Leonard Cheshire Disability

Kent Care at Home Service

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 30 June and 6 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and staff are often out during the day; we needed to be sure that someone would be in.

The last inspection took place in February 2014 and the service was meeting all areas inspected.

Kent Care At Home is part of the Leonard Cheshire Disability charity. It provides care and support services in the Maidstone, Bromley and Sevenoaks areas to help people live independently in their own homes. Service provision is for adults of all ages with differing needs including older people, people with disabilities, learning disabilities and mental health needs.

The service had a registered manager in place. 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 did not always receive their medicines safely. The service did not have robust systems in place to ensure people received their medicine in line with good practice. People's medicine administration recording sheets [MARS] were not completed correctly. One person did not receive their medicine as prescribed. Auditing processes did not highlight the errors we identified on the MARS.

People did not always receive care and support from familiar staff. The service had sufficient numbers of staff available to meet people's needs. The service advertised for staff and had recruitment plans in place to ensure there were sufficient numbers of staff. The service carried out the necessary pre-employment checks to ensure suitable staff were employed. Staff received a comprehensive induction that set out their roles and responsibilities. Staff received on-going support through shadowing experienced staff and developing work based competencies.

People were protected against the risk of harm and abuse. Staff were aware of the different signs of abuse and the appropriate procedure for reporting suspected abuse. The service had clear policies on safeguarding which gave staff guidance on how to raise their concerns around abuse and harm.

People were protected against identified risks. The service had robust systems in place that identified risks and gave staff guidance on action to take to minimise them. Risk assessments were comprehensive and reviewed regularly to reflect people's changing needs.

People received care and support from staff that underwent on-going training and reflected on their working practices. Staff received mandatory training in safeguarding, the Mental Capacity Act 2005 (MCA), the Deprivation of Liberty Safeguards (DoLS), moving and handling and medicines. Staff received supervisions

and appraisals from senior staff, to reflect on their working practices, receive support and guidance and set achievable goals for the following three months.

People were not deprived of their liberty unlawfully. Staff and the registered manager were aware of their role and responsibilities in providing support to people within the principles of the MCA and DoLS.

Consent to care and treatment was sought prior to care being delivered. People were encouraged to make choices about their care and had their choices respected. People's care plans were person centred and tailored to people's needs. Care plans were reviewed regularly and updated to reflect people's changing needs.

People were provided with sufficient amounts to eat and drink that met their health and nutritional needs, if agreed in their care package. Staff ensured people were able to access food and drink that met their preferences. People were encouraged to participate in community based activities, if agreed in their care package.

People had access to health care professionals when needed. Staff supported people to access community based health care services and guidance given was recorded in their care plans. The registered manager actively encouraged partnership working.

People were aware of the process for raising concerns and complaints. The service had procedures in place to manage people's concerns in a timely manner. The service had not received any complaints in the last 12 months.

The registered manager had systems and processes in place that monitored the quality of the service and sought feedback on the provision of care provided. The registered manager informed the Care Quality Commission of notifiable incidents, which occurred at 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 always safe. People's medicines were not always managed safely and in line with good practice.

People were protected against the risk of harm and abuse. Staff received safeguarding training and were aware of the correct procedure in reporting suspected abuse.

People were protected against identified risks. Risk assessments in place detailed guidance for staff to take to minimise the risks to people. Risk assessments were reviewed and updated regularly to reflect people's changing needs.

There were sufficient numbers of staff in place to meet people's needs.

Is the service effective?

Good

The service was effective. People were given access to sufficient amounts to eat and drink that met their preferences.

People received care and support from staff that underwent on-going training, supervision and appraisal.

The provider was aware of their responsibilities under the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS].

People were supported to access health care services if required.

Is the service caring?

Requires Improvement

The service was not always caring. People's dignity was not always respected and encouraged. Staff were not always aware of the importance of maintaining people's confidentiality at all times.

People received care and support from staff that were caring and compassionate and knew their needs.

People and their relatives were encouraged to make decisions about the care and support they received.

Is the service responsive?

