

Kells Domiciliary Care Ltd

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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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Kells Domiciliary Care Ltd is a domiciliary care agency and provides personal care to people living in their own houses and flats in the community. It was providing personal care to four people at the time of the inspection.

Not everyone using the service 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.

People's experience of using this service:

People and relatives told us they felt safe with the staff and the support they received. People were safeguarded against the risks of abuse and harm.

Risk assessments were in place; however, these were not personalised. There was a lack of detailed guidance for staff to follow on how to keep people safe.

Medicines were not always managed safely. Records we checked did not give assurance that people received their medicines as prescribed. We have made a recommendation about this in our report.

Recruitment procedures had not been consistently followed. We have made a recommendation about this in our report.

Audit systems in place to monitor the quality of care people received were not effective and did not identify the concerns we found at this inspection.

The registered manager assessed people's needs to help ensure they received appropriate care. Care plans were developed in partnership with people.

People and relatives told us staff were able to meet their needs and were respectful of their individual preferences. People said staff who supported them were kind and caring.

People and relatives confirmed the service did not miss any care calls and that staff were on time.

People received care and support from a small group of staff, which provided consistency.

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around the governance of the service. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection:

This was the first inspection of the service since their registration with the CQC on 28 September 2018, following a change in provider.

Why we inspected:

This was a planned inspection based on the date of registration. Newly registered services receive an inspection within 12 months of the registration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Kells Domiciliary Care Ltd

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Kells Domiciliary Care Ltd is a domiciliary care agency, providing care to people in their own homes.

The service had a manager who had registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection site visit because we needed to be sure that the registered manager would be in.

Inspection site visit activity started on 27 March 2019 and ended on 1 April 2019. We visited the office location on 27 and 28 March 2019 to see the manager and staff; and to review care records and policies and procedures. On 1 April 2019, we spoke with three people and relatives to gain their feedback on the service.

What we did:

Before the inspection took place, we looked at information we held about the service including registration information and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. On this occasion we did not ask the provider to send us a provider information return (PIR). This is information we ask providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to

make. However, we offered the provider the opportunity to share information with us that they felt was relevant, during and following the inspection process.

During the inspection, we spoke with the registered manager, the provider, one office staff and three care staff.

We looked at three people's care plans and associated records. We looked at records relating to the management of the service, including audits and quality assurance records, policies as well as six staff files which included details of recruitment, supervision and training information.

We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with, told us they felt safe using the service. One person said, "I feel safe with the staff. I trust them." A relative told us, "The staff are always here when (person) needs them."
- Staff were aware of their safeguarding responsibilities and the service's procedures to keep people safe.
- Staff were also confident to 'whistle-blow' to other organisations, such as the local authority or CQC, if required.

Assessing risk, safety monitoring and management

- People had general risk assessments in place however these did not contain person-specific information. For example, information about specific health risks or emergency information. We discussed this with the registered manager who then put in place person-specific risk assessments for people using the service. After the inspection, they sent us evidence to show these were in place and had been shared with staff.
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately.

Staffing and recruitment

- Recruitment procedures were not always followed to ensure staff employed by the service were safe to work with vulnerable people. For example, out of the six recruitment records we checked, one did not have evidence of a criminal record check. We brought this to the attention of the registered manager who took immediate action to ensure the appropriate check was carried out. They also covered the staff member's scheduled care calls until the check was done. They sent us confirmation of this after the inspection.
- Other recruitment records had gaps in the staff members' employment history and in two records, references from previous employers had not been sought. We discussed these with the registered manager and after the inspection they confirmed the gaps in the employment history had been explored and recorded and references were in place.

We recommend that the provider follows current best practice guidance and carry out checks to ensure that all employment records meet the required standards.

- There were sufficient staff employed to meet the needs of people using the service. People and their relatives told us they knew the staff well and had built good working relationships with them. A person said, "We get on very well with each other."

Using medicines safely

- At the time of the inspection, one person was receiving support from staff with their medicines.
- A person using the service told us they received their medicines on time and staff did this safely.

