Kivernell Care Limited

Kivernell Care Ltd

Inspection report

1st Floor
54 High Street
Lymington
Hampshire
SO41 9YA

Tel: 01590670440
Website: www.kivernellcare.co.uk

Date of inspection visit:
09 May 2016
10 May 2016

Date of publication:
09 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 9 and 10 May 2016 and was announced. The provider was given 48 hours' notice because the location is a domiciliary care service and so we needed to be sure key staff would be available at the office.

Kivernell Care is a domiciliary care agency that provides personal care, live-in care, respite and domestic services to people in their own homes, some of whom will be living with dementia or have complex health needs. The service operates in the New Forest, Lymington, New Milton and Christchurch areas. There were 190 people using the service at the time of our inspection. Approximately half of these had their care and support commissioned on their behalf by the local authority or the local clinical commissioning groups. The remaining people had arranged their care direct with Kivernell Care and were referred to by the service as private clients.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

Improvements were needed to ensure staff had all of the training relevant to their role. The registered manager told us they would be working with their training consultant to deliver training sessions over the next five weeks to address the gaps in training. We will check to see that this has been completed.

Improvements were underway which once embedded will help to ensure staff were acting in line with the requirements of the Mental Capacity Act (MCA) 2005.

Staff received regular supervision and an annual appraisal. This helped to ensure staff understood their role and responsibilities.

People's preferences in relation to food and any special dietary requirements were recorded in their care plans and staff demonstrated an understanding of these. People were supported to maintain good health. There was evidence staff liaised with health and social care professionals involved in their care if their health or support needs changed.

People told us they felt safe when being supported by the care workers. Risk assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. Some of the risk assessments could be more detailed, but we were aware these were in the process of being updated to ensure they reflected people's needs and risks more comprehensibly.

People told us they were happy with the support they received with their medicines. Care plans recorded the level of help people needed with their medicines. Staff were aware of how to support people safely with PRN

or 'as required medicines' and kept appropriate records in relation to this.

Staff had received training in safeguarding adults and had a good understanding of the signs of abuse and neglect. Staff had clear guidance about what they must do if they suspected abuse was taking place.

There were sufficient numbers of care workers available to keep people safe. People told us they were cared for and supported by staff who were familiar with their needs.

People told us, without exception, they were supported by staff who were kind and caring. Staff displayed a genuine desire to enhance people's wellbeing and to developing positive relationships with the people they cared for.

Care staff understood the importance of promoting people's independence and supporting them to retain as much control as possible. People told us they were treated with respect and the support they received helped to maintain their dignity.

Peoples care and support was planned in partnership with them and their relatives and they told us they usually received support from a regular team of care workers who understood their needs. Most care plans contained detailed step by step instructions for care staff to follow. Where complaints had been made, we were able to see these had been investigated and resolved to people's satisfaction.

People and their relatives spoke positively about the registered manager. People felt the service was well led and organised and this helped to ensure they received effective care and support. Staff said the registered manager was approachable and supportive.

There were systems in place to assess and monitor the quality of the service and drive improvements.

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.

People were happy with the support they received with their medicines.

People were protected from harm. People felt safe and secure when receiving support.

There were sufficient numbers of care workers available to keep people safe and appropriate recruitment checks took place before staff started working at the home.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements were needed to ensure that where people were unable to consent to their care and support, staff acted in accordance with the Mental Capacity Act (MCA) 2005 and the associated Code of Practice.

Staff had not completed all of the training relevant to their role, although they felt well supported and were receiving regular supervision and an annual appraisal.

People were supported with their health and nutritional needs.

Is the service caring?

Outstanding

The service was caring.

People told us, without exception, they were supported by staff who were kind and caring. Staff displayed a genuine desire to enhance people's wellbeing and to developing positive relationships with the people they cared for.

Care staff understood the importance of promoting people's independence and supporting them to retain as much control as possible.

People told us they were treated with respect and that the

support they received helped to maintain their dignity.

Is the service responsive?

Good

The service was responsive.

Staff were provided with the information they needed to meet people's needs.

The service had a complaints policy and information about how to raise concerns or complaints about the quality of care provided was included in the service user guide people received when they first started using the service.

Is the service well-led?

Good

The service was well led.

People spoke highly about the registered manager and about how well organised the service was.

