

Careinmyhome Ltd

Careinmyhome Kent

Inspection report

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Tel: 0208304382

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16 February 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Careinmyhome Kent is a domiciliary care service that provides care and support to people living in their own houses or flats in the community. At the time of our inspection, 8 people were using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The service had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections. People's medicines were managed safely.

People's care and support needs were assessed before they started using the service. Staff were supported through training and regular supervision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them.

People's privacy, dignity and independence was promoted. People and relatives told us staff were kind and caring.

People and relatives spoke positively about the service and said they felt safe. Care records highlighted people's needs and the support required, however care records were inconsistent as there were different formats being used. We have made a recommendation about care planning documentation. The service had a complaints procedure in place. No one at the service was receiving end of life care.

There were systems in place to monitor the quality and safety of the service. There was some feedback about the lack of engagement from the management team. Records did show the service sought the views of people and their relatives. The service worked in partnership with health and social care providers to plan and deliver an effective service.

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

Rating at last inspection

The last rating for the service under the previous provider at the previous premises was good, (published on 11 February 2021).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Careinmyhome Kent on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Careinmyhome Kent

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team on site consisted of 1 inspector. After the site visit, an expert by experience made telephone calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Careinmyhome Kent is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity took place on 16 February May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person using the service and 4 relatives about their experience of the care provided. We spoke with 2 care staff, the regional manager and registered manager. We reviewed a range of records. These included 5 people's care records, staff files in relation to recruitment and training and a variety of records relating to the management of the service, including the quality monitoring systems and audits.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives told us they felt safe using the service. A relative told us, "I do feel that [person] is very safe with the carer that they have got."
- There were systems in place to protect people from the risk of abuse. There were safeguarding and whistleblowing policies in place to report potential abuse. Staff had completed safeguarding adults training.
- The registered manager and staff understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC

Assessing risk, safety monitoring and management

- Risks to people had been assessed and identified. Risk assessments contained guidance for staff to ensure people were safe in areas such as diabetes, oral health, moving and handling, skin integrity and medicines. However, records lacked consistency as they were in different formats and difficult to follow. Please see the Responsive section of this report.
- When speaking to people and relatives, they told us staff were aware of their needs and provided them with the support they needed to keep them safe from harm. A person told us, "I do feel safe with the carers, they know me, and they definitely have all the right skills to support me including knowing how to use the hoist."

Staffing and recruitment

- There was enough staff deployed to meet people's needs. The provider had an electronic system in place to review and monitor staffing levels and timekeeping to ensure that staff attended calls on time and that there were no missed calls.
- People and relatives told us staff were on time and stayed the full duration of their visits. A person told us, "They [staff] do come at the time agreed and they stay for the full time and no they have never missed a call. My carers are not rushing around." A relative told us, "They [staff] do come 3 times a day and they're always on time and it's always exactly the same carers. They are all female carers which suits my relative and yes, they do tend to stay for that full half an hour."
- The provider followed safe recruitment practices. All the staff had been transferred from the previous provider which enabled continued consistency with people's care. A relative told us, "I do feel [person] is safe; we know most of the carers as they came over with the new company."

Using medicines safely

- Medicines were managed safely. Medicines administration records (MARs) showed people received their medicines as prescribed.

- Medicines checks were carried out to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up.
- Records showed staff had completed medicines training and their competency was checked to ensure they administered medicines safely.

Preventing and controlling infection

- People were protected from the spread of infection. The service had an infection control policy in place and staff had received training and were aware of safe infection control practices.
- People and their relatives told us staff wore personal protective equipment (PPE) when providing them with personal care.

Learning lessons when things go wrong

- Systems were in place to respond and monitor accidents and incidents if and when they occurred.
- The registered manager told us that any lessons learnt would be used to improve the quality of service and relayed to staff to embed good practice.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were carried out before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care.
- During the assessments, expected outcomes for people's care were identified and were used to develop people's care plans.

Staff support: induction, training, skills and experience

- Staff had the relevant skills and knowledge to support people with their individual needs. People and their relatives told us staff had the skills to carry out their roles effectively. A relative told us, "We know [staff member] and everything seems to be going calmly and smoothly. I feel that she's very knowledgeable and professional in her approach which is very fortunate for us as I think it's quite rare in these days. She has been so reliable and has never let us down including all the way through COVID and I can't praise her enough." Another relative told us, "The carer is very professional in her approach with my relative and for example any problems with my relative's skin or if they are not eating very well, they either contact me or write it in the communication book that we use."
- Records showed staff had completed training the provider considered mandatory in areas such as safeguarding, infection control, moving and handling and first aid and received formal supervision and appraisals to monitor and review staff performance and development.

