

Kemble Care LLP

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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 inspection was carried out on 21 September 2016.

Kemble Care is registered to provide personal care and support for people in their own homes. At the time of our inspection 173 people received care and support from this service.

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.

People felt support was provided by staff in a way that was kind, caring and safe. Staff understood how to recognise and protect people from abuse and received regular training around how to keep people safe. Staff were not recruited until checks had been made to make sure they were suitable to work with the people that used the service.

People were supported by staff and management that were approachable and listened to any concerns people or relatives had.

Staff were reliable and there were enough staff to meet people's needs.

People were confident that staff had the skills, knowledge and experience to provide the right care and support. People's care records contained the relevant information for staff to follow to meet people's health needs and manage risks appropriately. Care plans and risk assessments were clear and updated quickly if people's needs changed.

People were involved in the care and support that they received. People told us they had choice over the support they received and nothing was done without their consent. Staff understood the principles of consent and delivering care that was individual to the person.

Staff responded quickly if someone was unwell and supported people to access other health professionals when needed. People were supported to take their medicine safely and when they needed it.

The provider and registered manager had systems to measure the safety and quality of the service. Checks and audits were completed regularly to make sure that good standards of care were maintained.

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.

People had care and support that was safe and protected them from harm. People had support to take their medicines safely at the times they needed them.

Staff had a good understanding of how to keep people safe. They knew their responsibilities to keep people safe and to manage any risks. People received care and support at the times that they needed it.

Is the service effective?

Good ●

The service was effective.

People felt that staff had the skills and knowledge to provide care effectively. People received support to access different health professionals when required. Where needed people had support to prepare meals or with eating and drinking. The care and support people received matched their identified health needs.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able make choices and consent to their care.

Is the service caring?

Good ●

The service was caring.

People felt staff were kind and caring and treated them with dignity and respect.

People were involved in planning and reviewing their care and support.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was based on their own individual

needs and preferences. Care plans were reviewed regularly to make sure that their needs continued to be met.

People knew how to complain and felt that they were able to raise any concerns and they would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

The registered manager and staff were approachable and always took time to make sure people were happy about their care and support.

Staff felt well supported and motivated to provide a good quality service.

There were effective quality monitoring systems in place to identify any areas for improvement.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection which took place on 21 September 2016 by an inspector and the provider was given 48 hours' notice of the inspection this was because we needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to focus our inspection.

As part of our planning for the inspection we asked the local authority if they had any information to share with us about the care provided by the service. They told us they had no current concerns about the service.

We spoke with eight people who used the service, eight relatives, six care staff, the training manager and the registered manager.

We looked at the risk assessments and specific care plans care records for four people, three staff files and records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel reassured when staff are around. They always make sure I feel safe and secure before they go." A relative said, "Staff are so considerate to people's needs and this includes making them feel safe. They reassure where needed and make sure practical things such as making sure the home is secure before they [staff] leave."

People said that they would report any concerns straight away to the registered manager. They felt confident that any safety concerns would be dealt with promptly. Staff were able to tell us what they would do if they suspected abuse was happening and who they would contact if they had any concerns. The registered manager told us about how concerns raised by staff about the welfare of a person they were supporting led to a safeguarding referral to the local authority. Following investigation by the local authority it was discovered that the person was suffering from domestic abuse and has since moved to a safer environment. Staff told us that this person now appeared more settled and happy. The registered manager told us that they took their responsibilities to people's safety as a priority and regularly worked with agencies to ensure people remained safe.

People said that staff were reliable and turned up on time and the support they received was what they expected. They told us that staff always stayed for the expected time and made sure that they were alright before leaving. Staff were able to tell us about people's needs and said that the care plans reflected the care they provided. All of the people we spoke with felt that they had consistency with the people that provided the care and support.

People and relatives said that any risks were explained to them and managed well by staff. One person told us how staff encouraged them to help with preparing their meal. They said, "I would not be able to do it safely alone. Staff are always on hand and encourage me to do things for myself safely." Staff were able to tell us about people's needs and could tell us how they managed risks associated with people's care and medical conditions. One relative told us how some aspects of a person's health condition meant that they needed support with moving about. They told us that staff understood the risks and worked well to keep the person safe. Staff told us that the risk assessments were clear and reviewed regularly. One relative told us how reviews of the risk assessments happen quickly if a person's health needs changed. One example given was where a person's health had changed which meant that they needed more support. The relative told us that straight away any new risks were assessed and support put in place to manage them safely.