People's views were sought on the quality of the service.

There were systems in place to assess and monitor the quality of the service and to drive improvements.

Kivernell Care Ltd

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 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.

This was an announced inspection which took place over two days on 9 and 10 May 2016. 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 has used this type of service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have happened at the service. We asked the provider to complete a provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection. Prior to the inspection we also sent out questionnaires to 50 people, asking them for their views about aspects of the service they received. Seventeen questionnaires were returned and some of the feedback from these is shared in this report.

During the inspection we spoke with ten people who used the service by telephone and ten relatives. We also visited five people in their home where we were able to speak with them and their relatives and spend time observing aspects of the care and support being delivered. We spoke with the registered manager, a training consultant, a care coordinator, a senior team leader and eight care workers. We viewed the care and support records for five people and other records relating to the management of the service such as audits, incident forms and policies.

Following the inspection we received feedback from two health and social care professionals about the care provided by Kivernell Care.

Kivernell care was last inspected in February 2014 when no concerns were found in the areas inspected.

Good

Is the service safe?

Our findings

People told us they felt safe when being supported by the care workers. One person said, "Yes I feel safe, even when they are using the hoist". Another person told us, "I can't bend down, I find it difficult, the carers are careful with me, they help me with washing, handle me well and make me feel safe". A relative said, "Yes [the person] is safe, I am confident to leave the carers to get on with it".

Risk assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. For example people's care plans contained a risk assessment which considered a range of environmental risks. The risk assessments included information such as the safety of electrical equipment and whether the temperature of water was within safe limits for assisting people to have baths or showers. The risk assessment recorded whether there were any risks to people associated with their need for administration or assistance with medicines or any infection control concerns. People had moving and handling risk assessments which contained information about how care workers should support the person when helping them to transfer in and out of chairs and their bed. Some of these were very detailed and contained photographs to assist carers with managing the task safely.

We did note that in some instances, staff would benefit from having more detailed guidance about the nature of the risk and the actions they should take to mitigate this. For example, one person's care plan recorded they were at risk of choking. There was no additional information in relation to this. Another's reported that they were at risk of skin breakdown, but again there was no further information about what this meant for the person, for example, which areas were most at risk and therefore should be regularly monitored. Many of the staff working for Kivernell care had been employed for some time and demonstrated a good understanding of people's needs and risks, but we were concerned that the current guidance might not be sufficient for new or inexperienced staff. We spoke with the registered manager about this; they explained that care plans and risk assessments were in the process of being updated to ensure they reflected people's needs and risks more comprehensibly. They were confident this would ensure all staff had the information they needed to manage and mitigate risks to people using the service.

People told us they were happy with the support they received with their medicines. Staff received training to manage medicines safely and arrangements were being put in place to ensure they also had annual assessments of their competency to do this safely. Care plans recorded the level of help people needed with their medicines. Some people were able to administer their own medicines, whilst others required staff to do this for them. Where this was the case, team leaders had documented the person's current medicines on a 'medication detail record'. In line with the provider's policy, medicines were stored either in a pharmacy filled compliance aid or in the original pharmacy supplied container. Each time a care worker administered medicines, they recorded on a 'medication recording sheet' which medicines the person had taken or noted the contents of the compliance aid had been administered. We reviewed five people's medicines recording sheets and found these had mostly been completed accurately. We did find two examples where staff had applied topical creams or ointments but not recorded this on the medicines record. We also found two examples where a medicine had not been given but staff had not recorded the reason why. The person told us they did not always want to take this medicine and so staff were acting in accordance with their wishes,

however, documenting the frequency with which medicines are refused can be helpful in indicated whether a medicines review is required. Staff were aware of how to support people safely with PRN or 'as required medicines' and kept appropriate records in relation to this. Staff were also clear about what action to take if they were to make a medicines related error.

Staff were able to tell us clearly how they would respond if they had any safeguarding concerns. One staff member told us they would "Speak with the office straight away, I'm confident [the registered manager] would act but if I didn't think it had been followed up, I would contact you [care quality commission] I want everyone to be treated like my mum and dad". A social care professional told us there had been a recent situation whereby staff had initiated contact with Adult Services to appropriately discuss a particular clients' vulnerability and to raise concerns about potential risks. This helped to ensure people received safe care and were protected from harm.

