

Denise Quality Care Services Limited

Kanmore House

Inspection report

Civic Square
Tilbury
RM18 8AD

Tel: 01375809802

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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: Kanmore House is a domiciliary care agency registered to provide personal care and support to people in their own homes. At the time of our inspection, 10 people were using the service.

People's experience of using this service:

People felt safe and were protected from the risk of harm. Risks to people had been identified and managed appropriately. Staff had received safeguarding training and were aware of the action they should take if they suspected abuse.

Safe recruitment practices were in place and there were enough staff to meet the needs of people. People received care from a consistent team of staff.

Where required, people were supported with their medicines by trained staff, however some improvements were required to ensure the safe management of medicines. We have made a recommendation about the safe management of medicines.

Staff received appropriate training, supervision and support to enable them to fulfil their role and responsibilities.

People were supported to have maximum choice and control of their lives. People were consulted over their care and support needs and were actively encouraged to make decisions for themselves.

People were happy with the support they received from staff. Staff were kind and caring and treated people with dignity and respect. People's independence was promoted and, where possible, they were encouraged to do as much as they could for themselves.

Care plans were person centred and contained information on people's preferences and how they wished to be cared for. Care plans were regularly reviewed to ensure they reflected people's up to date care needs.

Systems were in place to check the safety and monitor the quality of the service and drive continuous improvement.

Rating at last inspection: Requires Improvement (report published 11 June 2018).

Why we inspected: This was a scheduled inspection based on the previous rating.

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.

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

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 ●

Kanmore House

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. 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.

Inspection team:

The inspection team consisted of 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. The expert by experience's area of expertise was older people and dementia care.

Service and service type:

Kanmore House is a domiciliary care service. It provides personal care to people living in their own homes in the community.

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 three days' notice of the inspection visit because it is small, and we needed to be sure that someone would be present.

What we did:

Before the inspection, we reviewed all the information we held about the service, including notifications. We also reviewed a provider information return (PIR) which the registered manager had sent us. A PIR provides information about the service and changes they had made since the last inspection.

An expert by experience carried out telephone calls on the 8 and 9 May 2019. They spoke with four people who used the service, and four relatives, to ask about their experience of the care provided. The inspection site visit activity took place on 9 May 2019 to see the provider, registered manager, care coordinator and

office assistant; and to review care records, staff files and quality assurance information. We received feedback to questionnaires from four care staff.

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 told us they felt safe with the staff who supported them.
- People were safeguarded from abuse and harm. Staff had received training and understood what actions to take to protect people. A staff member told us, "I learned how to identify any safeguarding issue and how to report it. We must report any abuse we see."

Assessing risk, safety monitoring and management

- Support was delivered in ways that supported people's safety and welfare. Assessments were carried out to identify risks from people's care, their home environment and healthcare conditions they were being supported with. However, some care plans did not always contain detailed guidance for all aspects of people's care needs, including managing any associated risks; for example, catheter care. We discussed this with the provider and registered manager. They told us they would take immediate action to include this information in people's care plans.
- Risk management plans were reviewed regularly to ensure they were up to date.
- Changes in people's needs, for example following hospital discharges, were communicated to staff via telephone and people's care plans updated. This meant new care instructions were immediately available.
- Staff were aware of how to report any changes about people's care and support needs and could call for additional support from the office at any time.

Staffing and recruitment

- Safe recruitment practices were in place to ensure staff were safe to work with vulnerable people.
- There were enough staff to meet the needs of people. One person told us, "It is a small care team of about four, so the care is very consistent." Another said, "The carers are not often late in fact they can be early. Sometimes the traffic will delay them." The provider told us, "We are blessed with a good team, we rarely have late calls." The service maintained a late/missed call visit register to monitor this aspect of service delivery. The provider told us they were currently researching electronic software which would enable them to monitor call visits more effectively as the service grows.

Using medicines safely

- Where appropriate, people were supported with their medicines.
- Staff completed training to administer medicines and their competency was checked regularly.
- However, care plans and daily record notes were not always clear, and we could not determine whether staff had prompted or administered people's medicines. Medicine administration records (MAR) had been completed however this had not been done in line with best practice.
- Whilst there had been no significant impact on people using the service, improvements were required to

ensure the safe management of medicines.

- Feedback from people was that they were happy with the support they received to take their medication.

We recommend the registered provider seeks guidance in line with best practice in relation to medicines management.

Preventing and controlling infection

- People were protected from the spread of infections.
- Staff told us they had received training in infection control and had a plentiful supply of gloves and aprons available to them. One person told us, "The staff use gloves and aprons and they always have a supply here."

Learning lessons when things go wrong

- There had been no significant incidents or accidents since our last inspection.
- The provider and registered manager told us reflective learning with the staff team was important. They said all incidents would be analysed so learning took place to prevent reoccurrence.
- Contingency plans were in place to ensure the service kept running through exceptional circumstances such as adverse weather conditions.

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

- People's care and support needs were assessed prior to them using the service to make sure they could be met.
- People's needs continued to be assessed and reviewed to ensure the care they received met their choices and needs, helped achieve good outcomes, and supported people to have a good quality life.

