Knowles Home Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 23 February 2017 and was announced, The service was last inspected in February 2016 where one breach of the legal requirements was found. This was because people were not protected from the risks associated with the unsafe use and management of medicines. At this inspection we found that the provider had made some improvements to the recording and management of medicines but further improvements were needed to ensure people received their medicines safely.

Knowles Home Care Limited is a domiciliary care agency providing personal care to people in their own homes living in Leicester. At the time of our inspection there were 11 people using the service who had a wide range of needs including dementia and complex health needs.

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.

People, relatives and staff had confidence in the day-to-day management of the service. Although people using the service and staff described the management as good, we identified some inconsistencies in the way the service was managed. The provider did not have robust arrangements in place to check on the quality and safety of people's care. We found no evidence that quality assurance checks and audits had been undertaken and used to promote learning or continuous improvement of the service. The provider was unable to demonstrate good governance of the service.

Staff had a good understanding of safeguarding (protecting adults from abuse) and whistleblowing, including how to report concerns and actions to take to keep people safe.

Potential risks had been assessed, such as risks associated with people's care and support and their living environment. Staff had a good understanding of how to reduce the risk of harm to people. Risk assessments did not always record the measures in place to control the potential risks or provide staff with the information and guidance they needed to keep people safe.

People were cared for by staff who were reliable and had been safely recruited through the provider's recruitment procedures. Staff arrived on time and stayed for the time allocated.

Where required, people were supported to manage their medicines. Further improvements were needed to checks and audits of medicine records to ensure people received their medicines safely.

Staff were mostly trained and supported to undertake their role and responsibilities. People and relatives had confidence in the abilities of staff. Staff training records did not demonstrate that staff training had been regularly refreshed to ensure staff were provided with opportunities to keep their knowledge and skills up to

date.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). People were asked for permission before receiving care and staff respected their right to refuse. People were involved in making decisions about their care. Mental capacity assessments did not consistently detail the support people needed to make specific decisions.

People's care plans included information about specific health conditions. Staff supported people to maintain their nutritional health and well-being.

People were appreciative of staff who were caring and helpful. Staff treated people with respect and promoted their dignity, privacy and rights when they provided care. People's care was provided in a timely and personalised manner. Staff ensured people's known wishes and choices for their care was upheld and worked in partnership with family, friends and other who were important to the person.

People had been involved in developing care plans following an assessment of their needs. People told us care was provided in line with their wishes and preferences. Staff who we spoke with were knowledgeable about people's needs. Care plans did not always include sufficient information for staff in terms of how people liked their support to be provided. Although people told us they were able to make changes to their care informally, care plans were not formally reviewed to ensure that they reflected people's current needs and wishes.

People and relatives knew how to complain, although no complaints had been made since our last inspection visit. People felt confident their concerns would be listened to and acted upon.

Staff felt involved in the running of the service and had opportunities to share their views about people's care. Communication systems were in place between the area manager and the registered manager to keep the registered manager up to date. However, the registered manager was not fully aware of what improvements were needed in the service and these had not been made in a timely manner. The overall management of the service was being overseen by the area manager. The registered manager told us they had arranged to work from the registered office more frequently to bring about the required improvements within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding and whistleblowing procedures. Staff understood how to keep people safe, however risk assessments did not always record the measures in place to control potential risks. People received care from consistent, reliable staff. People told us staff supported them to manage their medicines safely. However, records showed that medicine audits and monitoring of staff competence was not consistently undertaken.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were cared for by staff who knew them well and were skilled at meeting their needs. Training records did not confirm that staff training was up to date. People were asked for consent before staff provided care and staff respected people's right to decline care and support. Mental capacity assessments did not include the support people needed to make decisions. People were supported to maintain their nutrition, health and well-being where required.

Is the service caring?

Good

The service was caring.

People were happy with the care that staff provided. People were cared for by kind and caring staff who knew their needs well. People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs had been assessed and people were involved in developing care plans. Care plans did not always include sufficient detail and information to support staff to provide consistent care. People's care needs were not regularly reviewed

to ensure care plans reflected people's current needs. People and relatives knew how to complain and had confidence their concerns would be listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People who used the service and relatives considered the service well managed. Communication between the area manager and the staff team was positive. However, the provider had failed to establish suitable auditing systems to ensure that a safe and high quality service was consistently provided.

Knowles Home Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 23 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was carried out by one inspector.