The provider had a safeguarding policy and information about the types of abuse and the contact details for reporting any concerns was also contained with the service user guide which each person had readily available in their home. Staff had completed training in safeguarding adults as part of their induction and we were advised arrangements were being made to ensure all staff updated this training on an annual basis. Arrangements were in place to protect people from the risk of financial abuse. For example, when a care worker undertook shopping on behalf of a person, a log of the transaction was maintained in the person's care plan and the receipts kept. Where staff needed to use key safes to gain access to people's homes, the key safe codes were kept securely. Staff were aware of the whistle-blowing procedures and were clear they could raise any concerns with the registered manager. One care worker said, "Whistle blowing is coming forward with concerns without any comeback, [the registered manager] would act or else I wouldn't work for them". Staff were also aware of other organisations with which they could share concerns about poor practice or abuse. This meant the organisation was proactive in encouraging staff to come forward if they witnessed poor or unsafe practice.

There were sufficient numbers of care workers available to keep people safe. The staffing levels were determined by the number of people using the service and their needs. The registered manager was supported by three care co-ordinators who were responsible for the day to day scheduling of the care visits. Three team leaders were responsible for drafting and updating care plans, supervising and supporting care workers and undertaking reviews or reassessments. Staff told us that overall, their workload was manageable and that their schedule usually allowed them to arrive with people on time and stay for the correct length of time. Where people needed two care workers to meet their needs safely, the care rostering system locked these calls in to each of the care workers schedules which prevented the timing of the calls being changed by care co-ordinators. This helped to ensure people received their care as planned. The registered manager told us recruiting more care workers was an ongoing challenge, however they said they only accepted new packages of care when it was safe to do so and was supported in this approach by the provider.

Appropriate recruitment checks took place before staff started working at the home. Records showed staff completed an application form and had a formal competency based interview as part of their recruitment. The manager had obtained references from previous employers and checked with the Disclosure and Barring Service (DBS) to ensure the staff member had not previously been barred from working in adult social care settings or had a criminal record which made them unsuitable for the post.

The service had an emergency telephone line that operated out of hours which people could call if there was a problem with their care. Staff were also able to access this to seek advice or support from a senior manager in the event of encountering problems or concerns when visiting people in their home. Staff

maintained a list of 'critical' or 'priority' people who care calls would need to be covered first in the event of staff not being available due to adverse weather or illness. A business continuity plan was in place and provided contingency plans for a range of events which might affect the safe running of the business and therefore impact on people's care. This helped to ensure people and staff were supported to deliver safe care and support in people's own homes.

Requires Improvement

Is the service effective?

Our findings

People told us they received effective care provided by competent care workers. One person said, "They look after me very well, they are well trained". A relative told us how their relative could at times become upset and agitated when receiving care, they said, "[the person] has regular carers who know her well, they are kind, caring and take it in their stride. They can deal with it, they have a laugh and a joke, they do their job well". Another relative said, "The care workers are generally well trained, if I feel a carer needs more training, I can approach a team leader and ask for more". A social care professional told us. "We rarely hear complaints about the provision of care provided by Kivernell to service users and I believe that the majority of people receiving care from this provider are satisfied. I am aware of a number of service users who have clearly expressed a wish to remain with Kivernell…. I am aware of some clients where there have been some challenging circumstances and Kivernell have attempted to try and resolve these issues, showing a commitment to on-going support".

Whilst people told us that their care workers provided effective care, we found that improvements were needed to ensure that staff had all of the training relevant to their role. The provider did not have a training policy and the registered manager did not use a training matrix or similar tool to record and monitor the training completed by each staff member and so it was not possible during the inspection to obtain a clear picture of the training programme being delivered. Having an oversight of the training completed is important as it helps the registered manager to identify when refresher training is required and allows action to be taken when training requirements are not being met. Following the inspection we were sent a training matrix. This showed that staff completed mandatory training in three areas which were moving and handling, medicines management and emergency first aid. However, we also identified a number of gaps in the training programme. Only four staff had completed training in infection control. The provider's infection control policy stated that this should be undertaken on an annual basis. In addition, fifteen of the 84 staff had not completed medicines training and had not had an assessment of their competency to administer medicines safely. Some of these staff had been employed by the service for a number of years and were involved in administering people's medicines. Records also showed that 23 staff had not completed safeguarding training. The registered manager told us they would be working with their training consultant to deliver training sessions over the next five weeks to address the gaps in training. We will check to see that this has been completed.

