Kerr - Care at Home Services Limited

Kerr - Care at Home Services Limited t/a Right at Home (Wimbledon and Putney)

Inspection report

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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

Overall summary

This inspection took place on the 12 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Summary of findings

Kerr - Care at Home Services Limited t/a Right at Home (Wimbledon and Putney) is a domiciliary care agency providing personal care for people in their own homes. At the time of our inspection, there were 10 people using the service. All the people were self-funded.

There was a registered manager at 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 2008 and associated Regulations about how the service is run.

People using the service told us they were happy with the care they received from the provider and that the care staff treated them well. Relatives also praised the caring attitude of staff and said that they treated their family member with respect and were familiar with their preferences when it came to things such as the type of food they liked, the way they wanted their personal care needs carried out and what they liked to do during the day. People's needs in relation to their medicines, meals and health support were met by the provider.

Care staff underwent checks before commencing employment and received comprehensive induction training once they had started work with the company. They told us the training helped them to do their jobs better. Care staff were given the opportunity for ongoing training and were given the chance to progress within the organisation. People using the service and their relatives praised the quality and continuity of staff.

The provider carried out an assessment of people's needs before they started to use the service and developed care plans from these which were used by staff when supporting people. Risk assessments were completed and care records were reviewed regularly which helped to ensure that up to date accurate information was held by the service.

People were given information on how to raise concerns or complaints and people told us that the registered manager responded and resolved any issues whenever they had raised these in the past.

The registered manager had started the business and so was very familiar with all aspects of the service. She had built up a good rapport with people, staff and health care professionals. She had identified areas that needed to be improved and had started to take action to address these.

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. Staff had attended safeguarding training and where familiar with what steps they would take if they had concerns.

People received their medicines safely and staff appropriately recorded when they administered medicines.

There were enough staff employed to meet the needs of people and recruitment procedures helped to ensure that only suitable staff were employed.

Good

Is the service effective?
The service was effective. Staff contacted healthcare professionals to help ensure people's needs were met.

Care plans contained people's preferences about what they liked to eat and drink. Staff followed these guidelines.

Staff attended a comprehensive induction and were offered ongoing training in health and social care.

Good

Is the service caring?
The service was caring. People and their relatives told us that staff had a caring attitude.

Staff had attended training in supporting people in a caring manner and also in relation to treating people with respect and dignity.

Good

Is the service responsive?
The service was responsive. Care plans were reviewed on a regular basis and considered the views of people using the service and their relatives.

People were encouraged to raise concerns and the provider took steps to ensure that all information was recorded and responded to.

Good

Is the service well-led?
The service was well-led. People using the service told us the registered manager listened to them and was contactable. Staff felt supported and were given opportunities to progress in the organisation.

Regular visits and telephone monitoring were carried out to help ensure people were happy with the service they received.

Good

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 12 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by an inspector. Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

We spoke with two people using the service, four relatives and six staff, including the registered manager who was also the owner. We looked at four care records, four staff files and other records related to the management of the service including, training records, incident records, audits and complaints. We contacted health and social care professionals to ask their views about the service following the inspection.

Good

Is the service safe?

Our findings

People using the service told us they felt safe, and said care staff were "caring" and "They treat me well." Staff demonstrated a good understanding of safeguarding and what steps they would take to keep people safe from harm. One staff member said, "If we have any concerns we can speak to [the registered manager] or call the Care Quality Commission (CQC)." Another staff member said, "Safeguarding is making sure your client is safe and preventing harm, reporting any concerns." Safeguarding training was covered at induction for all staff.

The provider took steps to ensure that care staff were safe to work with people by carrying out identity, criminal records and reference checks prior to starting work. One staff member said, "I had to go through all security checks; I provided all the documents as required." We confirmed these checks were suitable from the records that we saw.

There were enough staff members to meet the needs of people using the service. Relatives of people using the service said, "There is never a hiccup with care, it's always covered" and "They always inform us, we get replacements." There were approximately 20 care staff and 10 people using the service at the time of our inspection. Care staff worked in teams. Cover for staff absences was provided from within the staff team if possible and this meant that people were familiar with the care staff that supported them. A rota management system was used to plan rotas and make arrangements for holiday periods such as Christmas to help ensure there were enough staff to support people.

Staff supported some people with their medicines. People and relatives told us they had no concerns with medicines administration. One person said, "They give me my medicines, there are no problems." Relatives said, "[My family member] gets his medicines, they record it" and "Gives her medicines on time." Staff completed medicines administration record (MAR) charts whenever they had to administer medicines for people they supported. We looked at a sample of these and saw that they were correctly completed. Old MAR charts were brought back to the office for checking. Staff members said they had received training in medicines administration which was backed up by the training records that we saw. Medicines assessment sheets were also completed which were used to test staff learning following their training. This helped to ensure that people using the service were given their medicines in a safe manner as staff competency was checked and they completed records, which were then audited for errors.

