

Kindherts Care Ltd

# Kindherts Care Ltd

## Inspection report

4 Kimberley Villas  
Southmill Road  
Bishop's Stortford  
CM23 3DW

Tel: 07950793096

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

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04 February 2019

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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:

Kindherts Care Ltd is a domiciliary care agency. Kindherts Care Ltd provides care and support for younger adults, older people, people living with dementia and/or physical disabilities living in their own homes. At the time of this inspection seven people received care and support from the service.

### Rating at last inspection:

This was the first inspection of this service since registration with the Care Quality Commission (CQC) in February 2018.

### Why we inspected:

This was a scheduled inspection to check 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.

### People's experience of using this service:

- People were happy with the service provided by Kindherts Care Ltd because staff were kind and all their needs were met.
- People received safe, compassionate and good quality care.
- People were protected against abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm.
- Staff knew people well. They had developed good relationships with people.
- People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People had an active say in how their care was provided.
- People's care was personalised to their individual needs.
- The provider had processes in place to measure, document, assess and evaluate the quality of care.
- The service met the characteristics for a rating of "good" in all key questions.
- More information about our inspection findings is in the full report.

### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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** ●

# Kindherts Care Ltd

## Detailed findings

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken by one adult social care inspector.

#### Service and service type:

Kindherts Care Ltd is a domiciliary care agency, it provides personal care to people living in their own houses and flats in the community. The service supports younger adults, older people, people living with dementia and people with physical disabilities living in their own homes. At the time of this inspection seven people were using the service.

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 four days' notice of the inspection site visit because it is small and the registered manager and provider are often out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection.

Inspection activity started on 01 February 2019 and ended on 04 February 2019. We spoke with people who used the service on 01 February 2019 to gain their views about the quality of the care provided. We visited the office location on 04 February 2019 to meet the registered manager and office staff; and to review care records and policies and procedures.

#### What we did:

Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We had not requested a provider information return (PIR) to be

submitted to us at this time. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with four people who used the service, two staff members and the registered manager. We looked at care plans relating to two people and reviewed records relating to the management of the service.

# Is the service safe?

## Our findings

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

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

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

- People felt safe when receiving care and support. One person said, "I feel very safe when having my care. They (care staff) give me confidence by just being here. I was afraid to get out of bed on my own for fear of falling but that is gone now thanks to the care staff, they have been wonderful."
- The provider had effective systems to help protect people from the risk of harm or abuse. Staff received training and were confident about how they would report any concerns both internally to the service management and externally to local safeguarding authorities.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management:

- Risks to people's health, safety and well-being were assessed and measures developed to remove or reduce the risks. Risk assessments allowed for positive risk taking and enabled people to stay as independent as possible within the confines of their health needs.
- The provider helped ensure people received support in the event of an emergency. The management team provided a 24 hour on-call service and provided emergency cover if needed for staff sickness or other such events.

Learning lessons when things go wrong:

- Staff told us there were lessons learned when things went wrong. The registered manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

Staffing and recruitment:

- People said enough staff were available to meet their needs. Everyone we spoke with said there had never been a missed care call and that staff were always punctual within ten minutes. A relative told us, "The care staff consistently arrive on time and the care is never hurried."
- Staff told us there were enough staff and if they needed additional help the registered manager was always available.
- Safe and effective recruitment practices were followed to help ensure staff were of good character, physically and mentally fit for the roles they performed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS).

Using medicines safely:

- People's medicines were managed safely. Competency assessments were completed following training to

confirm staff had a good understanding in this area. However, the registered manager had delivered medicine awareness training for the staff team which was not accredited. Following discussion with the registered manager they immediately organised external training to be delivered for the team following the inspection.

- People told us their medicines were managed safely in accordance with their individual needs and preferences. One person said, "They put my medicines in a little plastic pot and hand them to me to take. They wait to check I have taken them, I have never any concerns."

Preventing and controlling infection:

- Staff had received some training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The registered manager assessed infection control practices during spot checks.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Before care delivery started the provider undertook assessments to establish if people`s needs could be fully met by Kindherts Care Ltd.
- Care plans were developed for each identified need people had. Care and support plans were regularly reviewed. This ensured that if people`s needs changed this was appropriately reflected in care records as well as in the care they received.
- A copy of people's care plans was kept in people's homes. The registered manager reported they were working towards an electronic care plan system that would enable them to monitor care and reviews more closely to give a better overview of the effectiveness of the care provided..
- People told us they were satisfied with the care and support they received which demonstrated that staff delivered appropriate care and support in line with best practice.