Despite the gaps in training, all of the staff we spoke with told us they felt well supported and understood their role and responsibilities. One care worker told us, "If I have any problems, I can talk it over with the office or my team leader, I can contact them at any time". Another staff member said, "They are always saying, do you want to go on a course, [the training consultant] does a good job". Another member of staff said, "I've just done a NVQ3 and an in house dementia course and emergency first aid, they changed the day to let me do it". We were able to see that some staff had completed additional training relevant to the needs of people they were supporting. For example, some staff had completed training in stoma care and conditions such as strokes, multiple sclerosis and Parkinson's disease. This training was not mandatory and had not been completed by all staff. In addition we were told a range of other training was also available and provided through face to face training courses delivered by an external consultant in the organisation's

well equipped training room. For example, the training available during the month of our inspection included dignity in care, a safeguarding update, multiple sclerosis, dementia training and stroke awareness. Four staff had recently taken on 'champion' roles. Their role was to share best practice with their colleagues and act as a role model in relation to dignity, nutrition, dementia care and end of life care. This was a work in progress but once embedded would help to ensure that staff had access to champions available to support staff provide support. It was also planned that these champions would work alongside service users and families to help them develop a better understanding of the needs of their loved ones.

New staff completed a comprehensive week long induction programme during which they learnt about the organisations policies and procedures and completed a range of essential training mapped to the requirements of the Care Certificate. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate and should ideally be completed within the first 12 weeks of employment. New staff also had an observation of their practice and opportunities to shadow more experienced staff before they started to work independently. This helped to ensure that staff demonstrated acceptable levels of competence before they were allowed to work unsupervised.

Staff received regular supervision. This was done in a variety of formats including formal one to one sessions and observation of the care workers practice. They also had an annual appraisal of their practice which explored the staff member's achievements, performance and training needs. Supervision and appraisals are important as they help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities.

Improvements were underway which will help to ensure that staff are acting in line with the requirements of the Mental Capacity Act (MCA) 2005. Where a person's ability to consent to their care plan was in doubt, an assessment of their capacity was not currently being undertaken as part of the care planning process. Assessing a person's ability to consent to the actions covered in their care plan and confirming what actions are agreed to be in the person's best interest's helps staff to ensure that they are acting in accordance with the principles of the MCA 2005. The MCA 2005 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. The service had already identified this as an area requiring improvement. They had drafted additional guidance for staff and had begun to identify those people who might require a mental capacity assessment to be completed. These planned improvements will need to be embedded in practice and sustained to help ensure that staff are acting within the principles of the MCA 2005.

Where people were able to make decisions about how their care and support was provided, we saw they were empowered and encouraged to do so. Care plans were written in a manner that encouraged people to express their choices about how they would like their care to be provided. For example, one person's care plan said, 'Ask [the person] if he wishes to use the commode' and another said, 'ask [the person] what they would like for lunch'. We observed that staff asked people's permission before assisting them, for example, we observed a care worker ask a person, "Can I pop your glasses on now".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). In settings such as people's own homes, depriving a person of their liberty or restricting their freedoms can only be authorised by the Court of Protection. None of the people who used the service were the subject to such an order. The registered manager told us that none of the care being delivered restricted a person's liberty, rights or choices.

A number of people using the service, required support with meal preparation and maintaining good nutrition. Often this involved the care worker making a light lunch or snack or heating a frozen or pre-prepared meal brought by family or delivered by a meals service. People's preferences in relation to food and any special dietary requirements were recorded in their care plans and staff demonstrated an understanding of these. One person told us, "The carers are very good, they cut my food up into small pieces". This was in keeping with the guidance in the person's care plan. We observed staff assisting one person to eat their lunch, they did this is a person centred manner. Staff were able to describe to us the importance of protecting people from the risk of poor nutrition or hydration. One care worker said, "It's important to make sure their food looks appealing, if it isn't, they are less likely to eat it and then they are not getting their nutrition". Information about good nutrition and eating difficulties and the signs of dehydration was included in the service user guide and made available to staff. This helped to ensure that people were protected against the risks associated with poor nutrition.