Prior to the inspection taking place, we reviewed the information about the service, including any notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. We also contacted the local clinical commissioning group (CCG) who funded some of the people who used the service.

We spoke with two people who used the service and two relatives. We also spoke with the area manager, the co-ordinator and two care workers. We reviewed care records for four people which included care plans, risk assessments and medicine records. We also looked at three staff recruitment files and staff training records. We viewed other documentation which were relevant to the management of the service including policies and procedures and quality assurance.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in February 2016 we found the provider had not ensured that people were not protected against the risks associated with unsafe or unsuitable care and treatment. This was because records and systems operated by the provider did not support the safe management of medicines. This was a breach under Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that some improvements had been made but further improvements were needed to the checking and auditing of medicine records.

Most of the people using the service did not require support to manage their medicines. Staff told us they had undertaken training in administering medicines. Records did not always confirm this as training certificates were not available for all staff. Staff said they and only supported people to take their medicines if they were dispensed in a dosset box. A dosset box is dispensed by the pharmacist and consists of a plastic grid with clear windows, labelled, with the time for medication and the days of the week. Staff told us that they only supported people to take medicines from dosset boxes when family members were not able to. They told us they were not able to support people to take medicines that had not been dispensed in a dosset box. This was confirmed by people and relatives we spoke with who told us that they had no concerns about support they received to take their medicines. This showed that staff followed the guidance in the provider's medicines policy.

People's care plans included a list of people's current medicines. People had signed to confirm their consent to staff supporting them to take their medicines if required. Where staff had supported people to take their medicines, staff had signed to confirm this and recorded the support in the person's daily care notes.

The registered manager did not undertake audits on medicines records to ensure these were completed accurately. Checks to ensure staff were competent to support people with their medicines had not been undertaken for some time. The area manager told us they regularly worked alongside care staff and routinely checked records but did not record these checks. They told us they would ensure checks were recorded and staff competency was regularly re-assessed. This would help to ensure people were supported to manage their medicines safely.

People and relatives told us they felt safe using the service. One person told us, "My carer is good, she knows that I have physical weakness and does all the right things to keep me safe." A relative told us, "Yes, staff keep [name of family member] safe. I can go out sometimes and I am reassured that staff will look after [name of family member] which gives me peace of mind. The staff are super cautious when they are supporting [name], they take their time."

Staff had a good understanding of safeguarding (protecting people from abuse) and how to report concerns. One staff member told us, "If I had concerns I would have confidence to report it to my line manager. I know not to discuss this with anyone else, the information would be on a need to know basis only. I would go higher up to the registered manager if I felt my concerns were not being taken seriously or outside, for

example social services or CQC." This showed staff were aware of the provider's whistleblowing policy. Staff had completed safeguarding training and were in the process of undertaking refresher training to ensure their knowledge and understanding was up to date. The provider's safeguarding policy including types of abuse and included case studies of how people could be vulnerable to abuse which enabled staff to relate examples to the care they provided. The safeguarding policy did not include contact details of relevant external agencies, such as local authority safeguarding teams and CQC. The area manager told us they would ensure the policy was reviewed to include these details.

The provider had undertaken assessments to determine whether people were at risk. These included risks associated with the person's care and support, as well as their living environment. For example, one person's care plan included information about what staff needed to do to keep the person safe. This included staff explaining what they were going to do before supporting the person and to give the person time to reduce the risk of the person becoming anxious. Guidance also included instructing staff on the correct equipment to support them to transfer. However, we found other risk assessments were vague and did not give clear instruction. For instance, one person's risk assessment stated that they were able to walk with staff assistance but did not provide any detail of how the assistance should be provided. A second person required support to transfer. The risk assessment did not include how the support was to be provided or what equipment staff should use.

This lack of information may have placed people at risk of harm through staff not having the information and guidance they needed to keep people safe. However, staff who we spoke with told us they had been involved in providing care to the same people for some time and knew people well including how to keep people safe. One staff member told us, "I always ensure I keep people safe. I check the gas, electric, any trip hazards and the condition of the hoist each time I visit." They were able to describe how they supported the person to mobilise and demonstrated awareness of the person's health condition and the impact this had on the person's mobility. This showed that staff understood the risk of harm to people they supported and took action to keep them safe.

The provider told us they were in the process of reviewing and updating people's care plans to ensure they provided staff with the guidance they needed to keep people safe. This would help to ensure that any new staff to the service had the information they needed to protect people from the risk of harm.