Good

The service was responsive. Care plans were person centred and tailored to people's individual needs. Care plans were reviewed regularly to reflect people's changing needs.

People choices about their care they received were encouraged and respected.

People were aware of how to raise their concerns and complaints. The service had processes in place to monitor and respond to complaints in a timely manner.

Is the service well-led?

Good

The service was well-led. The registered manager carried out audits of the service.

The registered manager operated an 'open door' policy and people, their relatives and staff could meet with them at a time that suited them.

The manager sent appropriate notifications to the Care Quality Commission.

Kent Care at Home Service

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 30 June and 6 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection consisted of an 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 care service.

Prior to the inspection we looked at information we held about the service, for example notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with 11 people and one relative. We spoke to three care workers, one team co-ordinator and the registered manager. We reviewed nine care plans, six medicine administration recording sheets [MARS], nine staff files and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always managed safely and were at risk of not receiving the correct dose of their prescribed medicine. One person we spoke with told us, "Yes they [staff] give me my medicine. No I've not had any issues". Another person said, "I take any medicine myself". One care worker told us, "I have received medicines training and if I notice an error I would contact the GP, pharmacy and the office immediately." The service operated a two tier system for supporting people to receive their medicine. For example, people were either prompted or reminded to take their medicines. Or, medicines were administered by staff. However we looked at medicine administration recording sheets [MARS] and found these were not always completed correctly. On one person's MARS we found staff had not signed that they had administered the medicine. Another person's MARS showed they had not received the correct amount of medicine as prescribed by the GP.

At the time of the inspection the service contacted the GP to ascertain the correct amount of medicine to be administered, the times it should be administered and the impact of not receiving the medicine. On the second day of the inspection the service had carried out a full audit of people's medicines, updated the MARS to ensure they were clearer for staff to follow. The service also carried out an additional competency assessment of the staff who administered the medicine. An update of the auditing form was introduced to ensure that errors were identified immediately, ensuring action could be taken to minimise the risk of harm to people.

People were protected against the risk of harm and abuse. When asked if people felt safe, one person told us, "No problems on that front." Another person told us, "Yes, I do feel safe." Staff were aware of their role and responsibilities regarding abuse. Staff knew the correct procedure in reporting suspected harm and abuse and the different types of abuse. Staff received on-going training in safeguarding and the service had robust procedures in safeguarding and whistleblowing.

People were protected against identified risks. The service had developed robust risk assessments that identified the hazard, level of risk and action taken to minimise the risk. Staff were aware of the importance of following the risk assessments in place to minimise the risk to people. One staff told us, "I look at people's risk assessments all the time. The risk assessments are helpful and safeguard both the person and staff." Risk assessments covered all areas of risk, for example, health, medicine, mobility, personal care, internal and external house risks.

People received care and support from staff that had undergone the necessary pre-employment checks. We looked at nine staff files and found eight files contained two references, photographic identification, birth certificate or passport, proof of address and Disclosure and Barring Services [DBS] checks. One staff file did not contain the DBS check or the DBS cover sheet, however the registered manager and the staff confirmed the check had been undertaken. Five DBS checks were not in line with good practice, for example on check was last carried out in 2003. Good practice is considered to be renewing DBS checks every three years.

We recommend that the service consider current guidance on frequency of Disclosure and Barring Services

Checks.

People were supported by sufficient numbers of staff to meet their needs safely. We received mixed reviews from people about staffing levels. One person told us, "They [the service] can't get the staff and keep letting me down". Another person told us, "You've got to give and take. I go along with it and they [staff] always turn up. A care worker told us, "I work every day and don't often have a day off. There's not enough staff, but this is a national problem all agencies have. But if a care plan states 2:1 staffing, there is always 2:1 staffing." Another care worker told us, "We could do with some more staff as when staff are off work, it can be hard to find cover". We spoke with the registered manager who explained the service are continually advertising for more staff and were proactive in ensuring action was taken when calls were missed. We looked at the 'missed calls' log and found there were no missed calls in the last two months. Missed calls are occasions when care workers failed to attend to provide care. The service had a robust procedure in managing missed calls.