Staff support: induction, training, skills and experience

- New staff received an induction to the service. This included shadowing experienced staff.
- Staff completed relevant training to enable them to acquire the knowledge and skills to meet people's individual needs effectively and safely.
- Management completed regular observations of staff practice.
- Staff received regular supervision and told us management were visible and approachable for support and advice. One member of staff said, "They have responded many times after hours to support both staff and the service users."

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

- Where required, people were supported with eating and drinking. Care plans detailed people's likes and dislikes. One person told us, "The carers leave me snacks and drinks between the four calls a day, and there are meals too."
- No one currently using the service was at risk of malnutrition or had any specific dietary requirements.

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

- The service worked with health and social care professionals such as social workers and occupational therapists, to make sure people's health care needs were met.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- Staff had completed MCA training and understood the need to provide people with choices, respect their decisions and to gain their consent prior to providing care and support.
- However, we noted people had not signed their care plans to show they consented to their care and support. We discussed this with the provider and registered manager who told us signed care plans were kept in people's homes. They went on to say they would ensure signed copies are kept at head office.

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; respecting equality and diversity

- People received support from kind and caring staff. We received positive feedback from people using the service. One person told us, "I am very happy with the care, I have a lovely carer who is nice and kind."
- Relatives were also complimentary about the care their family members received. One relative told us, "The staff are very kind. This is the fifth company in six months. It is difficult to care for [person] as every movement can stress them, but the carers are so nice. They make [person] feel comfortable." Another said, "I am very happy with the care that is given to [person]. I feel the staff are gentle, kind and helpful."
- With the exception of sexuality needs, people's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met. The provider told us they would update care plan documentation to include people's sexuality needs.

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

- Care plans contained people's preferences on how their needs should be met. One person told us, "The staff can't do enough for me asking what I need."
- People were given the opportunity to provide feedback about the service and the care they received. This included the opportunity to complete surveys.
- The provider carried out a full analysis following returned surveys and, where appropriate, developed action plans to help improve service delivery.
- People were able to complete surveys anonymously. We noted there had been a 100% return of surveys to a recent questionnaire and feedback was positive.
- The service held information on local advocacy services. The provider informed us no one was currently using advocacy. An advocate supports people to express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and their privacy was respected. One person told us, "The carer is very gentle it is not an easy job to get me out of bed." A relative told us, "The staff have great personalities and are very respectful. Their culture means they are respectful of the elderly and [person] is part of that culture."
- People were encouraged to maintain their independence and do as much as they could for themselves. One member of staff told us, "I always give [people] little pep talks to let them know they can do a lot more than they think and praise them for their effort when done so."
- People's confidentiality was respected, and care records were stored securely.

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 were person centred and included information on people's background, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were reviewed every six months or as and when people's needs changed; for example, following discharge from hospital or deteriorating health.
- People benefitted from having regular care staff to promote continuity of care.
- Care plans identified people's communication needs. The registered manager and provider told us they would make sure people had access to the information they needed in a format they could understand. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- There was a complaints system in place. Information on how to raise a complaint was contained in the service user guide.
- There had been one complaint since our last inspection of the service. This had been responded to appropriately.
- People and relatives knew how to report concerns. One person told us, "I have no complaints and my family are happy with the care I am given," A relative said, "Any concerns and I would phone the office. A manager is here sometimes to shower [person] so we can speak with them. No complaints, lovely people."

End of life care and support

- At the time of our inspection, the service was not supporting anyone at the end of their life.
- The provider told us they would support people with end of life care and work with health care professionals such as the palliative care team, people and families to support good end of life care.

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an effective management structure in place to promote person centred care.
- Management were open and transparent throughout our inspection. They were committed and passionate to providing high quality care. The provider said, "We take duty of care, and quality of care, very seriously so service users have the best experience with us."
- There were systems in place to manage risks and monitor the quality of the care people received.
- Staff worked effectively together as a team and told us staff morale was good, due to the support and guidance received from the management team.
- The registered manager and provider were aware of their responsibilities under duty of candour.

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

- There were systems and processes in place to monitor the quality of the service.
- Regular checks were undertaken to check the quality and safety of the service. This included regular spot checks of staff's competences.
- Staff were clear on their roles and told us they felt valued.
- Regular staff meetings took place.
- The registered manager and provider understood statutory notifications about accidents, incidents and safeguarding concerns should be submitted to the CQC.

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

- The registered manager and provider promoted a positive culture.
- People and their relatives were asked for their views about the care and support people received.
- A recent survey showed 90% of respondents 'strongly agreed', and 10% of respondents 'agreed' they felt staff respected their choices and preferences.

Continuous learning and improving care

- The provider demonstrated their commitment to improve the quality of care people received. They said, "We are making sure everything is being done as per law. The most important thing is service users are satisfied. We have come a long way and know what we are doing; we learnt a lot from the last inspection and have put things right."

- The provider informed us they were currently undertaking research with a view to implementing an electronic software system to support the day to day running of the service and to provide clearer managerial oversight.

Working in partnership with others

- Staff worked with health and social care professionals to help them to achieve the best outcomes for people.