The provider had recruitment and selection procedures in place to ensure staff were suitable to work in the service. We viewed recruitment files for three staff. The provider had undertaken pre-employment checks which included evidence of previous employment, proof of identity and a check with the Disclosure and Barring Service. DBS checks were carried out to confirm whether prospective staff had a criminal record or were barred from working with people who use care or support services.

People told us they were cared for by consistent, reliable staff who had the time they needed to deliver safe care. One person told us, "Staff are always on time, they never miss a call. the only time they are slightly late is if the weather is really bad. They stay the full length of the call, sometimes longer." Another person told us, "They [staff] are reliable, they turn up every day and always complete the work they are supposed to."

We asked the area manager how accidents were recorded and managed. They told us they had not had any accidents or incidents to report or record but they were aware of their responsibilities to document such incidents. We saw that staff had access to accident and incident forms to ensure accidents were recorded and reported to the registered manager.

Requires Improvement

Is the service effective?

Our findings

People and relatives we spoke with were confident in the care and support they received from the provider and staff. One person told us, "The staff are very efficient, they have helped me no end. They are very experienced and do things the right way." A relative told us, "The staff are marvellous, They are all different but are all careful and look out for any problems. They know how to communicate with [name of family member]."

Staff told us they felt they had undertaken the training they needed in their roles. One staff member told us, "I have completed all the training I need, for example, manual handling and medicines. We complete training on-line and also in a class-room setting, for example, specialist trainers coming in to teach us. I am completing on-line training to top up my knowledge." Another staff member told us, "I have training in areas such as manual handling and medicines. Managers send us to do all sorts of training with another company. We refresh this if we need to as things keep changing. This gives me confidence in my work." The service had not employed any new staff for sometime, Existing staff told us they had completed induction with the previous provider and this was confirmed in staff training records.

We looked at training records for staff and saw that staff had undertaken a range of training essential to their role. However, there were no records to show that staff had completed training in line with the provider's training policy to refresh their knowledge other than in manual handling and medicines. The area manager told us they had enrolled all staff onto new on-line training which would include the Care Certificate. The Care Certificate is a national qualification that supports care staff to develop the skills, knowledge and behaviours to provide quality care. They provided us with information which confirmed all staff had been enrolled onto the training and detailed the training they would be undertaking. The area manager told us the new training included a training matrix. This record would enable the provider to monitor which training each staff member had undertaken and when it was due to be refreshed to ensure staff had the knowledge they needed to provide effective care.

Staff told us they felt supported in their roles. One staff member told us, "[Name of area manager] is always there, if I have a problem she will sort it out straight away." Another staff member told us, "I work with my manager on visits. I get supervisions and she spot checks my work. [Name of area manager] does everything. I have confidence in her."

At the time of our inspection, the registered manager had not been involved in the day to day running of the service but had delegated this to the area manager. The area manager told us they met regularly with staff and often worked alongside them so were able to offer support in a timely, though informal way. They told us they were in the process of arranging more formal supervisions with staff to ensure staff had the time and opportunity to discuss their development 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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We asked staff about people consenting to their care and about their understanding of the MCA. The staff we spoke with demonstrated that they had a good understanding of the importance of people making decisions about and consenting to their care. One staff member told us, "I always check if the person is happy with what I am going to do before I do it. I ask them afterwards, are you satisfied with my help?" People told us that staff provided care in the way that they wanted it. We looked at people's daily care notes and saw that staff had recorded the support they had provided to people and included where people had declined their support. Wherever possible, people had signed their care plans to provide their consent to staff supporting them with their medicines and personal care. This showed that staff were aware of peoples' right to consent and also to decline their care.

People's care plans included a section 'Making Decisions' to enable staff to assess a person's capacity to make decisions and the level of support they required. However, assessments were vague and limited to general statements. For example, one person's assessment assessed that the person needed support to make all their daily decisions. The assessment did not provide any information on the nature of the support and how staff should provide this to enable the person to make decisions. Another person's assessment simply referred staff to the person's relatives who would make decisions on the person's behalf. There was no evidence that the provider had consulted with relatives to ensure they had appropriate legal authorisation to make decisions in the person's best interests. We discussed this with the area manager who told us they would ensure people's mental capacity assessments included specific guidance to ensure people were supported to make decisions about their care.

