

Kinder Home Care Services Ltd

# Kinder Home Care Services

## 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Kinder Home Care Services is a domiciliary care service. They provide personal care to people living in their own homes or individual flats. The service provides support to people with a learning disability and autistic people within a supported living setting.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 44 people including children were receiving personal care.

### People's experience of using this service and what we found

**Right Support:** Staff communicated with people in ways that met their needs and supported them to make decisions following best practice guidance. Policies and systems in the service supported this practice. Risks to people were assessed and managed. People's care plans were comprehensive and personalised with their range of needs, abilities and goals. Staff empowered people to pursue hobbies and activities of interest to them.

There were enough staff to meet people's needs and keep them safe. People received care and support from staff who knew them well and understood their individual needs and preferences. People were supported with their medicines and their dietary needs by staff trained and competent to do so.

**Right Care:** People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff provided personalised care and support to promote people's wellbeing, enhance their quality of life and to achieve positive outcomes. Staff were trained and understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and respected their diverse needs and requirements. People's communication needs were identified, and care plans detailed their preferred ways to communicate and make decisions.

**Right Culture:** Staff were safely recruited and provided consistently and continuity in care. Staff received an induction and training which included areas of care and support, infection prevention and control, and person-specific training. Action was taken to ensure systems to monitor staff training was kept up to date.

was strengthened.

Quality systems were in place to monitor the quality of service to enable the provider to improve the service and the lives of people supported. Risks to people were managed effectively and safely and people and their relatives were involved in planning their care. The registered manager was responsive to feedback and introduced a system to ensure people's care needs were reviewed regularly, involving the person and their families, advocates or other professionals as appropriate.

The registered manager understood their role and responsibilities. Staff placed people's wishes, needs and rights at the heart of everything they did. Feedback received from people, relatives, staff and professionals about the quality of care and the management was consistently positive.

People and their relatives told us they felt confident to approach the management team and that their feedback or complaint would be listened and responded to. The management team had a shared commitment to the culture and values of the service, where people remained at the centre of their care and support.

The management and staff worked with external agencies and health and social care professionals. Local authority commissioners reported the provider was responsive to feedback and was working with them to make the required improvements and recommendations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good at the last inspection (published 10 October 2018). The rating remains good.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and prompted in part due to concerns received about the quality of care and risks to people.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kinder Home Care Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Kinder Home Care Services

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by 1 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

#### Service and service type

This service is a domiciliary care agency. It provides personal care to children and young people, and people living in their own houses and flats. This service provides care and support to people living in a 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was to ensure the registered manager would be available in the office to support the inspection.

Inspection activity started on 4 October 2023 and ended on 10 October 2023. We visited the location's office

on 4 and 6 October 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people and 8 relatives of people who used the service. We spoke with 8 staff members, including the registered manager, deputy manager, a team leader and support workers. We reviewed a range of records, including 6 people's care records and medicine administration records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People told us they felt safe with the staff that supported them. Relatives told us they had no concerns about staff, or the care provided.
- Staff received safeguarding people and children training and knew how to report abuse and protect people. A staff member said, "Abuse is different types; it can be financial, physical, verbal or sexual. If I saw this I would report it to my manager. I can also tell the local authority or CQC."
- The provider had a safeguarding policy which detailed actions to help keep people safe in the event of concern to their safety or wellbeing. The service collaborated with partner agencies by reporting and investigating allegations of abuse and took action to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. There was clear guidance for staff to follow to keep the person and themselves safe. For example, a care plan instructed staff how to use equipment to move a person safely and took account of the individual's ability and routine.
- Staff were knowledgeable about people's health conditions and how it affected their ability. Additional risk assessments were in place for specific risks associated with people's health needs such as support with a catheter and managing health conditions such as diabetes.
- Environmental risk assessments were completed of people's homes to ensure the safety of the person and staff.
- People were positive about the care they received and how risks were managed. A relative said, "Staff are friendly, considerate and caring. We've discussed how risks need to be managed. They take care of what needs to be done and do it with the utmost care."
- Where required, people were supported to manage their tenancy, monitor health and safety within their home, and supported to report concerns to the landlord.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- People and relatives told us they were supported by the same staff group. One person said, "I generally get the same two [staff] all of the time so I know who's coming." Feedback from relatives about staff punctuality was mixed. They said, "They don't let us know if they're running late" and "They are always punctual given 5-10mins either way due to traffic." We shared the feedback with the registered manager, and they assured us communication would be improved.
- The provider used an electronic call monitoring (ECM) system to plan and monitor visits. A sample of care rotas showed there was no travel times between visits. The deputy manager addressed this immediately

and informed the relevant staff. The registered manager told us they monitored staff punctuality and records confirmed action had been to address this.