Staff told us that the provider completed checks on them before they started working for the service. The staff file confirmed that checks had been undertaken with regard to proof of identity and whether there were any criminal records that the provider needed to be aware of. The service had also received references from past employers to make sure that new staff were suitable. The registered manager told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

People and relatives told us that staff gave the right amount of support to make sure that people took their medicines safely. The support varied according to people's needs. Some people needed prompting and

reminding of their medicines while other people needed staff to administer their medicines. All staff told us that they had regular medicine training and that they were unable to help people with their medicines unless they had been trained.

Is the service effective?

Our findings

People told us that staff were knowledgeable and skilled at providing care and support effectively. Staff told us that they had good quality training which they felt helped them to do their jobs effectively. They said that they had good support and supervision and they felt supported in doing their job. The training manager told us that there was a dedicated department that provided both in house training and also sourced external training. Where needed bespoke training had been provided to staff. The registered manager said that staff did not carry out specific care tasks until they had the suitable training. For example a person was referred for a service from Kemble Care with health needs that required very specific techniques to be carried out by staff. Staff did not start to support this person until they had all received training how to meet the person's specific health needs. Staff we spoke with about this told us they felt skilled and confident in caring for the person. The registered manager said that they planned to work alongside new staff to make sure that what they had learnt was embedded into practice. At the time of inspection the registered manager was in the process of recruiting new staff.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People told us they could make choices around their care and support. One person said, "Nothing is done without asking." Staff could explain to us what needed to happen if a person did not have the capacity to make choices. They told us that people were still supported to make choices and that they checked throughout the time they spent with people that they were comfortable with the support they were getting. They were able to explain about best interest meetings and the principles of the MCA. This demonstrated that staff understood about consent and supporting people with their choices. Their relatives told us that the care and support was always provided in the person's best interests. What we saw in people's care plans confirmed this. The registered manager understood their responsibilities in regard to the MCA and Court of protection.

People told us that where they needed support with preparing their meals this was done. Staff told us that where needed people's food and drink amounts would be monitored. This would usually happen where there were concerns about a person's weight or diet. The staff told us that where there were any concerns about a person's eating or drinking the provider they would get health professionals involved quickly.

People and the relatives told us that the registered manager engaged with other professionals associated with people's care and support when needed. All of the health professionals that we spoke with told us that

they worked well with Kemble Care. They found that staff and the registered manager were proactive and made appropriate and timely referrals when needed. The registered manager said that they were always available to people that used the service and their relatives for advice if they were worried about a person's health. We saw where a care plan had been reviewed with input from the district nurse following a change in a person's health.

Is the service caring?

Our findings

People were positive about their relationships with the staff that supported them. One person said, "You couldn't ask for better staff, they are lovely." People felt that they were treated as individuals and with dignity and respect. Staff told us that there was a strong emphasis on dignity and respect with regular training and workshops about dignity and respect. They felt their approach reflected this. An example they gave us was how they maintained conversation throughout any care tasks making sure that the person was happy with the support they were getting. They also said that dignity and respect was a regular agenda item for discussion at team meetings and in supervisions. Staff and the registered manager spoke fondly of the people and families that they provided support for.

The provider promoted networks of support for carers and had made strong links with a local charity that offers support for carers. The registered manager said that this provided people with a network of people that were having similar experiences of caring for someone with health needs. A relative said, "You are never made to feel alone. They give you the contacts to make if you want. They are very supportive and understanding." The provider had also set up and chaired the 'Health and Care Sector Group' which was a network of care providers who met regularly. The registered manager told us that these meetings were well attended. They said the philosophy was to share good practice and promote quality care throughout the area.

People we spoke with felt that staff supported them to maintain some independence. They told us about how staff took time to support them to participate as fully as they could in their care. One person said, "It's about helping me do things. Not doing things for me." Staff told us that they always tried to recognise what people could do and encourage them, whilst they also recognised what people needed extra help with.

People felt that staff communicated well and took the time to make sure that they were involved in their care. They felt that staff explained clearly before going ahead and carrying out any care tasks. The registered manager told us that the care and support was planned with involvement of all the relevant people with the person themselves at the centre of all decisions about what care and support was needed. The care records that we looked at showed that people and their relatives had been involved in identifying and reviewing their care and support.