We looked at how people were supported to maintain their nutritional needs and well-being by staff. People who we spoke with told us they did not require any support with their meals. We saw one person's care plan identified that they were at risk of dehydration and required prompts to eat and drink. Staff who we spoke with demonstrated they were aware of the person's nutritional needs. One staff member told us, "I know [name of person] sleeps more and I make sure they have enough to drink and encourage them to eat their meals. If I have any concerns, I let [name of relative] know to contact the GP."

People told us they were mostly supported by relatives to maintain their health and well-being. People's care plans included guidance where people had specific health conditions. For example, one person was bed-bound and at risk from pressure sores. This had been identified in the person's care plan. The person's family member told us staff were very careful in checking their family member's skin condition and reporting any changes in a timely way. They also told us staff supported the person to change position regularly in bed to avoid the person developing any pressure areas. Daily care records which were completed by staff did not consistently record the support staff had provided to enable people to manage their health conditions. The area manager told us they would ensure records were more detailed to accurately reflect this.

Good

Is the service caring?

Our findings

People were happy with the care they received from the service. One person told us, "I cannot speak too highly of my carer. Without Knowles Homecare we would be in a mess. They are very efficient." Another person told us, "They [staff] are reliable and work very hard." A relative told us, "The staff are brilliant. It's good to have the same people. Even though staff are all different, they can all communicate with [name of family member] and know what she needs which is really important."

People's care records showed how they wished to be cared for. Their individual choices and preferences about their care were recorded and used to inform their care. One person told us, "I have a say in how my care was to be provided. We discussed it [with staff]. It is a very good plan." Staff we spoke with demonstrated they were knowledgeable about people's needs and how they liked their care to be provided. One staff member told us, "We always visit the same people so we have got to know them really well over the years. For example, if [name of person] becomes distressed, I know it's because she thinks she is going to be left alone. I reassure her that I'm not going to leave her and get her a drink or cup of tea which settles her. Then we have a chat about day-to-day things which she enjoys."

Where people had specific cultural needs and preferences, the provider had ensured they were supported by staff who were familiar with their culture. For example, one person used non-verbal language to communicate in their first language which was not English. The provider had ensured that all staff who supported the person was able to communicate with them in their preferred language and therefore understand the signs and gestures the person used. This helped to ensure the person was able to communicate their needs and wishes and be involved in their care.

People were supported to be as independent as possible. One person told us, "They [staff] do what I ask them to and know that I like to do as much as possible for myself." Staff described how they promoted people's independence through encouraging people and recognising when they needed help. One staff member said, "I know that [name of person] struggles and needs more help in the morning than in the evening. I make sure I give extra support in the morning but support them to do more for themselves in the evening."

People felt they were treated with dignity and respect by staff. One person told us, "Staff are polite and respectful." A relative told us, "They [staff] keep [name of family member] clean and are careful when supporting her in bed." Staff we spoke with clearly understood the importance of treating people with dignity and respect. One staff member said, "Even though I have been supporting the same people for a long time, I always ask them if they want anything different, I don't assume. I respect how they want their shower and how they want to dress." Staff also described how they would keep people covered up as much as possible and ensure rooms were private when supporting people with personal care.

Requires Improvement

Is the service responsive?

Our findings

People told us that staff were reliable and provided help whenever they needed it. One person told us, "[Name of area manager] is always on hand if we have any queries." A relative told us, "They [staff] provide the care they way that [name of person] likes it. They respond to changes in moods and welfare. They have never let us down."

People and relatives told us they had been involved and consulted about their care during initial discussions with the registered manager and area manager. The information gathered during the initial assessment had been used to develop people's care plans. Care plans contained brief information about people's background, such as their next of kin, their religion, their preferred name and key medical contacts. Part of the care plan was a section titled 'About Me' which staff used to record a brief life history. This included information about the person's family, work history, hobbies and interests. For example, one person's care plan stated that they liked to have time to chat with staff and reminisce about the past. Another person's plan advised staff that they liked steam trains. This helped staff to build relationships with people and match people and staff who had similar interests.

We found that care plans did not always contain sufficient detail to guide staff when supporting people. For example, one plan stated that one person needed support to have a shower but lacked any detail as to how staff should provide the support. Another person was assessed as experiencing moments of distress. The plan did not include any guidance as to how staff should respond during these moments to ensure the person was safe and reassured. Although staff demonstrated a good understanding of the needs of the people they regularly supported, staff who were new to the person would not have the same knowledge and understanding. This had the potential to put people at risk of staff providing care that was not in line with their needs and preferences. The registered manager and area manager told us they were in the process of introducing new care plans for people using the service which would ensure information was recorded in sufficient detail to enable staff to provide consistent and responsive care.