- Staff told us they had enough time to support people. Staff had access to the on-call manager for support and advice outside office hours.
- The provider operated safe recruitment processes. Staff files contained pre-employment checks such as references, right to work checks for overseas staff on sponsorship and Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People either self-administered or were supported by staff to take their medicine. Where people required support with medicines this had been assessed and care plans included guidance for staff to support people with their medicines. Electronic medicines records evidenced people had received their medicines as prescribed.
- Staff received medicines training and their competency was checked regularly to ensure good practice was followed.
- The medicines policy and procedure was in place.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff had received up to date infection prevention and control training and had adequate supplies of personal protective equipment (PPE) including face masks.

#### Learning lessons when things go wrong

- Staff told us they knew how to report accidents and incidents and management shared any lessons learnt to prevent similar incidents from happening again.
- Accidents and incidents were recorded and analysed individually. We discussed with the management team the need to strengthen the oversight of these incidents and accidents. When we returned the next day the registered manager had developed a central system to monitor, analyse all incidents, accidents and complaints, which would be used to identify any trends and to improve people's safety.



# 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.

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. This meant 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

- People and their relatives were involved in the assessment process. One person said, "I have been involved in my care plan on and off a few times over the years." A relative said, "[Person] and I've been involved from the beginning with the assessment which was done with [Registered manager] and social worker."
- Comprehensive assessments of people's needs and choices were completed. Care support plans were personalised. Details of people's individual preferences, routines and goals were recorded and provided a clear overview of the person; what was important to them and included the people they wanted to be involved in their care. This helped ensure their individual needs could be met by staff supporting them.
- People's care had been reviewed when changes were needed such as additional support required, times or the frequency of calls and this had been implemented.

Staff support: induction, training, skills and experience

- People and relatives told us staff were skilled and competent to support them. Comments included, "Most are very well trained; all are pretty good. The regulars [staff] are very, very good" and "The majority are well trained, especially [Staff Names]."
- Staff told us and records confirmed they completed a comprehensive induction. This included shadow shifts with an experienced staff member to learn how to deliver person-centred care and their practice was checked before they worked alone.
- The provider had identified essential training subjects required by all staff. This included, person centred care, safeguarding procedures, equality and diversity, moving and handling, first aid and health and safety, amongst others. Training in learning disability and autism was limited, however, after raising this the management team arranged additional training.
- Staff felt supported in their role, were supervised and received feedback on their performance. A staff member said, "Management supports and helps me to do my best for people I support."

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

- People's dietary needs were considered as part of the assessment process. Care plans had clear information where people required dietary support. This included food and drinks choices; tolerances and the level of support required to prepare and consume food and drink.
- A person told us staff prepared meals for them and said, "I get my choices such as toast or Weetabix, sandwiches and soup." Where required, staff monitored people had enough to eat and drink to maintain their health.

- Staff told us and records confirmed they were trained and competent to prepare and support people with their meals and drink.

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

- People were supported to live healthier lives, access health care services and support. A relative said, "Staff have been attentive; they let me know when there's been changes in [Person's] physical health at the time, so I call the surgery straight away."
- Staff told us, and records showed, the service worked effectively with health and social care professionals. For example, they sought advice from the health care professionals and made referrals to external professionals for further assessment and support.
- Health action plan and emergency grab sheets were in place. These ensured information could be shared with hospital and health care professionals in the event of a medical emergency.
- The registered manager had introduced a communication log with professionals and family members, so it was clear and easy to refer to. A limited log was seen during the inspection.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The provider was working within the principles of the MCA. The registered manager was aware of their duty around MCA. Staff were trained and gave examples of how they supported people to make decisions about their care and support.
- People confirmed staff always sought their consent prior to providing care and support. A person said, "[Staff] always ask and say, - do you want have a wash or shower."

# 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.

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. This meant 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 well supported. Positive comments were received from people and relatives about the kind and caring approach of staff. Comments included, "Very kind and respectful to both of us. Always polite and makes sure Name] is comfortable" and "They are very friendly; I had a fall and [Staff] never left me until my [family member] came."
- People had developed relationships with staff. A relative said "Staff are always positive and happy around [Name]. They chat and are liked by [Name] and will reassure them if they're upset."
- The registered manager understood the Equality Act. Staff had completed equality and diversity training. People did not feel discriminated against. People's protected characteristics were considered during the care planning process and reflected in their care plan.