Good

Is the service effective?

Our findings

People received care and support from staff that were aware of their roles and responsibilities in line with the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. One staff member told us, "The mental capacity assessment is a procedure in assessing someone's capacity to make decisions". Another staff member told us, "You must always assume people have the capacity to make decisions until proved otherwise. If I thought someone's capacity was fluctuating I would inform the office immediately". Staff received training in MCA and DoLS and knew the correct procedure for reporting concerns relating to people's capacity.

People were supported by staff that had undergone a comprehensive induction. However, we received conflicting reviews from people regarding staff induction. The majority of people felt new staff were supported by senior staff. One person told us, "If a new carer comes, she usually shadows a more experienced carer." Another person said, "New carers usually need more training, they will come in with an experienced carer". However one person said, "They [staff] are not always suitable. It is difficult to explain what's needed when new people come in. They just turn up, they don't shadow". We found no evidence to support this statement. One staff member told us, "I had an induction when I first joined". Another staff member told us, "The induction helped me as I'd not done care work before. It was an eye opener and I shadowed the team leader for a fortnight". Not all staff had induction information retained on file, however all staff spoken with confirmed they had completed the induction programme.

People received support from staff that underwent on-going training to meet their needs effectively. We looked at staff files and found staff had undertaken all mandatory training, for example, safeguarding, whistleblowing, MCA & DoLS, first aid, medicines and manual handling. The majority of people felt confident that care workers were adequately trained to meet their needs. However some people were less confident. One person told us, "The office staff recently had to change an arrangement so staff could attend a training day." Another person told us, "They [staff] don't have much training, they don't communicate together. I think they do e-training [a computer based course]. If a new [worker] comes the main carer doesn't show them what to do." One staff told us, "I've had lots of training and recently had refresher training. I learn something new each time, as things do change. The trainer is good and I can request training and have done so in the past. Another staff member said, "The training could be more frequent, but I can request more training if needed. I find the training helpful in ensuring I do my job correctly.

People gave consent to care and treatment prior to care being delivered. One person told us, "Yes they [staff] do involve me". Staff told us, "I always ask the person for their permission and consent. I ask what it is they would like me to do and if they decline, I always ask the reasons as to why. You can't force them to do things, but you can advise that it's in their best interest and you always document your conversation." Another staff member said, "Talk to people and ask them if they would like your help and support. What is it they want you to do and ask each time you're doing something for them".

People received support from staff that reflected on their working practice. We received mixed reviews from staff about supervision and appraisals. One staff member told us, "I find them a waste of time. We talk about

the same thing each time. I have requested additional training in dementia, but nothing happens." Records showed that dementia training had not been provided upon request. Another staff member told us, "The supervisions are frequent, but I don't find them that helpful. You sometimes have to insist things are documented. They are helpful if you have a problem as you can raise it with them". Another staff told us, "I have a supervision about once a month. I find it helpful to our role and you get given information that helps you do your role. It's a face to face meeting". We looked at staff files and found all staff received a supervision and appraisal, which covered future learning and development, training and concerns.

Senior staff carried out spot checks on staff to ensure they were carrying out their role in accordance with the service policy. Spot checks looked at whether staff arrived on time, were polite, promoted people's independence, were aware of the out of hours' system, medicines procedure and health and safety.

People were provided with sufficient amounts of food and drink, as agreed in their care plan. However one person told us, "The quality of the staff doesn't meet my expectations. They can't cook, not fully." One staff member told us, "I've had my food hygiene training. Their relatives buy the food but I prepare it. If I notice a deterioration in someone's weight or eating habit I would talk to them first, and ask if everything was ok. I'd inform their relative and also my line manager". Another staff said, "I support someone who has a specific dietary requirement. This means I have to work out the level of carbohydrates in each meal". Staff were aware of the correct procedure in reporting their concerns regarding people's food and fluid intake immediately.

Requires Improvement

Is the service caring?

