Kernow Home Care Limited

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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

We inspected Kernow Home Care Limited on the 22 and 26 June 2017, the inspection was announced 24 hours in advance to ensure that the manager of the service would be available. This is in accordance with our current methodology for the inspection of home care agencies. The service was last inspected in January 2015. At that time the service was found to be good overall. We found the service remains good at this inspection.

The service provides care and support to adults of all ages, in their own homes In and around Penzance and St Just in the far west of Cornwall. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and with support to prepare meals.

People said they felt safe while receiving support and relatives told us people were safe. Staff understood local safeguarding procedures and how to recognise signs of potential abuse. They told us, "People are as safe as we can make them" and "Everybody seems safe".

People's care plans provided staff with sufficient detailed guidance to enable them to meet their care needs. These document had been reviewed and updated and included risk assessments and information for staff on how to protect people from identified areas of risk.

The service was short staffed. The registered manager recognised this issue and was in the process of actively recruiting additional staff members. In addition, the service was declining new care packages at the time of our inspection. Following the inspection the registered manger took action to ensure that the available staff team were able to meet people's needs. People were aware of the staffing issues but reported this had not impacted on the quality of support they received. One person told us, "They are jolly good. They are short staffed but my golly they are cheerful and all very willing." Staff commented, "Staffing is tight but we are getting it covered" and "It is not impacting on the people." We found that were sufficient staff available to provide all of the service's planned visits but this involved managers providing significant numbers of care visits.

Staff rotas were well organised and people normally received support from consistent small groups of care staff who they knew well. People told us, "They always turn up" and record showed that the service had only missed two care visit so far in 2017. The service used a mobile phone based application to share information about planned care visits with staff who told us, "We get the rota every Friday via e mail and on the App which is brilliant. It has a list of all the visits you have to do each day".

Rotas included travel time between consecutive care visits and the service call monitoring data showed that people routinely received care visits on time and for the full duration. People told us, "They are seldom late", "Very good for time, bit late for traffic occasionally but that is not their fault", "They don't rush me" and "It is mostly the same one so we have gotten used to each other."

Recruitment procedures were safe and all necessary checks had been completed before new staff provided support. There were induction training procedures in place for new members of staff and all staff new to the care sector completed the care certificate. The registered manager was in the process of reviewing and updating the service's training policies and had recently appointed a training lead to ensure staff training needs were managed. As part of this process analysis of the training needs had been completed and an action plan developed to ensure these needs were met. Staff had noticed improvements in the service's training systems and told us, "The training is much better" and "There is a plan to improve the training."

The service was acting within the legal framework of the Mental Capacity Act 2005(MCA). Management and staff understood how to ensure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

People told us they got on well with their care staff who were kind and attentive. People comments included, "They are awfully good, they really are" and "They have always been helpful and courteous. They all seem to have kind hearts". Staff told us they knew people well and had time during care visits to chat with people to gain a better understanding of their individual needs. Staff said, "All my regulars I know really well. It is important to talk to people so you know how they are" and "We are getting set rounds so it is stable and you can build relationships. People like the consistency".

We observed people were involved in making decision an choices about how care was provided during each visits. People told us staff respected their decision and staff said, "I don't force anyone to do anything but I will try to encourage them. It is always [the Person's] choice, don't assume they will have the same as last time." Where people declined planned care this had been document in care records, reported to office staff and shared with health professionals were appropriate.

People and their relatives said the service was well organised and told us, "It is very good indeed, especially since the new manager has been there. Things have picked up a lot. I think they have made a difference" and "I would give them eight or nine out of ten. They are very good".

There was a clear well understood management structure in place and staff told us the service on call systems worked well. Staff reported that the registered manager had made a number of improvements within the service and told us, "The new manager is lovely, they have brought a lot of good things to the company" and "The manager is firm but fair. They have made some changes for the better. It is more structured and more organised as he is office bound".

There were systems in place to gather regular feedback from people using the service and processes available to ensure any complaint received were investigated and resolved. Quality assurance processes were effective and the service policy documents had been recently updated.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Kernow Home Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 22 and 26 June 2017and was announced 24 hours in advance in accordance with our current methodology for the inspection of home care services. The inspection team consisted of one adult social care inspector.

The service was previously inspected on 30 January 2015 when it was found to be good in all areas. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we visited two people at home and spoke with five people and three relatives via telephone. We also spoke with seven care staff and the registered manager. In addition we also inspected a range of records. These included four care plans, three staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe while receiving support from Kernow Home Care Limited. Their comments included, "Definitely, yes I feel safe" and "Oh yes I do [feel safe]" while relatives told us, "[My relative] is safe". Staff said, "People are as safe as we can make them" and "Everybody seems safe".

