

Karvonettes Limited

KarVonEttes

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 ●

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. Not everyone using KarVonEttes receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

KarVonEttes provides personal care and support to people in Mansfield, Ashfield and the surrounding areas of North Nottinghamshire. On the day of our inspection, 57 people were using the service.

We carried out this inspection on 7 June 2018. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to talk with us.

At our last inspection on 24 November 2016, there was no registered manager in post, medicines were not always managed safely and the service was rated as 'Requires Improvement'.

At this inspection, we saw improvements had been made regarding the safe management of medicines and there was a registered manager in post. 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.

There was a strong ethos of delivering person centred care and this was a culture which was embedded with the staff team. There were systems in place for staff which enabled them to feel supported, valued and motivated.

People and their relatives spoke positively about the management of the service and felt that the registered manager was professional, readily accessible, approachable and helpful.

Oversight of the service and staff, both formal and informal, enabled the management team to regularly monitor the service provided and ensure all care and support was consistent, responsive and reflected people's ongoing and changing needs.

People, relatives and professionals told us that staff were kind, caring and compassionate.

Staff were appropriately recruited, trained and supported. They had undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Communication was effective and regular meetings were held to discuss issues and share best practice. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for and supported.

The provider had detailed policies and procedures relating to medicines management. Staff understanding and competency regarding the management of medicines was subject to regular monitoring checks and medicines training was updated appropriately. Staff understood what support people needed to manage their medicines safely and these were given as prescribed. There were processes in place to audit the accuracy of recording medicines.

Staff knew the people they were supporting and provided a personalised service and used effective systems for gaining consent. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. Staff we spoke with were able to explain how they considered capacity and consent when they supported people.

People received support, where appropriate, to eat and drink sufficiently. People were also supported to access a range of healthcare professionals, as and when required.

Staff respected people's privacy and dignity. They encouraged, enabled and supported people to be as independent as possible and there was a strong focus on working with people, as opposed to working for them. People's individual communication needs were assessed and they were supported to communicate effectively.

Systems were in place to effectively monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. The service was flexible and responded positively to people's changing needs and any issues or concerns raised. People and their relatives told us they knew how to make a complaint, if necessary, and were confident that any concerns they might raise would be listened to, taken seriously and acted upon.

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.

Risks relating to people's care and support were assessed and appropriately managed.

People were protected by safe recruitment procedures which helped ensure they received care and support from suitable and appropriate staff.

Medicines were managed appropriately by staff who had received the necessary training to help ensure safe practice.

Is the service effective?

Good 

The service was effective.

Staff knew individuals well and understood how they wanted their personal care to be given.

People who use the service and their relatives were happy with the care and support provided.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and, where appropriate, decisions were made in people's best interests.

Is the service caring?

Good 

The service was caring.

Staff were kind, compassionate, dedicated and highly motivated.

Staff had developed strong and trusting professional relationships with people they supported and they were committed to treating people with dignity and respect.

People were involved in making decisions about their care; they were consulted about their choices and preferences and these were reflected in the person-centred care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

Personalised care plans detailed how people wished to be supported and their care reflected their individual needs, preferences and choices.

People's individual communication needs were assessed and they were supported to communicate effectively.

A complaints procedure was in place and people were able to raise any issues or concerns.

Is the service well-led?

Good ●

The service was well led.

There was an open and inclusive culture within the service and a clear commitment to sustained, high quality service provision.

Staff felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles.

Accidents, incidents and risks were closely monitored to identify trends and help ensure lessons were learned and necessary improvements made.

The management regularly checked and audited the quality of care and support provided, to help drive service improvement and ensure people's needs continued to be met.

KarVonEttes

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.

The inspection took place on 7 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own home and we needed to ensure, if possible, the registered manager would be present. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR) and we took this into account when we made the judgements in this report. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

We spoke with six people who used the service, three relatives, three care workers, a care services coordinator, a director (and nominated individual) and the registered manager. We also looked at documentation, which included three people's care plans, incorporating comprehensive risk assessments, as well as three staff training files and records relating to the management of the service.

We asked the provider to send us a copy of the initial needs and risk assessment template and a copy of the most recent health and safety audit. We received both documents within four days of our inspection visit.

Is the service safe?

Our findings

People who used the service told us they were happy, confident and comfortable with the service they received and said they felt safe with the care workers who supported them. Their relatives who we spoke with had no concerns about the care and support provided by KarVonEttes. One person told us, "I do feel safe; the carers all make sure I get around safely without falling. They look after me very well and I feel safe with them all." Another person said, "I feel very safe. I have excellent carers, who all know what they are doing."