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

- People were supported to eat, and drink based on their individual preferences and needs. Where people required support with eating and drinking, this was recorded in their care records.
- People's care plans also contained guidance on how to manage identified areas where they were at potential risk such as cutting up food or using specialised cutlery.

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

- People were supported to access healthcare services when required. The provider worked in partnership with other services, and health and social care professionals such as the incontinence team, district nurses and GP to deliver effective and timely care. A relative told us, "They [staff] communicate well with me, for example [person] had a rash and they told me about it."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service worked within the requirements of the Mental Capacity Act . A person told us "Yes they [staff] do check that I'm happy for them to help me before they start."
- Records showed the service obtained consent from people about their care and support. If a person lacked capacity to make specific decisions, the best interests decision making process was followed which would include involving relatives and healthcare professionals to ensure decisions were made in people's best interest.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives spoke positively about the care they received and told us staff were kind and caring and positive relationships had developed between them. A person told us, "The carers themselves are very friendly. We chat and laugh with each other like friends rather than a business arrangement. One or 2 of the carers I have known for a long time. I think the reason we get on so well is that they think like I do. They have manners and know the decent thing to do. They are all more mature ladies, and they know how to behave and have some life experience. They know and ask about my family. They show an interest in me and my life."
- People's equality and diversity needs were detailed in their care plans. No one at the service currently had any specific diversity needs they needed support with.

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

- People and their relatives where appropriate, were consulted and involved in making decisions and choices about their care and support. A relative told us, "The carer who looks after my relative, she's great and we'd be lost without her. She's proactive and does so much to help [person] and cares for them like a member of her family. She is trustworthy and exactly what you'd want from a carer. She also communicates well with me and we chat quite often. She will even send me photos if she's concerned about something or send me a text."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and independence promoted. A relative told us, "The carers are kind with my relative for example they always come in and say hello and how are you before they start. When there are 2 carers they do talk to my relative and not just to each other. It never feels that the carers are rushing my relative and they seem to handle my relative well and gently unlike some of the other agencies we've had before."
- Staff were able to tell us how they maintained people's privacy and dignity, and ensure people were comfortable when providing people with personal care. They told us they made sure doors were closed and they covered people with towels to preserve their dignity. They also said they encouraged people to do what they could for themselves.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives spoke positively about the support they received from staff. One relative told us, "The care is very good." Care plans and risk assessments were in place and included details of people's health needs, preferences, and the level of support they required. However, care records were both paper and electronic. This made care records repetitive and difficult to follow. It was confusing at times to know which documents were relevant to the person's current care routine as formats of care records were different and inconsistent.
- There was some generic guidance printed out on people's health conditions, but this guidance was not specific to people's needs.

We recommend the provider seeks advice from a reputable source on care planning documentation which would reflect personalised and person-centred care.

We discussed the care records with the registered manager and regional manager during the inspection. The registered manager told us they were looking to move to electronic care plans but had kept the paper copies as well. The registered manager promptly responded and told us the process of updating the care records to ensure consistency with their documentation had already started. We will follow this up at the next inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and documented in their care plans. Care plans contained information which showed how they communicated and how staff should communicate with them.
- No-one required information that needed to be tailored to their needs. However, if they did, documentation would be provided in the form of large print or in a pictorial format if needed.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place for receiving, handling and responding to comments and complaints.

- The registered manager told us no complaints had been received about the service.

End of life care and support

- No one at the service currently received end of life care. The registered manager told us, if people required this support they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits were in place to monitor the quality of service which covered aspects of the service such as call monitoring, spot checks, review of care plans and medicines audits.
- Overall, feedback from people and relatives was positive about the care they received; we did receive mixed feedback about a lack of engagement from the management team. A relative told us, "Somebody has been in touch to see how my relatives care is going. They do touch base occasionally with us and are always very personable." However, another person told us, "I've had no real contact from anyone in the office. The first communication I really had from someone was just before Christmas when they popped in to see me." A relative also told us, "A lady phoned me and we spoke at great length about what was needed [with person's care]. However, there was no formal review of the care. They record everything in an online system but no nobody has spoken to me about how to access that information."
- We discussed this with the registered manager who told us they had met some of the families and have been in regular contact on the phone. However, in response to this feedback, the registered manager promptly responded and advised they would arrange to meet people and their relatives and complete all reviews within the next 3 months. We will follow this up at the next inspection.
- Records did show feedback had been obtained via telephone monitoring calls and surveys. We saw positive feedback about the service had been received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;

- There was a registered manager in post who knew of their regulatory responsibilities and to notify the CQC of any significant events at the service. Management staff understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong.
- Staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care such as the district nurses and GP.