People were supported to maintain good health. There was evidence that staff liaised with health and social care professionals involved in their care if their health or support needs changed. For example, We were able to see in one person's records that their care worker had promptly called the district nurse when they had noticed the person was developing sore skin. In another person's records we were able to see that they had sustained a skin tear following a fall. The next morning their care worker called the doctors so that the wound could be dressed. A relative told us that staff had 'noticed instantly' that their relative was displaying signs of a potential urine infection. They told us how staff had strongly advocated for their relative with healthcare professionals to try and ensure they received prompt attention and treatment.

Outstanding ☆

Is the service caring?

Our findings

Our observations indicated that people felt at ease with their care workers and had developed positive relationships with them. Everyone we spoke with, without exception, told us they were supported by staff who were kind and caring. One person said of their care workers, "I love them all, they are friends". Another person told us, "They [the care workers] are very good, we have a small pool of carers…we know all of them….they are very caring and respecting, almost like friends". A third person said, "They are more like friends, I see the same faces which are familiar to me".

Relatives were also very complimentary about the care their relative received. One said, "We have very regular carers, they are always nice, we are very lucky". Another relative said, "We work well as a team… it's your home, they fit in, go to great lengths to make sure everything is right". A third relative told us how a care worker had been a great support to them, helping them to understand and adjust to changes in their relative's mental health. The service had received 40 compliments in 2015, many of these commented on the caring nature of the staff. For example, one said that their relative had been treated in a "most dignified manner, they respected his needs and when he was well enough they were always having a laugh and a joke". Another read, "The carers we receive are very willing, caring, patient, respectful and professional with my husband and myself".

Staff displayed a genuine desire to enhance people's wellbeing and to developing positive relationships with the people they cared for. One care worker said, "One lady was quite reluctant to receive care, now we have a wonderful rapport, I didn't push her, I used gentle persuasion and gained her trust". Another staff member told us how a person living with dementia and cared for in bed, could get anxious with care workers when being supported with personal care. They explained how they reassured the person by offering them a cuddle and using distraction techniques which reduced their anxiety and distress.

All of the staff we spoke with told us their colleagues were kind and caring. One care worker said, "Yes staff are kind and caring, a lot go the extra mile without a shadow of a doubt, they are wonderful people". Staff we spoke with spoke of the importance of not just supporting people with the practical tasks, but of spending as much quality time with them as possible. For example, one care worker said, "I love meeting people, chatting with them, hearing their life stories….sometimes, you are the only person they see each day, so I like to read the paper with them or do a few questions from their crossword with them". A care worker told us, "It's lovely to see that people are pleased to see you and that you see someone happy when you leave them".

Care staff understood the importance of promoting people's independence and supporting them to retain as much control as possible. One care worker gave the example of one person who needed hoisting due to mobility problems. They said, "We give them the hoist controls, this gives them control over the process". Another care worker described how they were able, to get people involved in preparing their meal or in clearing away afterwards, they said, "I say to the person, I'll wash, you wipe".

People told us they were treated with respect and the support they received helped to maintain their

dignity. Staff described how they ensured curtains or blinds were drawn before assisting with personal care. People's care plans reflected the importance of maintaining people's dignity. For example, one person's plan said, 'place towel over lap for dignity' and 'allow privacy to use the toilet'. At reviews staff asked people if their care workers treated them with dignity and respect, the records we viewed showed this was always answered positively. A relative told us, "Privacy is well respected". Staff received training on dignity in care and A dignity champion had been appointed who was responsible for ensuring the 10 key elements of the Dignity Challenge were implemented across all areas of the practice. The dignity challenge describes values and actions that high quality services which respect people's dignity should demonstrate.

Staff understood how to ensure people's choices and rights were respected. People had 'Service User Contract' which described how people had the 'right to have my individuality, choice and independence respected. We observed staff worked in a manner that was in keeping with these values. People were supported to express their views and were involved in decisions about their care. Care plans were drafted in consultation with the person and their relatives and reflected their wishes. A person told us, "Yes we are involved with it [the care plan] and can change things if we need to". A team leader told us how they went through the plan of care with the person, they said, "I ask them if it is ok, whether anything else needs adding, it can take three of four goes before it is right". Many care plans contained signed consent forms which confirmed that the person had been involved in planning their care and that their views and preferences had been taken into account. This was confirmed by the people and relatives we spoke with.