Is the service responsive?

Our findings

People told us care was centred on their individual needs. People had discussed and agreed what support they wanted to match their needs and preferences. The registered manager told us about how Kemble Care offered a range of times from half an hour visits up to 24 hour care. They told us that this was done with a small core team usually consisting of two staff who would alternate care usually spending two weeks at a time with the person in their own homes. One relative told us how this arrangement had been made following deterioration in their health which had meant that at the time the support did not meet the person's needs. They told us that the registered manager supported them to secure the 24 hour care package and as a result they have maintained the person in their own home. A staff member told us that they felt it worked well as they really got to know the person and were able to respond instantly if there were any concerns about their health.

People and relatives said that the staff knew people's assessed needs and how to provide the right care and support. A relative told us, "Care is always focussed on the person." The care plans we looked at reflected this. We could see that the provider was quick to respond if a person's needs changed. One example was a change in a person's health needs. Additional assessments had been done including additional risk assessments and there was contact with the Occupational Therapist and a social worker to make sure that the person's needs continued to be met. Additional information was now in the person's care records for staff to follow. People told us that the provider was quick to respond if it was identified that people's needs had changed. The registered manager told us that all people had planned reviews of their care every six months, and we could see where some care reviews were more frequent due to requests from people's families. In the four care records we looked at we found that care plans and risk assessments were detailed and had been reviewed regularly.

People told us that they did not have any complaints, but if they had they were confident they would be listened to. They were aware of the complaints procedure and how to raise a complaint. People had information on who to contact including the details of the registered manager and other agencies such as the local authority and CQC. All the people we spoke with knew who the registered manager was and felt comfortable to raise concerns with them or the staff. We spoke with the registered manager about the handling of concerns and complaints. There had not been any complaints but we could see that there was a system in place to respond and investigate concerns appropriately.

Is the service well-led?

Our findings

People and relatives told us that they found the registered manager approachable and open. They said they could talk with staff about any comments or concerns and felt that they would listen and forward any concerns or comments to the registered manager if needed.

Staff told us that they felt that they had good support from the provider and registered manager. Staff were also aware of the whistle blowing policy and who to contact if they had concerns about people's safety. There was a clear management structure and out of hours on call system to support people and staff on a daily basis.

We asked the registered manager about their vision for the service. They told us that it was, "To offer the best care and companionship to people and become the best care provider in Herefordshire. They also told us that there was a vision of an organisation that had, "Respect, empathy, integrity, teamwork and transparency' embedded in its approach to supporting staff and providing care and support. The staff we spoke with felt motivated to provide the best care and support that they could provide. They spoke of a management approach which was focussed on supporting staff.

The registered manager said that they had a good management structure that supported them in their role. They told us that the area was split into three distinct regions, each with a team of staff and a care manager of each team. They said that this promoted a small team feel for staff; it gave managers the opportunity to know the people that were receiving care and support. It also meant that through the regular meetings with the care managers the registered manager felt they could maintain a detailed overview of any operational concerns.

The registered manager carried out regular unannounced spot checks on how staff provided care and support. The registered manager told us that this was a way of making sure staff were continuing to meet people's needs as planned and to also give the staff and the person receiving support the opportunity to talk about the quality of the care. They also told us that the regular reviews with people and their relatives about the care and support they received provided opportunity to give feedback about their experiences. Also the provider hosted informal tea and social events for people and their families. The registered manager told us that this was another way of gauging how people were feeling about their service. One of the changes that had been made following people's feedback was improvements in how staff changes were communicated to people that used the service.

Staff felt that they felt involved in decisions regarding the development of the service and how it was run. One staff member said, "They [provider] listen as an organisation and we feel part of the journey." There were regular staff meetings and staff told us that they felt valued and listened to. One example that staff told us about was where a different system of communicating any rota changes to shifts to staff and this had now improved. They told us that this was a result of discussions between staff and managers.

There were also regular checks and audits on areas such as risk assessments, care records, training,

accidents or incidents and medicines. We could see where actions had been taken as a result of the checks and audits. For example a new medicines system had been recently introduced. The registered manager had been monitoring it closely and had made changes and improvements to their medicines procedure as a result. This had reduced the amount of medicines errors.

The provider had when appropriate submitted notifications to the Care Quality Commission. The Provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.