Staff had received training in safeguarding adults and knew of how to report any concerns they had in relation to people's safety. They were aware of how to recognise signs of potential abuse and the relevant reporting procedures. Posters with details of how to raise safeguarding concerns were displayed in the service's offices and managers had recently completed additional training in their safeguarding roles and responsibilities with the local authority.

Assessments had been carried out to identify any risks to people or the staff supporting them. This included risk in the environment of people's homes and in relation to their individual care needs. Where risks had been identified staff were provided with guidance on the actions they must take to protect people. For example, where a person had been identified as at high risk of falls, staff were provided with guidance on how to safely use equipment to protect the person from risks while receiving care and support.

There were appropriate reporting and recording systems in place for an accident or incidents that had occurred. Where staff had been present or injured as a result of an incident this had been recorded in the service's accident book. Where accidents had occurred prior to staff arrival this information had been recorded in daily care records and reported to managers who took action to ensure the person's safety. For example, one person had had a number of unwitnessed falls in the days before our inspection. Staff had reported this information to managers who had shared this information with the person's doctor. This demonstrated staff took action to support a person and ensure their safety was being managed.

The service was short staffed at the time of our inspection and care managers were regularly providing care visits as opposed to focusing on their management responsibilities. The shortage of staff had recently increased with the resignation of two members of staff. The service was actively recruiting at the time of our inspection and had identified a number of possible additional members of staff. Staff told us, "We are just managing", "The last two weeks have been difficult as two staff leave at the beginning of June" and "Staffing is tight but we are getting it covered" while care managers commented, "If the two new staff come on it will be such a relief" and "It is not impacting on the people." People were aware that the service was short staffed but reported that this had not impacted on the quality of care they received. One person told us, "They are jolly good. They are short staffed but my golly they are cheerful and all very willing". The registered manager recognised that current staffing level were a significant challenge and was currently refusing to accept additional care packages. During the inspection visit we repeatedly heard staff declining additional care packages. In addition, following the inspection were informed that the registered manager had taken other appropriate action to ensure the staff team were able to provide all care visits required each week.

A staff rota was produced each week with details of the care visits each member of staff was due to provide. We reviewed the rotas for the week of our inspection and found all visits had been allocated and staff were

provided with travel time between consecutive care visits. Staff told us, "We get the rota weekly in advance," "We do get time to travel between visits," "If they make change to the rota they update you by phone and the app to make sure you know about it" and "I get my rota a week in advance and I do not get asked to fit extra visits in". In addition, the service used a mobile phone application to inform staff of the care visits they were due to provide each day to ensure they were aware of their individual responsibilities. One staff member commented, "We get the rota every Friday via e mail and on the App which is brilliant. It has a list of all the visits you have to do each day".

None of the people we spoke with had recently experienced a missed care visits and people's relative told us, "They always turn up" and "We have never had a visit missed." We reviewed the service call monitoring records and saw that no planned visits had been missed between January to May 2017. Staff told us, "I can't say that it is something that happens. It would be difficult to do anyway as you have the rota on your app", "No matter what the clients will get there visits" and "Missed visits, as a rule, no we don't have them." In June two care visit had been missed as a result of staff sickness. Attempts had been made by senior staff to cover these planned visits but they had been missed as the manager had been unable to locate the person home.

People told us their staff normally arrived on time and call monitoring data showed that the service consistently provided care visits on time and for the planned duration. People's comments included, "They are seldom late", "They are never really late, parking can be an issue but that is not their fault" and "Very good for time, bit late for traffic occasionally but that is not their fault". This inspection was completed shortly before a significant local festival. Managers recognised this was likely to cause significant travel disruption. People had been informed of the likely disruption and visits schedules were altered to ensure people's care needs could be met.

The service's recruitment practices were robust. All necessary checks including Disclosure and Baring Service checks, reviews of employment histories and reference checks had been completed. This ensured prospective staff were suitable for employment with vulnerable adults.

The majority of people the service supported managed the own medicines with support from family members. Staff normally provided assistance by reminding or checking that people had taken their medicines or provided assistance to open medicines packaging. Staff had received training in how to support people with their medicines. Where people required assistance this was detailed in their care plan, completed in accordance with the service's medicines policy and documented in care records.

There were appropriate infection control procedures in place. Staff were able to collect personal protective equipment freely form the service's offices and were observed to use these items during the care visits.