Good

Is the service responsive?

Our findings

People told us they usually received support from a regular team of care workers who understood how to meet their needs, arrived on time and stayed for the correct length of time. One person told us, "Yes I have regular carers, they are perfection". Another person said, "They [the care workers] do everything they are supposed to do….they are good with time, they spend over the time and do more than they should….they are lovely brilliant people, their general attitude is good, their way of talking….they chat and over the years I have got to know them, we talk about our families".

A relative told us, "They [the care workers] are very good, one male carer is superb, he goes the extra mile, know my day very well, what interests him, he will chat and is very friendly, he is aware of dad, he is always cheerful". Another relatives said, "We have very regular carers, they are always nice, they usually ring if they are going to be late, they are jovial and get on great with [the person]". A third relative said, "Yes we have regular carers, [care worker] has been coming for two years…they can be on a tight schedule but usually arrive in time within a few minutes….they have been very accommodating". Each of the people that responded to our pre-inspection questionnaires told us they received support from consistent and familiar care workers, that staff responded to and acted upon their instructions and worked well with other agencies to share information when their needs changed.

Wherever possible staff visited the person prior to the care starting so that an initial assessment could be undertaken to identify their support needs and obtain the information needed to develop a plan of care that outlined how those needs were to be met. The initial assessments allowed the registered manager to understand what the person wanted and needed from their support and to reach a judgement about whether the service could meet these needs safely and the amount of time that would be required to do this to a good standard. The registered manager explained that for some people, it was the timing of the call that was most important and for others it was having carers they were familiar with. They said it was important to them that each person was providing with a service that was right for them personally. Where a person's care and support was being commissioned by the local authority or to support a discharge from hospital, Kivernell Care staff often did not have an opportunity to meet the person prior to their care starting. In these circumstances, the initial information about the person's needs was provided by the care management or social work teams.

Staff used the initial assessments to develop a fuller 'service user assessment' which covered a range of areas including the person's health care needs, their mental health, the support they required with medicines or continence and their nutritional and personal care needs. From this a 'Weekly plan of Care' was agreed with the person. This contained information about how the person wanted their care to be provided with some containing very detailed step by step instructions for care staff to follow. Some of the care plans described the person's likes, dislikes and preferences and some contained a one page profile which provided information about the things that were important to the person, their personal history and 'how best to support me'. However, other care plans were more task focused. Having person centred information in the care plans is important as it enables staff to connect with people and to deliver individualised care to each person using the service. However, overall staff told us people's care plans were

generally kept up to date and told them what they needed to know to provide people's care. The registered manager explained that as care plans were reassessed and updated, they were working hard to include more person centred information.

Daily records were maintained which detailed the support that had been provided at each visit. The records suggested that the care being delivered was in line with the person's care plan. We were able to see records which showed staff regularly contacted the office to share concerns that people might be developing skin damage which resulted in the district nurse being called. Following a change in a person's mobility we were able to see staff had liaised effectively with an occupational therapist. Staff told us communication with the office team was good and that they were responsive to any changing needs or issues they raised about people. One care worker said, "The girls in the office always listen, they are good".

Some care workers expressed a regret that the length of some care visits did not always allow them to spend as much time as they would want just chatting with the person rather than attending to practical needs. However, they said they tried to ensure they used every opportunity to engage with the person, even if this was whilst undertaking their care and support. Where necessary we were told arrangements would be made for staff to stay longer, if for example, the person was unwell or had fallen. In these situations, the office staff called subsequent clients to advise them their care worker was running late or arranged a replacement. Staff recognised when people might need their care visits adapting or additional support put in place and in response staff either contacted adult services to arrange this or arranged an increase in care with the person.

There were arrangements in place for people to give feedback about the service they received. Reassessments or reviews were undertaken during which people were asked whether they were happy with the service, whether their care workers followed the care plan and whether they were treated with dignity and respect. The reassessments we viewed were all positive about the care being provided. The provider had engaged an external company to seek feedback from, although all those we viewed were positive.