People told us they were able to make any changes to their care through contacting the area manager but had not attended any formal review of their care needs. We saw that some care plans had been updated to reflect changes in people's needs but there was no evidence as to who had been involved in identifying and agreeing changes. The registered manager told us they were in the process of undertaking reviews of people's care and would ensure records reflected people's involvement and contribution.

We checked complaints records. There had been no complaints made to the service since our last inspection visit. The provider's complaints procedure included guidance for people on how to make a complaint and how it would be handled. The procedure did not include contact details for the Local Government Ombudsman. This is important to provide people with contact details of agencies where they could take their complaint if they were not satisfied with the response from the provider. The area manager told us they would amend the procedure to include these details.

People and relatives told us they knew how to make a complaint. One person said, "If I had any concerns or

complaints I would see [name of area manager] and I know they would be sorted out quickly. A relative told us they would feel happy to raise any concerns with the management of the service but had not had to do so. No one we spoke with had any complaints about the service.

Requires Improvement

Is the service well-led?

Our findings

People and relatives we spoke with were positive about the way in which the service was managed. One person said, "We are very happy with the care. [Name of area manager] keeps us informed of what's going on. A recent health professional praised the care we have as being very good." A relative told us, "They are brilliant, marvellous. They give me peace of mind." Staff spoke positively about the service. Comments included, "They [area manager] do everything they can to make sure people receive good care," and "I would give the service 7/10 for quality. There are things we could do better but people do receive really good care. We are like a family."

Although people using the service and staff described the management as good, we identified some inconsistencies in the way the service was managed.

During the course of the inspection we were informed the registered manager, who was also the registered provider, had not been involved in the daily management of the service for some months. The registered manager did not therefore attend the office on a regular basis. We spoke with the area manager and the registered manager to ascertain how effective communication systems were between all parties. The registered manager told us they were in regular telephone contact with the area manager and had recently allocated some time each week to work from the registered office to improve records and systems. The area manager, who was responsible for the day-to-day management of the service, confirmed this and told us the registered manager was always available by telephone. They told us the impact of the registered manager allocating time to work in the office was an improvement as this reduced the admin responsibilities for the area manager, enabling them to concentrate on monitoring the care provided.

During the inspection we identified errors in records including care planning. For instance, lack of detailed information to provide sufficient guidance for staff to provide safe and effective care. Poor training records for staff to identify that staff had completed training and that training was kept up to date. We also noted discrepancies within key policies which we brought to the attention of the area manager. The area manager told us there were no systems for audits or checks as the registered manager was in the process of creating a quality assurance system. This meant errors and inconsistencies in records had not been identified or action taken to improve the standard of record keeping and documentation within the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good Governance) because the provider had failed to have systems and processes established to assess, monitor and improve the quality and safety of service provided.

We asked the registered manager how they supported people to share their views of the service. The registered manager told us they were in the process of arranging to meet with people and their relatives to review their care and obtain their views. They told us they had not carried out any satisfaction surveys since July 2015. When we spoke with people and their relatives they were aware that the registered manager had not been involved in the day-to-day running of the service. They told us they were kept informed of what was happening in the service and supported to share their views about their care informally through

conversations with the area manager.

We asked staff about staff meetings. They told us they had not attended staff meetings for sometime but felt well supported and were kept informed by the area manager. Staff told us they were able to share their views about people's care and make suggestions for improvements directly to the area manager. They also said communication between staff and the area manager was good but they had little contact with the registered manager.

Representatives from the local Clinical Commissioning Group (CCG) told us they had recently undertaken an audit of the service and found that the service required improvements in record-keeping and documentation but had not received any concerns about the care staff provided. They told us the provider was working towards an action plan that was required to bring about the improvements needed.

We spoke with the registered manager in relation to their legal responsibilities as a registered manager and provider. For example, the provider clearly displayed their ratings at the registered location. The registered manager acknowledged their role and informed us that all the improvements we had identified during the inspection would be rectified and addressed. They told us they had increased their presence within the office and were in the process of reviewing records and documentation to ensure everything was up to date. Following our inspection, the area manager provided us with templates of the new care planning documentation which would enable staff to have the information they needed to provide safe, effective person-centred care to people using the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to have appropriate systems in place to assess, monitor and improve the quality and safety of service provided. 17 (1) (2)

The enforcement action we took:

We have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.