The service did not hold monies on behalf of people but did have systems in place to support people by collecting items of shopping on their behalf. Details of the support provided were recorded in daily records and people were provided with receipts for all purchases made.

Good

Is the service effective?

Our findings

New staff completed an induction when they commenced employment to introduce them the agencies working practices and health and safety procedures. New employees were required to complete a number of training courses identified as necessary for the service and to review and become familiar with its policies and procedures. In addition, staff new to the care sector were required to complete the care certificate. This nationally recognised training has been developed to provide staff with an understanding of current good practice. One recently recruited staff member told us, "I did the care certificate training."

The registered manager had identified issues in relation to the service's training systems and was in the process of introducing a number of changes. An experienced member of staff had recently been asked to become the service training lead. The service's training policy was in the process of being reviewed and updated. An analysis of training needs had been completed and the training matrix updated. Following this analysis an action plan had been developed to address identified staff training needs. Staff told us they had noticed improvements in the services training and commented, "The training is much better", "We are all kept up to date" and "There is a plan to improve the training."

Staff said they well supported and one staff member commented, "I had a supervision spot check the other day." All staff received regular supervision from the registered manager while spot checks to monitor the quality of care provided were completed by care managers.

Staff supported some people to access healthcare appointments if needed. In addition, office staff regularly liaised with health and social care professionals including GPs, occupational therapists, district nurses and social workers to ensure people's care needs were met. Where guidance had been provided this was included in the person's care plan.

Staff and managers had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that posters detailing the five principles of the MCA were displayed throughout the service's offices to remind staff of the importance of this legislation.

Records showed staff had engaged with decision making process's in relation to the support provided to people who lacked capacity to ensure preferences were respected and that decisions were made in the person's best interest. Staff also understood that the decisions of individuals with capacity had to be respected and that people were able to make unwise decisions. For example, one person who had capacity was regularly refusing prescribed fortified drinks. Staff had respected these decisions and documented each refusal in daily care records.

Staff supported people to prepare meals and ensured people would be able to access snacks and drinks between care visits if they wished to. Where the staff had become concerned that a person was restricting their dietary intake they had sought guidance from health professionals and provided additional encouragement and support with meal preparation.

Good

Is the service caring?

Our findings

People told us they were well cared for by kind and attentive care staff. People's comments about their care staff included, "They are very nice, all of them", "They are awfully good, they really are", "They have always been helpful and courteous. They all seem to have kind hearts" and "I think they are very, very nice and trustworthy group of young ladies." People's relative told us, "The carers have been absolutely fine" and "They do a good job."

Staff were motivated and committed to making a difference to people's lives and confident they were meeting people's needs. Staff comments included, "It's a good job, I really enjoy it" and "The care side is excellent, people will say we are a good team".

Rotas, daily records and call monitoring data showed that people were normally supported by consistent small groups of staff who visited regularly. People told us, "We pretty well see the same one regularly" and "It is mostly the same one so we have gotten used to each other." Staff told us they knew people well, understood their care needs and had been able to develop trusting and supportive relationships with people who they saw regularly. Staff comments included, "I find it a Very rewarding job as you can build a relationship with the people you support", "All my regulars I know really well. It is important to talk to people so you know how they are" and "We are getting set rounds so it is stable and you can build relationships. People like the consistency".

During our home visits, we observed that staff provided compassionate and friendly support. People were involved in all decisions about how their care was provided. People and their relatives told us, "They ask me how I want things done" and "They ask [My relative] would you like a shave or things like that and do what he wants." Staff understood the importance of respecting people's wishes and told us, "People are free willed and we do what they want", "If they decline care we would encourage them but you have to respect their decisions" and "I don't force anyone to do anything but I will try to encourage them. It is always [the Person's] choice, don't assume they will have the same as last time."

People told us staff did not rush during care visits and stayed longer than planned to provide additional support if required. People's comments included, "They don't rush me", "The staff are very friendly and have time to chat", "We talk and chat, it's rather nice" and "Once the carer had to stay till 22:00 to help me". Call monitoring data showed that people received care visits for the full duration and that the service regularly provided more support than planned.

People told us staff always checked if they needed any other help or support at the end of each visit and we observed this during our observations. Staff said, "You always ask, 'Is there anything you would like me to do?' at the end of the visit". Where people had limited mobility, staff ensured everything the person needed was within reach at the end of the care visit. This included; snacks, drinks, remote controls, telephones and alarm systems to call for assistance if required.

People said staff respected their privacy and told us, "They never talk about other clients" and "They are very

discrete". There were systems in place to ensure information was shared securely with staff to protect people privacy. A password protected mobile phone application was used by office staff to share information with carers and this meant people's data was secure as only relevant staff were able to access this information.