The service had a complaints policy and information about how to raise concerns or complaints about the quality of care provided was included in the service user guide people received when they first started using the service. People told us they had good relationships with the office staff had felt comfortable calling them with any concerns. One relative said, "[the registered manager] is approachable, they sort it out, we get customer satisfaction". However the majority of people told us they had never had cause to complain. Where complaints had been made, people and their relatives told us their concerns were listened to and action taken to address these. One relative said, "I did complain at the beginning as there were too many carers coming and new faces and we did not want that, its better now, the management is good and easy to contact".

Good

Is the service well-led?

Our findings

People and their relatives spoke highly about the registered manager, of how well organised the service was and about the quality of care they received. People told us staff communicated effectively with them in a friendly and professional manner. One person said, "I have no complaints, it's quite a good service, well managed and of generally a good standard, I can't think of anything to improve". Another said, "I can speak with the office… I can talk to them about anything and ask for help if I need it". All of the people we spoke with said they would recommend the service to other people seeking a care service. One person said, "It's a very good service, I would recommend it, I can't think of any improvements needed". A relative told us, The office are very helpful and willing to accommodate our needs. I really appreciate them, I have asked them for extra care and they have helped us, I would recommend them, it has made a huge difference to my [relatives] quality of life since we had the service, it goes beyond just care and brightens up their day, I can't think if improving anything".

Our observations indicated the registered manager had a good knowledge of the people being supported by the service and was committed to ensuring they received the best care possible. This was echoed by a social care professional who told us, "I have had some direct contact with the manager of Kivernell who seems to genuinely care for the service users the company supports and to want to support then in achieving the best outcomes

Staff also spoke positively about the service and its leadership. One care worker said, "I have always thought of [the registered manager] as on the ball and fair, they are approachable". Another said, "[the registered manager] is the best thing that has happened to Kivernell Care, the atmosphere is so much better, it's a team". A third care worker said, "I have confidence in her". Staff told us there was an open and transparent culture within the service and that the registered manager was approachable and effective and tried to address any concerns they might have. One care worker said, "They are very approachable…they will listen then put their point of view, if I had a problem, I wouldn't hesitate to speak with them".

Team meetings were occasionally held and were an opportunity to discuss matters such as concerns about the service users and general working practices. The registered manager had made arrangements to hold meetings on several different days to try and facilitate each staff member attending. At a recent team meeting staff had been asked to complete a questionnaire based on best practice. For example, staff were asked to identify when they might read the care plan, or what information they should note on the daily records. We were told this had prompted a lot of discussion. Team leader and management meetings were also held. These helped the registered manager to keep up to date on key issues such as how many reassessments and reviews had taken place and the status of supervisions and appraisals. Care workers said staff morale was generally good. One care worker said, "Moral is good, the office and carers work as a team, communication is quite good".

There were systems in place to monitor and review the quality of the service and to drive improvements. People and their relatives were able to leave feedback via the provider's website or by completing a feedback form which was sent out on a regular basis. Reviews or reassessments also incorporated obtaining

feedback on whether the service provided was meeting people's needs and expectations. We were advised that where feedback identified areas for improvement an action plan was drafted. The service had received over 40 compliments in 2015. This positive feedback was shared with the staff member or care team concerned to help ensure they valued for the care they provided. Team leaders undertook regular observations of care workers to ensure they were delivering appropriate care, wearing the correct uniform and following best practice. When care records were returned from people's homes, these were checked to ensure that care workers were completing these correctly, that there were no medicines errors and any financial transactions were correctly recorded.

The registered manager told us they received support from the provider with whom they had regular meetings. The registered manager had just completed a nationally recognised qualification in leadership and management within the health and social care sector. They had also just attended the first local Skills for Care networking group for registered managers. This demonstrated a commitment to continuing professional development and sharing of knowledge and best practice. The registered manager was committed to having a well trained workforce, they were taking action to address the areas where there was a gap in the training currently provided. They were also inviting staff to express an interest in attending accredited training at a local college. This included courses such Dignity & Safeguarding in Adult Health & Social Care, Principles of End of Life Care Equality & Diversity, Understanding Nutrition & Health and Understanding and Managing Diabetes. We did note a number of the providers policies could be more robust and not all areas were covered, for example, there was no training policy. The registered manager had already identified this as an area that needed to be developed and we saw that they planned to shortly conduct a comprehensive review of their policies and procedures to ensure they covered all of the required areas and reflected the most up to date legal and best practice guidelines.