Relatives spoke very positively about the support their family member received and the reassurance and 'peace of mind' they felt, knowing their family member was safe and so well cared for. One relative we spoke with told us, "I think [family member] is very safe; all the carers are brilliant and [family member] is definitely safe with them." Another relative said, "Oh yes, [family member] is absolutely safe with [care staff]; they know their stuff."

Updated safeguarding policies and procedures were in place. Staff had received relevant training and had a good understanding of what constituted abuse and their responsibilities in relation to reporting such concerns. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report poor or unsafe care practice to the registered manager and were confident any such concerns would be taken seriously and acted upon.

Potential risks to people were appropriately assessed and reviewed. People's risks were assessed, and where necessary a risk management plan had been created to keep people safe. Risk assessments had been completed for a range of risks both within people's homes and whilst they accessed the wider community. For example, people had risk assessments for moving and handling, risk of pressure ulcers, nutrition and activities such as shopping. Risk assessments contained guidance for staff on how any identified risks were reduced. Care records contained up to date risk assessments and staff told us individual care plans helped to ensure consistency and continuity of care. One care worker told us, "I think people are safe in their own home. There are lots of risk assessments in place, which we follow, and most people have a key safe. But you always have to be aware of hazards to people's safety."

People were protected from avoidable harm because support staff were aware of and followed policies and procedures relating to the safe handling of medicines. People and relatives we spoke with said they, or their family member, received their medicines safely and in a timely manner. One person told us, "Oh yes the carers always give me my tablets, when I need them, in the morning; I've never had a problem." A relative we spoke with told us, "The carers give [family member] the tablets out of the blister pack and they always check the dressing on her foot. There has never been a problem." Staff told us they had received training in managing medicines, which was updated regularly. Their competency to manage medicines was also regularly monitored. This was supported by staff training records and medicine audits we were shown.

People were also protected from harm by staff following safe infection control procedures. People spoke

about carers using protective clothing, such as gloves and aprons, when they were being supported with their personal care. One person told us, "My carers always wash their hands and wear gloves." This view was supported by a relative, who told us, "The carers are very good; they do wear gloves, and when they are applying cream, aprons." Staff told us they were aware of the relevant procedures and understood the importance of effective infection control. We saw infection prevention and control policies and staff guidance to support this.

The registered manager told us any accidents and incidents were reviewed and monitored, to identify potential trends and to prevent reoccurrences. They also said that care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. We saw documentation to support this.

People were protected by a safe and robust recruitment process. This was because the provider had undertaken all necessary checks before the individual had started work. We saw that all staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People received consistent care and support from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke positively about the service and how reassured they felt by the care and support provided. One person told us, "I have excellent carers; they are all well trained and professional." Another person said, "They (Care staff) are wonderful; they are all very competent and have a lovely attitude,"

Relatives we spoke with were all very positive about the quality of service provided and the skills, knowledge and competencies of the support staff. One relative told us, "[Family member] thinks the carers are all brilliant and they certainly look after them very well." Another relative said, "I would say the carers are very well trained and when they use the hoist they always reassure [family member] all the time, as they can be quite nervous."

Staff received an induction and completed training when they started working at the service. They confirmed they received support and the necessary training to undertake their roles and responsibilities. One care worker told us, "There is lots of training, which has been very useful and it has really helped me in supporting people appropriately." They went on to say, "We recently had training in the use of a nebulizer, specifically for someone whose needs had recently changed." Another member of staff said, "I really like the training here; it's mostly face-to-face, in groups, so we can ask questions."

Staff we spoke with also described how they 'shadowed' more experienced colleagues, when they first started work, until they felt confident and had been assessed as competent to work independently. We saw staff had received the appropriate training to carry out their roles and they demonstrated to us they understood their responsibilities in relation to those roles. Records we looked at showed new staff received a comprehensive induction training programme which incorporated subjects such as moving and handling, infection control and health and safety. The director told us, "We're a bit old fashioned when it comes to training. Carers can learn from each other, ask questions and share experiences."

Staff received regular supervision, spot checks and appraisals. Formal supervision provides each employee with the opportunity to meet, on a one to one basis, with their line manager to discuss any work-related issues, monitor their progress and identify any additional support or training needs. The registered manager confirmed that regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate records to support this.