Risk assessments were recorded during the initial assessment of people's needs. These were comprehensive and considered both environmental risks such as utilities, bathroom, kitchen, halls and carpets and risks to people such as the likelihood of falls and moving and handling risks. The moving and handling risk assessment were specific to different situations for example, while people were in bed, sitting in a chair, standing and walking. Risk assessments contained guidance for staff in terms of the actions they needed to take to minimise the risk identified.

Good

Is the service effective?

Our findings

Potential employees were required to undergo some psychometric tests in order to help the provider come to a judgement about their suitability for the role. These are tests to objectively measure skills, knowledge, abilities, attitudes and personality traits. Only candidates that scored above the required pass were considered for employment. The registered manager told us she found it a useful tool when recruiting people and it helped in identifying people that were suited for care staff jobs.

New staff who had passed the psychometric test and interview completed the Skills for Care's Common Induction Standards (CIS) for their induction training. The eight standards covered areas such as communication, implementing duty of care, person centred support, safeguarding and health and safety. Care staff completed these within 12 weeks of their start date, demonstrating their understanding of how to provide high quality care and support. From April 2015, these will be replaced with the 'Care Certificate'. The registered manager was aware of this and had planned to move to this training system once it was available.

New care staff shadowed more experienced colleagues before working unsupervised. They told us, "It gave me a feeling of the different types of care involved." Existing staff members were provided with ongoing, nationally recognised training known as the Qualification and Credit Framework (QCF) levels 2 and 3. They told us, "I had training. It all revolved around quality of care" and "They have given me all the guidelines I need to do the job."

Training records confirmed that staff had attended training in medicines, moving and handling, food hygiene, first aid, and dementia. These all had associated assessment records which showed that people's knowledge was tested to ensure they had learnt from the courses. Staff supervision was carried out regularly. Staff members told us, "Yes I feel well supported", "Training is good", and "The training was useful, we had practical training."

People using the service told us that care staff prepared food of their choice and sometimes did the shopping for them. Relatives also said they told care staff the type of food their family members liked and it was prepared to their liking. One relative said, "My [family member] knows what food she likes, she tells them and they prepare it."

Care records contained guidance about people's diets and any special dietary requirements, for example if people required thickeners or fortified meals. Personal preferences such as 'scrambled eggs and bacon' were also recorded. Staff members said, "He has a list of what he likes. We ask him, he tells us what he wants and we prepare it for him" and "People will have a meal plan or will tell you what they like."

Staff were aware of the importance of seeking people's consent before carrying out personal care or supporting them. They were also aware of the correct procedures to follow if people did not have the capacity to understand certain decisions related to their care. They said, "Consent is about giving people choices and making sure they make the decisions about their way of living, clothing and food, and not forcing them", and another staff member said, "if people do not have capacity to decide then they may have a power of attorney or family member to make those decisions."

Contact details for healthcare professionals involved in supporting people were available in care records. A relative told us, "That's one thing I admire, they contact the GP if they are worried." Another relative said, "They are very good at making appointments." A staff member told us, "We have details of GP in our folder – we call them if there is an emergency." Staff gave us examples of where they had communicated with professionals to meet people's needs.

There was evidence in care records that care staff contacted healthcare professionals if needed, both for ongoing healthcare needs such as regular check-ups or appointments and in the case of an emergency. We saw communication from professionals such as a podiatrist and district nurses in the records that we looked at. We also saw on occasion where there had been missed visits; care workers contacted the office to let them know who took appropriate action such as contacting family members or the professionals in question. Guidelines from professionals such as occupational therapists were also followed. We saw positive feedback from healthcare professionals, praising the support that care staff had given to people and from dietitians about how staff had supported people to manage their weight.

Health professionals that we contacted told us that service met people's needs and said that staff liaised with them.

Good

Is the service caring?

Our findings

People told us the care staff were "lovely people" and "I'm happy". Relatives said, ""very satisfied", "very happy", "Focus is on them (the people using the service)", and "We are very happy with her." People told us that staff respected their privacy when carrying out personal care.

Staff demonstrated a caring attitude and gave us examples of how they cared for people in a manner that showed this. Some of the comments from staff members were, "Some people need companionship. I encourage her to go out", "I talk with the family, they tell me what he likes" and "I took her for a haircut, she loved it." Another staff member said, "He likes to read his paper, during summer he likes reading in the garden."

People's preferences in how they wanted aspects of their person care to be carried out were recorded during their initial assessment of needs and included in their care plans. People and their relatives told us that staff followed these guidelines which meant that people received a service that was personal to them and of their liking.