Our findings

People gave conflicting feedback when we asked if they found staff kind and caring. A person told us, "Oh yes, [staff are] definitely loving I would say." However, another person told us, "Not really. I have no proof but feel on edge. You should be able to trust who is coming." A third person said, "One comes in quite a lot. I've asked for her not to come but she's been in 12/14 times since". We spoke with the registered manager and other senior staff who confirmed that the service provided a change of staff should people wish a different care worker support them. We found no evidence that once people requested a different carer that this wasn't adhered to. Staff spoke about people in a compassionate and caring manner.

People were not always treated with dignity and respect. We received mixed feedback from people when asked if they were treated with dignity and respect. One person told us, "They certainly do treat me with respect". Another person told us, "Yes they do". However, a third person we spoke with told us, "They [staff] just do what they have to. They don't allow me respect." Another person told us, "Yes, although one is a bit sharp." Staff we spoke with were aware of the importance of maintaining people's privacy and dignity. One staff member told us, "During personal care I ensure people aren't exposed, by using a towel to keep their modesty." Another staff told us, "I keep the doors closed to protect their dignity and keep private areas covered."

People were encouraged to maintain their independence wherever possible. Ten people we spoke with told us, staff supported them to maintain their independence. For example one person told us, "Yes definitely." Another person told us, "Yes most certainly." Staff were aware of the importance of maintaining people's independence where possible and gave examples of how they supported people. One staff told us, "You should let them [people] do as much for themselves as possible. Offer to help them but encourage them to do things for themselves". Another person told us, "You have to assist people if they need it, but encourage them to do things themselves first." We looked at people's care plans and found these detailed what people could do independently and areas they required support. Reviews of people's independence were carried out to assess if support levels needed to change.

Staff encouraged people to make decisions about the care they received. The majority of people we spoke with told us, they were encouraged to make decisions about the care they received. For example, one person told us, "Yes, they [staff] do involve me." Another person said, "Yes I am. I had a visit 2-3 weeks ago to have a review". However one person told us, "They [staff] do what they want to do. The attitude from the office is almost, 'we run this business not you'." However staff told us, "You have to talk to people about what they want to do, it's their decision to make not ours".

People's confidentiality was not always maintained. One person told us, "No it could improve. One carer was discussing other clients with me. They [staff] shouldn't be doing the job." One staff told us, "We [staff] mustn't relay private information to other people. If someone tells me something in confidence that may indicate they're at risk, I would tell them I have to report it." Another staff member told us, "I do not talk to anyone about the people I support, unless it's something they need to know". The service kept people's records securely in locked cabinets in a locked office, with only those with authorisation had access to

confidential records.

Good

Is the service responsive?

Our findings

People were supported by staff that had access to care plans that were person centred and tailored to meet their needs. One person told us, "Yes they do involve me." Another person told us, "Oh yes. Reviews are not strictly annual but they are regular." One staff member told us, "I read the care plans each visit as they can change. I check for changes and read the last visit notes." Care plans gave staff guidance on how to support people safely in all aspects of their care. People were encouraged to participate in the development of their care plans wherever possible. The service carried out regular reviews of people's care plans to ensure they were current and reflected people's changing needs. People confirmed that they were involved in the development of their care plans. Care plans looked at people's, health and medical needs, preferences and goals they wished to achieve. We looked at people's care plans and found reviews focused on, significant events since the last review, what is working and what's not working, other people's point of view and an action plan for the coming year.

People were encouraged to make choices about the care and support they received. One person told us, "I'm always making choices". One staff member told us, "It's important that we give people choices and options about their care." Staff demonstrated good understanding of ensuring people's choices were respected and adhered to. Records showed people's choices, preferences and decisions were documented and reflected in their care plans.

People received care and support from staff that were on time. One person told us, "Very rarely late, it's always same carer." Another person said, "Yes they [staff] contact me if they're going to be late." Another person we spoke with told us, "Most times they [staff] are on time, they are rarely late." The majority of people we spoke with told us, their care was unhurried and all planned tasks completed. One person told us, "Yes and they [staff] will always do extra things if I ask." Another person told us, "Yes, they [staff] do what I would like them to do." Another person we spoke with said, "Yes, I think so. We run out of time because we talk too much." However one person said, "They [staff] never have enough time. I have made a fuss."