People and their relatives described how, when appropriate, care staff provided support with eating and drinking. One person told us, "The carers always get my breakfast; I usually have cereal or toast." A relative we spoke with told us, "The carers cook meals for [family member] and are very patient and understanding. They will start her off eating and encourage her, which is what she needs."

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this must be made through the Court of Protection for people living in the community.

The registered manager and staff had an awareness and sound understanding of the MCA and the service worked within the principles of the Act. Staff had attended training in this area and understood how the principles of the legislation related to their work and how it applied to the people they supported. We saw staff consistently applied the principles of the Act and all best interest meetings and decisions were appropriately documented in individual care records. Staff we spoke with also understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis.

Everyone supported by the service at the time of inspection had capacity to make decisions and care records reflected this. The specific training staff had received related to the MCA helped to ensure they understood their role when people did not have the capacity to consent to certain aspects of their care. People were supported by staff who understood their individual and specific communication needs.

We saw people who used the service were included in planning and agreeing to the care they received. Relatives who we spoke with said that care staff routinely discussed with them the level of support required and always respected their decisions, regarding the care provided. People told us the care staff always respected their right to make their own choices. This included individual preferences regarding meals and receiving support, as necessary, with eating and drinking. Care plans we looked at included a signed contract and service agreement that identified which services were to be provided and confirmed people's awareness and consent to their personalised support. This demonstrated that people understood and had consented to the care and support they received.

The registered manager confirmed the service worked closely with other healthcare professionals including GPs, occupational therapists, dieticians and district nurses. We saw records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans. Staff told us that if they had any concerns about a person's health they would liaise with the office for advice, or in an emergency situation they would contact the GP or the emergency services directly. This helped ensure people's individual health care needs were effectively met.

Is the service caring?

Our findings

People and their relatives said they were supported, with dignity and respect, by kind, caring and compassionate staff. One person told us, "They are all lovely caring people. I was quite depressed when they started coming but they have slowly talked to me and made me feel better. I am much better now because of them." Another person told us, "I think my carers are brilliant; they are very kind and will go the extra mile for me."

A relative we spoke with told us, "What the carers do is above and beyond caring; they are all very kind and patient. They even plait [family member's] hair for them and they love it. [Family member] was recently discharged from hospital at 9 pm and the girls went to her house and met her, made her comfortable and even took her a local restaurant, because there was nothing in." Without exception, all the people and their relatives we spoke with said they would have no hesitation in recommending the service to other families – and some already had done so. Staff we spoke with were all highly motivated and enthusiastic about their work and committed to providing high quality, compassionate care to the people they supported.

Care workers told us, they enjoyed spending time with families, developing close and effective working relationships and really getting to know them and what help and support they need. They also spoke of the importance of routine and consistency, which helped ensure people received care and support in a way that reflected their individual needs and preferences.

The director emphasised the need for effective communication and said regular formal and informal meetings took place to enable staff to discuss issues, relating to people's ongoing support plans. They told us the service promoted and embraced diversity both within their client group and support staff. We saw people were protected from discrimination through the comprehensive assessment and care planning process. People told us they received compassionate support which met their identified care needs in a sensitive and personalised manner.

Staff recognised the importance of treating people as individuals, with dignity and respect. People and their relatives we spoke with said staff provided personal care and support in a respectful and professional manner. One person told us, "The carers are very respectful. I feel comfortable when they help me have a shower and dress in the morning." Another person said, "They (Care staff) are all very respectful and treat me very well."

Relatives we spoke with also felt the same way. One relative told us, "The carers treat [family member] like their own granny. We can't find fault with any of them; they are amazing." Another relative said, "My [family member] is an old lady and they treat her with the utmost respect." They described how carers routinely closed doors and curtains, if necessary, and explained clearly what they were going to do before carrying out personal care. We saw that the language and terminology used in care plans and support documents was respectful and appropriate. This demonstrated people received care and support in a respectful way that helped ensure their privacy and dignity was maintained.

Is the service responsive?

Our findings

People and their relatives we spoke with told us they felt listened to and said care staff responded to their needs and wishes. They said staff knew them well and were aware of and sensitive to their preferences and how they liked things to be done. They also said they had the opportunity to be involved in the care planning and reviewing process, to identify and discuss ongoing care and support needs. One person told us, "Yes I do have a care plan, which is discussed with me and has been reviewed recently." A relative we spoke with told us, "[Family member] has a plan, it is reviewed regularly and we are involved." They went on to say, "It does need updating and we are due this month, as [family member] now needs more care."