Relatives who we spoke with told us that they and their family member were consulted when care plan reviews took place. One relative said, "We played in role in devising them (care plans)." They also told us they felt that caring relationships had developed due to the consistency of staff that supported them. One relative said, "It really helps having familiar faces." Another relative said, "They've been with him for so long, they are familiar with him." A staff member said, "I am very familiar with her needs, I've worked with her for a year."

The induction training completed by all staff covered aspects such as effective verbal and non-verbal communication, equality, diversity and inclusion and about respecting different cultures. Staff completed assessment questionnaires which tested their knowledge of these subjects and which helped to strengthen their understanding of these concepts. A member of staff told us, "We find out people's cultural preferences during their initial assessment. We do not discriminate about cultural needs. If you are going into somebody's home, you need to know how you are to act. We are there to help people."

Good

Is the service responsive?

Our findings

People told us that their needs had been discussed with them before they started to receive care. The registered manager talked to us about the process for new people wanting to use the service. A home visit was carried out after the initial enquiry during which people were given a guide about services, which was either emailed to them, or they were issued a hard copy depending on their preference. A full care needs assessment was completed by staff. The registered manager told us, "I stick to the format of the questionnaire to ensure no details are left out" and "I always encourage family members to be present." The full care needs assessment contained risk assessments, both generic and individual for people using the service.

Care staff confirmed they read people's care records before they started to support them. One staff member said, "Before you start, they tell you about the client and look at their care plan." Another said, "I read his care plan, I also shadowed somebody."

Two copies of the care records were produced, one for people to keep in their homes and a copy for the office staff. Formal care reviews took place every six months as a minimum. The registered manager told us that in reality contact with people and their families was more frequent so any changes that were discussed and implemented meant that care records were updated more often. People and family members confirmed that regular care record reviews took place. One relative said, "They have revised it (the care plan) as they go along." Another said, "They are proactive." We saw evidence that care plans had been updated to reflect people's changing needs.

People's preferences were recorded during their initial assessment which was then used to produce care plans. Care plans that we saw were clearly recorded and typed up. They gave care staff clear instructions on what aspects of personal care needed to be done.

In some cases care staff were required to provide some companionship and take people outdoors or do some activities at home, Relatives told us that staff were always prepared to do this. One relative said, "[the care worker] is very good, she is always suggesting things to do."

People told us they would not hesitate to raise any concerns with the registered manager. One person said, "I would raise issues, I have done so before" and a relative said, "[The registered manager] deals with any issues straightaway." People were issued with a 'guide to your services' folder when they first started to use the service. This gave them information about how to make a comment or complaint about the service. People were given the different ways in which they could raise any issues, including talking to staff, contacting the office by telephone, email or letter. The guide gave people details on how soon their complaint would be acknowledged and investigated.

We saw evidence that concerns raised during quality assurance checks were followed up with the individual care staff.

Good

Is the service well-led?

Our findings

Relatives and staff told us that the registered manager was a very visible presence and "the face of the service". Relatives said she was "Very approachable" and "We have her number, can call her if there are any issues." Staff said, "It's her business so she runs it like that but she cares for people, they are her priority", "[the registered manager)] is approachable", "[The registered manager] is very good, she listens" and "When there is an emergency she is there to assist you."

The service was relatively small and as the registered manager was also the owner of the company she had excellent knowledge of all aspects of the service, from people using the service and what their support needs were to the staff and also issues related to the running of the business. Compliments from people were passed onto care staff to encourage them. The registered manager said "I regularly forward texts from people to carers."

The registered manager had clear plans in place for the development and growth of the service which included recruiting for a training manager position to develop this area of the business, hiring an apprentice and expanding on employee benefits amongst others. Care staff were given the opportunity for progression within the company, for instance some staff had been promoted to senior care staff and field supervisors.

The registered manager told us she received good support from the franchise and they dealt with certain areas of the business such as all policies/procedures, employment support, regulations and training opportunities.

Regular spot checks were carried out to monitor the quality of service. Care records contained evidence of quality assurance checks that had been undertaken, either through home visits or via telephone calls. These were carried out by a supervisor and the visits included observing the care worker at work and also reviewing documentation. These visits were unannounced and checked various aspects of the service such as safe medicines administration, correct equipment usage, and how the care staff interacted and communicated with people. The supervisor gave us examples of how they carried out their duties and said, "My job is to advise, not criticise" and "It's an opportunity to see if clients are happy."

People were asked about the punctuality of care staff, whether they felt care staff were suitably trained, if they were treated with respect and if the care staff listened to them. Some of the comments were "Carers are all lovely", "I have no complaints", and "Carers are all very good."

Although the service did not carry out formal monitoring of care staff attending on time, this was not highlighted as an area of concern by people or their relatives. One relative told us, "We've had no missed visits, their time keeping is good and they stay the full hour."