K D Care Limited

# K D Care Limited

## Inspection report

Little Chequers
37 Keycol Hill
Sittingbourne
Kent
ME9 8LZ

Tel: 01795 844814
Website: www.kdcare.com

Date of inspection visit: 13 May 2015
Date of publication: 03/07/2015

## 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 |

## Overall summary

The inspection was carried out on 13 May 2015, and was an announced inspection. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

KD Care is a domiciliary care agency which provides personal care and support for people living in their own homes. The agency provides 'live-in' carers, twenty-four hours per day, either for long term care, or for respite care. The agency office is based in Bobbing, near Sittingbourne and is easily accessible for staff and visitors. The provider has ensured that the agency office is accessible to people who may have a mobility disability. At the time of the inspection the service was providing support to seven people, two of whom used the agency services for regular respite care. Most people were privately funded, occasionally people were funded by the local authority or through NHS continuing care services.

# Summary of findings

The service is run by the provider who is also the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice.

The agency had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team. Staff were trained in how to respond in an emergency (such as a fire, or if the person collapsed) to protect people from harm.

The agency provided sufficient numbers of staff to meet people's needs and provided a flexible service. The agency had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. Refresher training was provided at regular intervals.

All staff received induction training which included essential subjects such as maintaining confidentiality, moving and handling, safeguarding adults and infection control. They worked alongside experienced staff and had their competency assessed before they were allowed to work on their own.

The provider carried out risk assessments when they visited people for the first time. Other assessments identified people's specific health and care needs, their mental health needs, medicines management, and any equipment needed.

Incidents and accidents were recorded and checked by the provider to see what steps could be taken to prevent these happening again. The risk in the service was assessed and the steps to be taken to minimise them were understood by staff.

The provider involved people in planning their care by assessing their needs on the first visit to the person, and then by asking people if they were happy with the care they received.

Staff had been trained to administer medicines safely. They followed an up to date medicines policy issued by the provider and they were checked against this by the manager.

People were supported with meal planning, preparation and eating and drinking. Staff supported people, by contacting the office to alert the provider to any identified health needs so that their doctor or nurse could be informed.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues. The provider carried out spot checks to assess care staff's work and procedures, with people's prior agreement. This enabled people to get to know the provider.

The agency had processes in place to monitor the delivery of the service. As well as talking to the provider at spot checks, people could phone the office at any time. People's views were also obtained through annual surveys. These could be completed anonymously if people wished. The provider analysed these and checked how well people felt the agency was meeting their need.

# Summary of findings

## 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.

Good

Agency staff were informed about safeguarding adult procedures, and took appropriate action to keep people safe.

The agency carried out environmental risk assessments in each person's home, and individual risk assessments to protect people from harm or injury.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staff were recruited safely, and there were enough staff to provide the support people needed.

**Is the service effective?**
The service was effective.

Good

Staff received on-going training and supervision. Staff were supported through individual one to one meetings and appraisals.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

The Mental Capacity Act was understood by staff and unnecessary restrictions were not placed on people.

**Is the service caring?**
The service was caring.

Good

People felt that staff went beyond their call of duty to provide them with good quality care. The agency staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

**Is the service responsive?**
The service was responsive.

Good

People's care plans reflected their care needs and were updated after care reviews.

Visit times were discussed and agreed with people. Care plans contained details of the exact requirements for the period of time the staff 'lived in'.

People felt comfortable in raising any concerns or complaints and knew these would be taken seriously. Action was taken to investigate and address any issues.

# Summary of findings

**Is the service well-led?**

Good

The service was well-led.

There was an open and positive culture which focused on people. The registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

The provider led the way in encouraging staff to take part in decision- making and continual improvements of the agency.

The provider maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the agency was functioning; and to act on the results to bring about improved services.

# K D Care Limited

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

The inspection took place on 13 May 2015 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks for some key information about the service, what the service does well and improvements they plan to make.

We looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

We visited the agency's office, which was situated in the grounds of a private house. We spoke with the provider and the administrator of the agency. Following the inspection visit we spoke with two relatives of people and two members of staff. We also received emails from two relative about the services the agency provided.

During the inspection visit, we reviewed a variety of documents. These included two people's care records and two staff recruitment files. We also looked at records relating to the management of the service, such as staff training programmes and policies and procedures.

The previous inspection was carried out in July 2012, and there were no breaches of the regulations.

Good

# Is the service safe?

## Our findings

People said they felt safe receiving care from the staff at the agency. People told us they had no cause for concern regarding their safety or the manner in which they were treated by care staff. One person said, "There is always someone around if I need any help, support or advice". Relatives said, " We have had the same carers since day one and we have built up a good relationship", and "The service is safe, good and reliable".