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

- People were supported to express their views and make decisions about their care. Feedback from care reviews and decisions made had been documented in people's care plans.
- People's individual preferences and routines were known to staff and care plans included this information. People participated in the review of their care when changes to their needs had been identified. A relative said "The care plan was reviewed 3 months back and they do everything that I ask. The care plan is in [Name's] folder."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted. A relative said, "Staff are very respectful and make sure [Name] has the privacy they need. [Name] always looks good, clean and is happy."
- Staff treated people with dignity and respect. Staff shared examples of how they promoted people's dignity when supporting with personal care needs. One person told us staff supported them to remain as independent whenever possible and their care plan described the level of support required on a good day.
- A confidentiality policy was in place. Staff understood the importance of keeping information safe and secure and had undertaken training in data protection and confidentiality.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported as individuals, in line with their needs and preferences. Care provided was personalised to suit people's routines. A relative told "They come in early if [Name] has a hospital appointment and they come out when [Name] has come back home – it's brilliant."
- People told us staff encouraged them to remain in control of their care and support, for instance, care provided was adapted as people's needs changed. Care plans were comprehensive, covered all aspects of people's lives and included individual goals and abilities, and guided staff on how best to support the person.
- Staff gave examples of how they empowered people to make their own choices wherever possible and feedback received confirmed this. A relative said, "The carers always give [Name] choices and supports them to do what they want to do."
- People were supported to maintain relationships and follow their interest and hobbies. The service provided social calls which included shopping and cleaning services. A relative said, "[Name] also has social support, where staff will take [Name] out to the coffee shop [safety measures] in case of bumps or falling. [Name] always looks forward to going out."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. Information was available in different formats to ensure all information could be understood by adults and children.
- People's communication needs were understood and supported. For example, a person's care plan included pictures and symbols which they understood. Staff knew the people they supported well; understood how they expressed themselves and acted on their wishes.

### Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care. People had no concerns about the service and felt assured complaints would be taken seriously. A relative said, "I complained about a carer who turned up with an attitude and was not good for [Name]. I raised this

with [registered manager] and they replaced that carer with someone who is good."

- The provider had a clear complaints policy and procedure which was shared with people using the service. Records showed complaints had been fully investigated and addressed.

#### End of life care and support

- At the time of the inspection no one required end of life care.
- Some staff had experience of caring for people on end of life care. Training in end of life was limited, however, after raising this the management team arranged additional training.
- The provider had an end-of-life policy in place. The registered manager was knowledgeable about end of life care planning and had good working relationships with health care professionals. Where people's end of life wishes were known these were documented to ensure people received compassionate care and support.

# 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.

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service which encouraged feedback regarding all aspects of care and support.
- The registered manager and staff knew people well and they worked in a person-centred way. Care plans were comprehensive and provided clear guidance for staff to ensure people received personalised care and support which promoted positive outcomes for people.
- People and relatives told us they would recommend the service to others.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us the registered manager was open and honest.
- The registered manager understood their responsibilities under the duty of candour. They ensured people were kept informed and apologised if errors occurred.
- The provider had notified CQC about significant events, which they are required to tell us. This helps us to monitor the service.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements. They had invested in a new electronic care planning system.
- Regular audits and checks were completed to monitor the quality of care provided. For example, care visit times, care tasks and records completed by staff were all monitored. Additionally, spot checks to observe and monitor staff performance were completed. Action had been taken when shortfalls were found.
- We found reviews of people's care and monitoring of staff training needed to be strengthened. Some people's care reviews had not taken place as planned and some staff had not completed training in learning disability and end of life care. We discussed this with the registered manager. They assured us whilst people's needs had not changed; reviews would be prioritised to ensure information was up to date before being transferred to the new care system. Relevant staff were required to complete the outstanding training topics, which they monitored. A care review and staff training schedule was introduced to improve management oversight.
- Staff understood their roles, were accountable for their actions and felt supported by the registered manager. A staff member said, "Management are very supportive. They encourage me to express my views

and make suggestions to help people have a better quality of life."

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- The registered manager had regular contact with people, their relatives and the staff team. They welcomed feedback about the quality of service. This included feedback, which was gathered during spot checks, complaints and through surveys. The results from the survey in August 2023 were positive. People had complimented the staff and the service, for instance a person wrote, 'I couldn't find fault with them. There's always someone to talk to when you ring the office.'
- Staff told us they felt well supported with regular supervisions and had regular staff meetings, where they received updates and information from the registered manager.

Continuous learning and improving care Working in partnership with others

- The provider had created a learning culture at the service which improves the care people received. The registered manager kept their knowledge up to date through training and attending various forums and conferences.
- The provider worked in partnership with others including health and social care professionals and records viewed confirmed this. For example, advice was sought for a person's specific care issue and they supported another person with a housing issue.
- We received feedback from the local authority who monitors people's packages of care. At the last monitoring visits a number of issues were found and an action plan was put in place. The registered manager told us they had addressed most of the action plan. This showed a commitment to improve the service.