Staff support: induction, training, skills and experience:

- Staff received induction, training and support to enable them to carry out their roles effectively.
- Staff completed an induction programme at the start of their employment. New staff shadowed experienced staff until they, and the management team were satisfied they were sufficiently competent to work alone.
- One person said, "Staff know what they are doing. A new staff member started this week. The owner came to watch and make sure [care staff member] was doing everything right."
- A relative told us, "New staff employed have been properly introduced to the family and integrated within the team only after a significant period of training."
- There was a programme of staff supervision. Staff said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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

- Staff prepared simple meals and reheated ready meals for people as needed and encouraged people to take fluids to maintain their health and wellbeing. The registered manager reported that food hygiene training was included in the induction training and the care certificate.
- A person told us, "They (staff) see to my meals, usually it is just a microwave meal they heat for me."

Staff working with other agencies to provide consistent, effective, timely care:

- Staff and management knew people well and were able to promptly identify when people`s needs changed and seek professional advice.



- Staff and management worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people`s best interest.

Supporting people to live healthier lives, access healthcare services and support:

- People could be supported to access health professionals if requested. We saw evidence of interaction with occupational health, district nurses, hospital and GP involvement in people`s care. Information was shared with other agencies if people needed to access other services such as hospitals.

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. We checked whether the service was working within the principles of the MCA.
- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so.
- People told us staff asked for their consent before they delivered any aspects of care.
- Care plans showed where people had capacity to decide about their care or treatment. At the time of this inspection people who used the service had the ability to make their own decisions about their care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People told us staff were kind and caring and nothing was too much trouble for them. One person said, "They (staff) are always there for me, they are very kind and will do anything for me, every one of them."

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

- People told us they knew about their care plans and they could decide what care and support they needed. For example a person told us, "I said at the beginning that I would prefer lady carers and I have only ever had lady carers come to me."
- Where people were not able, or did not wish, to express views about their care and support their relatives and health and social care professionals were involved where appropriate. This helped to ensure the care and support the person received was appropriate for their needs.

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

- People told us staff respected their dignity and privacy. One person said, "Staff are kind. They do their best to protect my dignity using towels to cover me up when needed."
- The registered manager was researching about local advocacy services to be able to support people with advice and guidance where necessary.
- People's records were held securely in a locked cabinet within a locked office to help promote confidentiality.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans detailed people`s care preferences to enable staff to provide them with personalised care to meet their needs. Care plans were reviewed at regular intervals and updated whenever changes to people's care needs were identified.
- The service is a domiciliary care agency and therefore did not always provide support with social engagement. However, care staff were encouraged to spend as much time as possible talking with people during the care visits to help minimise the risk of social isolation.

Improving care quality in response to complaints or concerns:

- People told us they had no complaints about the service; One person said, "Never had to make a complaint but I have all the information here if I should ever need to ... which I doubt very much."
- The registered manager reported they had not received any complaints to date. They told us, and people confirmed, that checks were made at each quality care visit to ensure that people continued to be satisfied with the care and support provided.

End of life care and support:

- The service at this moment in time did not provide support for people at the end of their lives. The registered manager said they intended to provide this level of care in the future once they were firmly established and staff had received the relevant training.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Everyone we spoke with told us the service was well managed. People knew who the registered manager was and who they could talk to if they wanted. One person said, "I think it is a wonderful service and I have already recommended it to other people looking for care and support in their own homes."
- A relative told us, "Although a new company when they started to care for my [relative], the staff have been unfailingly polite, kind and caring in supporting not only my [relative] as their primary client, but the whole family. I would wholeheartedly recommend Kindherts to anyone."
- Staff told us the registered manager led from the front, often working on the floor and being a positive example for them. Staff felt valued and listened to. Staff said the registered manager's door was always open if they needed support.

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

- Staff had clear lines of responsibility to effectively manage all aspects of the service.
- The registered manager had an overarching governance system which monitored how staff fulfilled their roles.
- Safeguarding matters and near miss accidents and incidents were used as an opportunity for learning and improving. The registered manager told us of an instance where they had involved external professionals to support a person's safety and wellbeing.

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

- There were opportunities for people and their representatives to share their views about the quality of the service provided via spot checks and quality visits undertaken by the registered manager.
- Surveys were sent out twice yearly to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.