- Staff had received training in medicines administration, however, their competency had not been assessed. We discussed this with the registered manager who informed us that they were planning to carry out competency assessments for all staff.
- We looked at medicines administration records (MAR) for the month of February 2019. We saw gaps in recording and there were records that had been crossed out without any explanations. We showed these to the registered manager. They confirmed that they had not checked the MAR records when these were brought to the office but were planning to do so as part of their monthly checks. After the inspection, the registered manager confirmed they had updated the MAR template to help staff complete accurate records and to avoid leaving gaps on MARs.

We recommend that the registered manager follows current best practice guidance to ensure safe medicine management.

Preventing and controlling infection; Learning lessons when things go wrong

- There were systems in place to protect people from the spread of infections.
- Staff had received training in infection control and were aware of good infection control practice when supporting people with their personal care.
- Staff had access to personal protective equipment, for example, gloves and aprons. This helped to minimise the risk of infections spreading.
- There were systems in place to investigate incidents and accidents. The registered manager told us they would investigate incidents to look for causes and trends to prevent repeat occurrences.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed people's needs prior to care commencing. The assessment helped them to determine people's support needs.
- The registered manager met with people and their relatives to help identify their preferences around their personal care routines. They also used assessments from social workers and health professionals to put care plans in place.
- Assessments considered people's protected characteristics under the Equality Act 2010 and these were recorded within their care plans.

Staff support: induction, training, skills and experience

- Staff were skilled, knowledgeable and carried out their roles effectively.
- Staff felt supported in their role by the registered manager. Staff received support and guidance through supervision, meetings and spot checks.
- People and their relatives told us they felt staff had the skills and knowledge to provide them with the right support. Comments included, "Staff are trained. New staff shadow other staff before they can work on their own" and, "staff are experienced and competent."
- New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- The registered manager told us they had requested that all staff complete the Care Certificate workbook. This is a set of fundamental standards care staff are expected to complete when supporting people in health and social care settings.

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

- People's nutritional needs and preferences were identified in their care plans. This included any risks associated with eating and drinking such as food allergies.
- Not everyone received support with their meals. Some people told us that their relatives managed their meals.
- People had varying degrees of independence in this area with some people requiring minimal support whilst others needing assistance to prepare meals. One person told us, "The staff help me to warm up my meals but I can eat by myself."

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

- Where people received additional support from healthcare professionals this was recorded within their care records.

- The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.
- People were supported by staff to attend medical appointments when needed.
- When concerns were noted regarding people's health and wellbeing, information was shared with GPs, district nurses and other relevant healthcare professionals.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA. In community settings any restrictions placed on people need to be authorised by the Court of Protection (CoP).

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- One person told us, "Staff always ask me before supporting me. I am never forced to do anything that I don't want to do."
- The registered manager sought appropriate consent to care. They visited people to go through their care plans to ensure they understood and consented to care.
- A staff member told us, "If the person refuses care, I will give them time and space then I will try again. If they keep refusing, I will respect that and record it."

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were positive about the caring attitude of the staff members. Comments included, "All staff are kind are caring", "staff are kind and nice. We can't fault them in any way" and, "staff are very good and helpful. We have no concerns."
- Staff spoke about people with respect and compassion. It was clear they had good relationships with people and their relatives. One staff member told us, "I treat people with respect, just as I would treat my family and friends."
- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- People and their relatives told us their individual needs and wishes in respect of their values, culture and religion were respected. For example, staff we spoke with were aware of people's dietary needs associated with their religion and culture.

