to standardise everything so there is less room for error."
- The provider understood the responsibilities of their registration with the Care Quality Commission. The previous ratings were on display and notifications had been submitted to us, as required by law.

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

- The provider was committed to providing a high-quality service. They said, "The values of our service are so important. Me and the deputy manager instil the values into the day to running of the service and we communicate this with the care staff. Our ethos is privacy, dignity and person-centred care; what can we do to make a difference in people's lives! The deputy manager and I have regular discussions about our own practice and procedures and how we can adapt, change and improve."
- People told us they thought highly of the provider and would recommend the service to others. One person said, "Yes, I know the manager and always feel listened to. I already have recommended the service to a friend."
- Staff told us they felt valued and were proud to work for the service. One staff member said, "[Provider] is really passionate about the service and strives to improve and will continue to try different things. They are always open to new ideas." Another staff member said, "[Provider] is wonderful and the senior too; it is a good place to work and I am really happy here."

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

- The provider understood their obligations in meeting the Duty of Candour regulation. They said, "I consider this to be one of the most important things about my job, it is about always improving, acknowledging why things went wrong and making it right and opening up and looking at how we can improve things."

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

- People confirmed they had been consulted for feedback about the service to identify areas for improvement. People confirmed the contact over the previous 12 months had mostly been about the pandemic and whether staff were supporting people in line with government, and the service's own guidance.
- Staff opinions, thoughts and ideas were sought through team meetings, electronic communications and staff appraisals.
- Staff were recognised for their dedication and commitment to the service and the people it supported. The staff received incentives such as gift vouchers, Christmas bonuses and paid leave for staff birthdays. The provider said, "Staff are valued, and I show them that they are."

Working in partnership with others

- The provider had worked with a number of health and social care professionals to continue to improve people's care. For example, the provider had forged relationships with staff at a day centre which people attended so information could be shared enabling people to receive integrated, consistent care.
- Staff told us they felt communication with other agencies worked well and records evidenced the service was working in collaboration with others.