People were protected against the risk of social isolation. People were encouraged to access the community if agreed in their care package. One staff member told us, "You have to look out for changes in people's behaviours, this could mean they are socially isolated. If this happens I would try to discover their interests and see if that activity is available in the local community." Another staff member told us, "I support people to go out, for example to the day centre or out shopping in the local community. Sometimes we go just for a drive, or a cup of tea."

People were encouraged to raise their concerns and complaints. One person told us, "Yes I have a number to ring, I have never complained." Another person said, "I've never had to complain." However not everyone felt their concerns were listened to and acted upon. One person said, "Once I contact the office and they were very rude to me. They told me they run the service not me. I spoke to another person in the office and complained. She was very sympathetic and said if I was unhappy she was unhappy". Staff told us, "If someone raised a complaint, I would let them know that I would be raising it with my line manager." Another staff told us, "I would go straight to the registered manager if someone raised a complaint". We

looked at the service complaints file and found there had been no complaints received, however the registered manager was aware of the correct action to take to respond to complaints in a timely manner.

Good

Is the service well-led?

Our findings

We received mixed reviews about how the service was run. Eight people out of the 12 we spoke with, felt the service was run well. People did not speak highly of office based staff. The registered manager was aware of people's concerns regarding a senior member and was taking appropriate action to manage their performance. One person told us, "I won't ring the office if I know one office staff is on call. I would always ask to speak to someone else, as I find them very rude". Another person we spoke with told us, "There's one person in the office, I can't stand them." One staff said, "Morale isn't what it should be. I think there's a few people who aren't that nice to staff and don't listen to our needs. I go straight to the registered manager instead." One person we spoke to told us, "Yes, I've found it to be so [well run]." Another person said, "Yes it is well run, I think so." However one person told us, "Not really. They [office staff] are sending new people who have not been introduced." Another person said, "A co-ordinator told one carer she could come in early. When challenged she ignored my call." And another person said, "It could be run better, but it is better than some. Not perfect."

Staff spoke highly of the registered manager. One staff told us, "Brilliant. She does listen and is good at explaining and helping you. She is approachable and has time for me. She always asks if I'm ok and I couldn't ask for a better boss." Another staff said, "She's really lovely and very helpful and professional. We do get along well. I find her approachable and she acts on my concerns."

The registered manager had a system in place to increase staff's opportunity to meet with her at a time that was convenient to them. Due to the location of the office, it meant staff found it difficult to meet with the registered manager frequently. One staff told us, "I can't just pop by the office, it's too far out. I know the registered manager is arranging dates where we can meet with her in town. This should help". Another staff member told us, "I can meet the registered manager if I need to, it's about 20 miles to get here so it's not that convenient". During the inspection we observed staff contacting the service to speak with the registered manager to seek advice and guidance. The registered manager had arranged an office space in Maidstone once a week, for staff to meet with her if they were unable to access the main office. The registered manager was also contactable at any time via phone.

The registered manager carried out audits of the service. We found that audits relating to medicines was not robust and did not identify errors. We spoke with the registered manager who had taken action to address our concerns and implemented a new auditing system which would highlight medicine errors immediately. We looked at other audits the service carried out and found the registered manager completed a monthly audit which covered, training, staffing levels and supervisions. An action plan was then completed to address identified issues. The service's in-house auditor completed quarterly audits. Areas identified as requiring improvement were shared with the registered manager and an action plan in place to address the issues.

People were encouraged to share their views of the service through quality assurance questionnaires. At the time of the inspection, the service had completed a quality assurance questionnaire in January however a subsequent report and action plan had not been shared with the registered manager. We spoke with the

registered manager who told us, "Any replies received, that raised concerns or negative points, would be forwarded immediately to the Service." We looked at the records the service held and found the registered manager had contacted the quality and improvement department who dealt with the completed quality assurance questionnaires, however was still awaiting the completed report. This meant that people's views could not be used to inform the practice of the service.