Good

Is the service responsive?

Our findings

The service was unable to complete care needs assessments prior to initial care visits due to local commissioning practices. Initial care visits were provided by experienced members of staff and peoples care plans were developed by combining information provided by commissioners with the service's assessment processes and staff experiences of providing support during the initial week of care provision.

People's care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Important daily routines or specific tasks were clearly highlighted and staff were provided with clear instructions in relation to the support to be provided during each care visit. Each person's care plans included well defined objectives for the care and support provided. For example, "To keep [Person Name] in the home [they] love." In addition, staff were provided with information about people's life history, previous hobbies and current interests. This helped new staff to develop relationships with the people they supported and understand what was important to them.

People's care plans had been reviewed and updated. However, the care plan in one of the two people homes that we visited was not the most recent version. We raised this with the registered manager and an updated version of the care plan was delivered to the person home during the afternoon of the inspection. People consistently told us they had a care plan and that staff understood their support needs. People's comments included, "They have a book here" and "They know what to do." Staff told us people's care plans contained the information they needed. Staff said, "It is there in black and white what you need to do. They are good guidelines", "The care plans are being updated, There is one in each person home" and "I will go to the office and read the care plans before I do a shift I have not done before".

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. People told us, "They put down what they have done and what I have had to eat" and "We do have a book they sign it every day". These records accurately documented the care and support provided by staff during each care visits along with details of the time of staff arrival and departure. Where staff identified any area of concerns or changes in care needs these had been recorded in the daily records and reported to office based staff where further action was necessary. These records were returned to the service's office regularly to be reviewed by managers.

The service had systems in place to ensure any complaints received were documented and investigated. People told us they would report any issues to the manager and were confident any issues would be addressed. Comments received from people and their relatives included, "No faults at all, I am delighted with them", "[The manager] came to see me, we had a long chat. He was very good and sorted things out" and "If I had any complaints I would bring them up with the manager but I don't have any". In addition the service regularly compliments and thank you cards from people, their friends and relative. On recently received card read, "Many thanks for your kind and thoughtful care ……. it is much appreciated."

Good

Is the service well-led?

Our findings

The service is required to have a registered manager and there was a registered manager in post at the time of our inspection. 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 told us that the registered manager had made a positive impact on the service's performance and there had been a number of beneficial changes. People said, "The manager is very good. He listens to both sides and then puts things right. I think he is good for the company" and "It has improved a lot lately, [The registered manager] is on the ball".

People reported that Kernow Home Care was well organised and that the registered manager had impacted positively on the quality of the service they received. People and their relatives said, "Overall they are looking after me very well", "It is very good indeed, especially since the new manager has been there. Things have picked up a lot I think he has made a difference" and "I would give them eight or nine out of ten. They are very good".

Staff also recognised the manager's positive impact on the service's performance and told us, "I think he is a good manager", "He is always there to help. He does a lot to help out", "The new manager is lovely, they have brought a lot of good things to the company" and "The manager is firm but fair, He has made some changes for the better. It is more structured and more organised as he is office bound". Staff commented that it was beneficial that the manager was not from the local community and one said, "Everybody knows everybody else here, so it is quite good that he is a bit of an outsider."

There was a management structure in the service which provided clear lines of responsibility and accountability. The register manager was based in the service's office full time and did not normally provide care. The service operated in two area based teams centred on Penzance and the other around the St Just area. Each area team was led by a care manager and with support from a senior carer. Care managers were ideally mainly office based while senior carers spent most of their time updating people's care plans, completing spot checks and provided care visits. Staff shortages meant that currently care manager and senior cares where regularly providing care visits.

The staff team were well motivated and committed to ensuring people care needs were met. They felt well supported by office based staff and reported that the services on call system worked well. Staff told us, "I have rung them a couple of times and they always answer" and "The on call service is great, they get back to you straight away".

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. The registered manager regular visited people at home to review the person's care needs and discuss their experiences. In

addition, each quarter surveys were sent out to a sample of 15 people to gather further feedback and monitor people's experiences of care. The feedback provided was consistently positive and where issues had been reported these had been acted upon. Staff told us, "We had a team meeting in May." The minutes of this meeting showed it had provided opportunities for staff and managers to share information about the service's performance, review any challenges or issues identified by quality assurance process and discuss possible solutions.

The service's policies had been recently reviewed and updated to ensure the reflected both best practice and the service current procedures. All staff had been tasked to read these updated policies.