A care co-ordinator explained that before anyone received a service, a comprehensive assessment of their personal circumstances was carried out, with the full and active involvement of the individual. The assessment established what specific care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives.

From this initial assessment a personalised care plan was developed, again with the active involvement and full agreement of the individual. The plan specified what care and support the person required and detailed just how they wished that support to be provided, in accordance with their identified preferences. We saw samples of completed plans and spoke with people regarding their personal experience of the care planning process. The provider had taken steps to identify accessible information needs during the assessment of people's care and this was evident in people's care plan.

Individual care and support plans we looked at were comprehensive, concise and well maintained. We saw they were reviewed regularly to ensure they reflected people's current and changing needs. This demonstrated people were involved in making decisions about their individual support and received personalised care that was responsive to their needs.

Staff spoke of the importance of developing close working relationships with individuals and their families and being aware of any subtle changes in their mood or condition. One member of staff told us, "We know them [people who use the service] well and are aware of their individual needs and how they prefer to be supported. Even if someone can't speak, you can tell how they are by their facial expressions or their behaviour." This meant people were supported in a consistent manner by staff who understood their ongoing care needs.

Staff were also very knowledgeable and showed awareness and a sound understanding of the individual preferences and care needs of people they supported. They were aware of and sensitively and effectively addressed people's individual communication needs related to their condition. For example, verbal communication was used, where appropriate, for people who had difficulty reading and correspondence in large print was made available for people who may have had a visual impairment. This demonstrated the Accessible Information Standard was being met.

There was a complaints procedure in place to be followed should a concern be raised. We saw this was also made available in a pictorial format and was incorporated into the service user manual. The registered manager confirmed that any concerns or complaints were always taken seriously and acted upon. People and their relatives we spoke with were confident they could make a complaint or raise an issue if they needed and said they had contact numbers for the service. They were happy with the service provided and were aware of how to make a complaint, if necessary. One person told us, "I have never had any problems, but would be happy to talk to them if I had." Another person said, "I would have no qualms complaining if need be. Everything is fine though and I have never had to complain about anything." A relative we spoke with told us, "I can't imagine ever having to complain about anything, but we would certainly be happy to do so if necessary." This demonstrated that people knew how to make a complaint and were confident that any concern would be listened to and acted upon.

At the time of this inspection, the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

People who used the service and their relatives told us they thought the service was well managed. They said communication was good and they felt well-informed. One person told us, "Yes it's definitely very well managed, everything is ok with me."

A relative we spoke with told us, "We are very happy with how it is managed; they are all lovely people. It is [family member's] 90th birthday soon and they are all invited to an open day party."

Care staff spoke positively about the management of the service and described the culture as, "Open and inclusive." Without exception, staff we spoke with said how much they enjoyed working at the service and spoke positively about the registered manager, who they described as, "Approachable" and, "Very supportive." One member of staff told us, "As you can see, it's such a lovely, friendly atmosphere here and morale is very good." They went on to say, "We all look out for one another and work so well together as a team." Another member of staff told us, "The managers here have all had experience of providing care. They will always step in if we're short (staffed) for any reason and we really appreciate that."

During our inspection visit all staff we spoke with were open and helpful and shared the provider's vision and values for the service. These included choice, involvement, dignity, respect, equality and independence for people. We found a positive culture, which was centred on the needs of people who used the service and their families. Staff spoke positively about the open and inclusive environment, the "team spirit" and the effective communication throughout the service.

We saw organisational policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

Services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had notified the CQC of all significant events which had occurred, in line with their legal responsibilities. We saw the provider, as required, had displayed their previous rating on their website.

The provider placed a strong emphasis on continual improvement and had effective systems in place to monitor and improve the quality of the service provided. Regular service audits were completed, such as care records, medication records and reviews of the individual support people received. We saw that audits had been carried out to seek feedback from people who used the service, their relatives and other stakeholders. This included sending out surveys and telephoning people who used the service and their relatives. Accidents, incidents and risks were also closely monitored to identify trends and help ensure lessons were learned and necessary improvements made. We saw examples where changes had been made and 'lessons learned' as a result of feedback received, including care staff being replaced if not considered

suitable. We also saw evidence of effective partnership working, including with the local authority and other health professionals. This demonstrated the service was committed to improving standards and quality of service provision.