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

- People and relatives told us staff involved them in decisions about their support and care.
- They told us that staff respected their decisions and supported them accordingly. One person told us, "They (staff) always ask me before supporting me."
- The registered manager met with people to plan and review the care and support they needed. This gave them an opportunity to involve people in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff described how they protected people's privacy and dignity and respected the need to gain consent.
- People told us staff made them as comfortable as possible when delivering personal care.
- Care plans prompted staff to respect people's independence.
- One person said, "Staff help me but do not take over. They respect that I can still do a lot for myself."
- One staff member told us, "I encourage people to get involved in their personal care and to do things they still can do. For example, put their socks on."
- People were supported to maintain and develop relationships with those close to them. For example, one person said, "The staff help me to go out and they make my friends feel welcome."
- The service recognised people's rights to confidentiality. Care records were stored securely in locked cabinets in the office. There was a confidentiality policy in place, which complied with General Data Protection Regulation, which came into effect on 25 May 2018.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support that was specific to their needs and preferences. Their care and support was planned and delivered in a way they wished.
- People and their relatives told us they were happy with the care and support provided. One person said, "I am happy with the service. I do not want to change anything."
- Staff confirmed they checked people were happy and had everything they needed before they left them.
- Care plans were in place and included information relating to people's history, social circumstances, and equality and diversity. This enabled staff to develop positive relationships with people.
- People were supported to take part in social activities where this was part of their identified needs. One person said, "Staff help me to go out when needed."
- We looked at how the provider complied with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework, making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had information about their communication needs in their care plans to guide staff on how to ensure they had the information required.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place.
- People received a copy of how to complain within the service user guide.
- People and relatives we spoke with confirmed they had not made a complaint or raised a concern. However, they all felt confident that if they did make a complaint it would be dealt with quickly. A relative told us, "The manager is very good, they are keen to resolve any issues we may have."
- There was a process setting out what would happen if a complaint could not be resolved.
- The registered manager told us they view complaints as an opportunity to improve the service they delivered.

Is the service well-led?

Our findings

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

RI: □ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided at the time we inspected.
- Risk assessments, medicine and staff recruitment records had not been audited. Issues highlighted at this inspection had not previously been identified. For example, MARs were not audited through a formal process, we found instances where missing signatures were present and there was no evidence this had been picked up and addressed with staff.
- We spoke with the registered manager to ask whether there were any records of audits and checks to evidence that they were monitoring the service and they told us that this was in the process of being implemented.

The failure to effectively assess, monitor, record and improve the quality of service to people is a breach of Regulation 17 of the health and Social Care Act 2008 (regulated Activities) Regulations 2014.

- The provider at the time of the inspection was not accurately registered with us. For example, they were registered to provide the regulated activities of personal care and treatment of disease, disorder or injury (TDDI). However, they did not have a registered manager to manage the regulated activity of TDDI. We discussed this with the provider and they confirmed they were not providing this regulated activity. They promptly submitted an application to remove this from their registration to ensure compliance with their registration conditions.
- The registered manager told us they were in the process of implementing changes and new systems to monitor and improve the service.
- The registered manager were open and transparent throughout the inspection.
- The registered manager understood their legal obligation to notify CQC of incidents and events related to people's safety and the operation of the service.
- The staff we spoke with understood and were clear about their responsibilities.
- The registered manager demonstrated commitment to provide people with a safe and caring service and to improve.
- Staff were complimentary of the support they had received from the manager.
- Staff we spoke with said they felt part of the service and were keen to work with the registered manager.

Planning and promoting person-centred, high-quality care and support with openness; and how the

provider understands and acts on their duty of candour responsibility

- People and relatives told us they felt the service was well-managed. Comments included, "The manager is good. He is friendly and I can talk to him" and "I can contact the manager anytime. He is available when needed."
- Staff were supported through supervisions and meetings.
- Staff told us they felt valued by the registered manager and their views were considered.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and the relatives we spoke with told us they were encouraged to express their views and wishes.
- This enabled people to make informed choices and decisions about how they were cared for and at what times suited their individual circumstances.
- The registered manager said the provider was planning on sending out questionnaires to people to seek their feedback on the service.
- Staff we spoke with said that they were treated equally and fairly. One staff member said, "We do make requests and these are considered equally."

Continuous learning and improving care; Working in partnership with others

- The registered manager carried out 'spot check observations' on staff to ensure they were delivering the right care to people.
- The registered manager worked with social workers, GPs and district nurses to ensure relevant information was passed on and there is continuity of care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to effectively assess, monitor, record and improve the quality of service to people.