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. They understood the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. The agency's policies and procedures were included in a staff handbook which staff could carry with them. This provided them with contact information in the event of any concerns of abuse. Staff said they would usually contact the provider or administrator immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding team directly. Staff understood the whistle blowing policy. They were confident about raising any concerns with the provider or administrator, or outside agencies if this was needed. People could be confident that staff had the knowledge to recognise and report any abuse. This protected people who may require safeguarding.

The agency had processes in place to protect people from abuse, for example, financial abuse. This included recording the amount of money given to care staff for shopping; providing a receipt; and recording the amount of change given. Where possible, any transaction was signed by the staff member and the person receiving support, or their representative. The provider provided people with information and prices about the services they offered. A contract was completed and agreed at this meeting and signed by both parties. This ensured that people who were paying with direct payments were fully informed and in agreement with the costs of their care. Agency staff were not permitted to receive gifts or be named in legacies, as a precaution against financial abuse.

Before any care package commenced, the provider carried out risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments were very thorough, and included risks inside and outside the person's home. For example, approach to the house and whether the garden posed any risks. Risk assessments for inside the property highlighted if there were pets in the property, and if there were any obstacles in corridors, for example moveable radiators. Taking preventative measures reduced the number of incidents and protected people from harm.

People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring them in and out of their bed or to a wheelchair. One risk assessment stated, "Please use wheelchair to transport her around the house to avoid falls". People were provided with equipment to support them such as hospital type beds and pressure-relieving mattresses. Exact instructions were given about how to use individual hoists, and how to position the sling for the comfort of the person receiving support. One person who required hoisting to help them move from one place to another were always supported by two care staff working together. The provider said that she was at times the second person to assist the transfer using the hoist. In this way people were supported safely because staff understood the risk assessments and the action they needed to take when caring for people.

The provider ensured that required checks and servicing were carried out for lifting equipment. Each person had a fire action plan in place in the event of an emergency. Some people had a pendant 'lifeline' which could be worn around their neck. They pressed the alarm if they had an accident or were seriously unwell. These are a 24 hour care system to alert on-call operators to obtain help for people. Care staff checked that people had their lifeline pendants in place before leaving the premises.

Care staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The provider viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Staffing levels were provided in line with the support hours agreed with the person receiving the service or in some cases with the local authority. The provider said that

Good

# Is the service safe?

staffing levels were determined by the number of people using the service and their needs. Currently there were enough staff to cover all calls and numbers are planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required.

The agency had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment, and a copy of key policies, such as maintaining confidentiality, emergency procedures and safeguarding. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

Care staff were trained to assist people with their medicines where this was needed. Checks were carried out to ensure that medicines were stored appropriately, and care staff signed medicines administration records for any item when they assisted people. Records had been accurately completed. Care staff were informed about action to take if people refused to take their medicines, or if there were any errors. The provider checked that the staff continued to follow safe administration practice as stated in the provider's policy.

Good

# Is the service effective?

## Our findings

People said that they thought the staff were well-trained and attentive to their needs. Feedback from people was very positive, and relatives comments included, "It has enabled my relatives to continue to live in their own home happily", "They ensure the carers provided have relevant experience for our needs, and for the best match personality-wise as well. This is very important with the live-in care they provide to use". People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs.

Staff had appropriate training and experience to support people with their individual needs. Staff completed an induction course that was in line with the nationally recognised 'Skills for Care' common induction standards. These are the standards that people working in adult social care need to meet before they can safely work and provide support for people. The induction and refresher training included all essential training, such as moving and handling, fire safety, safeguarding, first aid, infection control and applying the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff were given other relevant training, such as understanding dementia, principles of person centred care and effective communication. It helped to ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities.

Staff were supported through individual supervision and the provider had commenced yearly appraisals for all staff. Spot checks of care staff were carried out in people's homes. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care package. At this time people expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the care staff had regular checks, as this gave them confidence that care staff were doing things properly. Staff told us that the provider would occasionally arrive unannounced to carry out a spot check. This included personal appearance of staff, politeness and consideration, respect for the person and the member of staffs' knowledge and skills. Spot checks were recorded and discussed, so that care staff could learn from any mistakes, and receive encouragement and feedback about their work.

Staff were trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. The provider is a trained trainer in MCA and DoLS and carries out a mental capacity assessment at the first visit, to determine people's ability to understand their care needs and to consent to their support. When people lacked mental capacity or the ability to sign agreements, a family member or representative signed on their behalf. The provider met with family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests. For example, getting specialist equipment for a person whose mobility had deteriorated.

Staff sought and obtained people's consent before they helped them. One person told us "They always ask before doing anything". Staff checked with people whether they had changed their mind and respected their wishes.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The provider introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amount to eat and drink. Having enough to eat and drink protected people from the risk of dehydration and malnutrition.

People were involved in the regular monitoring of their health. Care staff identified any concerns about people's health to the provider, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs.

Good

# Is the service effective?

Records showed that the care staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying skin creams, recognising breathing difficulties, pain relief, catheter care and mental health concerns. Occupational therapists and physiotherapists were contacted if there were concerns about the type of equipment in use, or if people needed a change of equipment due to changes in their mobility. This promoted people's access to health care to maintain their wellbeing.

Good

# Is the service caring?

## Our findings

Relatives told us, “They go out of their way to show care and concern and have offered outstanding support in difficult times”, and “We have had a number of good carers from KD Care and the carer who is with Mum now is totally dedicated to Mum rather than just looking after her”.

Positive caring relationships were developed with people. One relative said “Her Father trusted the carer and the carer was a huge comfort to him helping him through his journey”. Staff told us they valued the people they visited and spent time talking with them while they provided care and support. Staff were made aware of people’s likes and dislikes to ensure the support they provided was informed by people’s preferences. People told us they were involved in making decisions about their care and staff took account of their individual needs and preferences. One relative told us that they kept Mum doing all the normal things she used to do, for example taking the dog for a walk. Regular reviews were carried out by the provider and any changes were recorded as appropriate. This was to make sure that the care staff were fully informed to enable them to meet the needs of the person.

People had been given a service guide by the provider. This included the objectives of the service, how to make complaints, what the service provided, and the ‘principles’ of the agency. “We aim to provide all out clients with care and support that has a positive impact on their lives”. This described the kind of service the provider wanted people to experience. People could refer to this information at any time if they wanted to.

The agency had reliable procedures in place to keep people informed of any changes. The provider told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. People were informed if their regular carer was off sick, and which care staff would replace them. The provider would cover, if there was no other staff member available at the time.

People were informed of agency processes during the assessment visit. The provider provided people with information about the services of the agency. They told people they could contact the agency at any time; there was always a person on call out of hours to deal with any issues of concern. One person commented “An excellent service provided. There is always someone around if I need any help, support or advice”.

Staff confirmed that they liked to know as much as possible about the people they were caring for and relatives were able to provide information too, letting them know of any preferences people might have. Staff took account of the way people liked to communicate. This could include body language or behaviours that indicted people were distressed or in pain. This meant people received the care they wanted.

Staff told us they always asked for people’s consent before carrying out personal care tasks or offering support. They said that if people declined their support that this was people’s right and they respected their decision. Staff acted on people’s responses and respected people’s wishes if they declined support.

Staff had received training in equality and diversity, and treated everyone with respect. They involved people in discussion about what they wanted to do and gave people time to think and made decisions. Staff knew about people’s past histories, their life stories, their preferences and the things they liked and disliked. This enabled them to get to know people and help them more effectively. Staff ensured people’s privacy whilst they supported them with personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. One person commented, “I cannot speak to highly of them. They treat her with dignity and respect and maintain as normal a routine as possible”. Staff were respectful of people’s privacy and maintained their dignity.

Good

# Is the service responsive?

## Our findings

People described care staff as being 'adaptable' and 'meeting their needs'. Relatives told us, "They always respond quickly, but they are very proactive so I rarely have to contact them" and "The provider and administrator are always available to Mum, us as relatives and their staff. This means when anything happens, or if we are unsure of anything they are there to guide, comfort or support us. There is never an answer machine asking to us to leave a message or wait until the next day or over the weekend".

The provider carried out people's needs and risk assessments before the care began. They discussed the length of the 'live in' visits that people required, and this was recorded in their care plans. Clear details were in place for exactly what care staff should carry out whilst they were 'living in'. This might include care tasks such as washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks, turning people in bed or assisting with medicines. The domestic tasks may also be included such as doing the shopping, changing bed linen, putting laundry in the washing machine and cleaning. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The provider matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The provider carried out care reviews with people and was regularly in touch with them to make sure people's needs were being met. Any changes were agreed together, and the care plans were updated to reflect the changes. Care staff who provided care for the person were informed immediately of any changes. Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs. The concerns were forwarded to the appropriate health professionals for re-assessment, so that care plans always reflected the care that people required. This protected people from receiving inappropriate care not based on their most up to date needs.

The agency's questionnaire responses from 2015 supported what people told us. People had been asked to confirm their views about the service by answering questions. Questions included, 'Did you find KD Care provided a suitable carer for you or your family member'; 'Did the carers of KD Care act professionally and respectfully towards you' and 'Did the carers of KD Care respect you wishes and dignity'. All responses were positive and people rated the service as excellent. People had commented, "I cannot speak to highly of them" and "Thank you for coming to our rescue and for all your support and advice". This showed that people spoke positively about the services the care staff at the agency provided.

People were given a copy of the agency's complaints procedure, which was included in the service users' guide. People told us they would have no hesitation in contacting the provider or administrator if they had any concerns, or would speak to their care staff. The provider dealt with any issues as soon as possible, so that people felt secure in knowing they were listened to, and action was taken in response to their concerns. The provider visited people in their homes to discuss any issues that they could not easily deal with by phone. They said face to face contact with people was really important to obtain the full details of their concerns. One relative told us that there had been a couple of small issues when their relative first received care from the agency. She said that the provider had dealt with these concerns immediately.

The complaints procedure stated that people would receive an acknowledgement of their complaint within two days, and the agency would seek to investigate and resolve the complaint within 28 days. The provider said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People told us they knew how to raise any concerns and were confident that the provider dealt with them appropriately within a set timescale.

Good

# Is the service well-led?

## Our findings

People spoke highly of the provider and the administrator, and said that staff listened to them. Relatives told us, "There is a great sense of commitment in the team"; "The provider is very 'hands-on', visiting all her customers regularly. This means she knew of any changes in condition of the customer so she can ensure the care is modified as required. The provider is then also able to ensure the care provided by her staff is to the required level first-hand"; "We have no hesitation in recommending the agency to anyone needing great care, given with professionalism and courtesy" and "You may be a small team, but I like your style".

Our discussions with people, their relatives, the provider, administrator and staff showed us that there was an open and positive culture that focused on people. The agency had a culture of fairness and openness, and staff were listened to and encouraged to share their ideas.

Organisational values were discussed with staff, and reviewed to see that they remained the same. Staff felt that they had input into how the agency was running, and expressed their confidence in the leadership. One member of staff commented "They are always supportive and on hand to help with any issues, anytime". The provider and administrator both worked directly with people receiving support. They said that this enabled them to keep up to date with how people were progressing. Staff said it gave them confidence to see that the management had the skills and knowledge to deliver care and support, and it was helpful to work alongside them from time to time. One member of staff commented "Best agency and care employment I have ever had – KD Care value their staff and fully respect all staff and their importance on the frontline of the agency".

The management team included the provider and the administrator. The provider was familiar with her responsibilities and conditions of registration as she had recently attended a workshop that covered the new regulations and their impact on services. The provider kept CQC informed of formal notifications and other changes. The provider had managed the agency for a number of years and had concentrated on consolidating existing processes and bringing about a number of changes. They had set targets for staff supervisions, spot checks, risk assessments and care reviews, and this work was on-going.

It was clear that the provider and administrator complemented each other's skills and worked together for the good of the agency. They showed a passion to ensure that people were looked after to the best of their ability. One relative reported "The passion from these ladies for the service they provide and for the well-being of their customers, and of us, their families is underlying in all they do".

People were invited to share their views about the service through quality assurance processes, which included regular phone calls or visits from the provider; care reviews with the provider; yearly questionnaires; and spot checks for the care staff who supported them. This process was agreed when the provider and carried out the first visit, and people were pleased to know that someone would be coming in to check that care staff carried out their job correctly. The provider conducted spot checks and these monitored staff behaviours and ensured they displayed the values of the agency. This had the added benefit of enabling people to get to know the provider, as well as their usual care staff. The management team ensured the values and behaviours were maintained through these regular spot checks.

There were systems in place to monitor the quality of the service provision which meant that the service was able to assess and any concerns were addressed promptly. The ethos of providing good care was reflected in the record keeping. Clear and accurate records were maintained, and comprehensive details about each person's care and their individual needs. Care plans were reviewed and audited by the provider on a regular basis.

Policies and procedures had been updated to make sure they reflected current research and guidance. Policies and procedures were available for staff. The provider's system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they

Good

# Is the service well-led?

did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

Staff knew they were accountable to the provider and they said they would report any concerns to them. The provider had regular contact with all care staff, and staff confirmed they were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute and 'be heard', acknowledged and supported. The provider had consistently taken account of people's and staff's views in order to take actions to improve the care people received.