

Kindred Hearts Ltd

# My Homecare Tonbridge

## Inspection report

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Tonbridge  
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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

About the service:

My Homecare Tonbridge is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults. At the time of the inspection, 12 people were being supported by the service.

Not everyone using a domiciliary care agency 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 received care and support from regular staff who were kind and caring.

People's needs had been fully assessed before they received support from the service.

Care plans held sufficient detail for staff to offer support that reflected people's individual needs and preferences. Care plans were reviewed regularly and updated as required. Staff understood the needs of the people they supported and had developed positive relationships.

Safe recruitment practices were in place and people were supported by staff that had undertaken a thorough induction process and training relevant to their roles. Enough staff were employed to meet the needs of the people using the service. Staff were supported through regular supervision and team meetings.

Risks to people had been identified and staff had clear guidance available to them to support people and reduce the risk. People were protected from the risk of harm and abuse. Staff had received training and felt confident to raise any concerns they had.

Medicines were managed safely by trained and competent staff. Medication policies and best practice guidance was available to all staff. Medication administration records (MARs) were fully completed and audited regularly.

Staff had undertaken infection control training and understood actions required to minimise the risk of infection being spread. They had access to personal protective equipment (PPE).

People's independence was promoted and their right to privacy and dignity respected.

People and their relatives spoke positively about the staff and management team. People told us their views were regularly sought regarding all areas of the service. People felt confident to raise any concerns they had.

The registered provider complied with the principles of the Mental Capacity Act (MCA) 2005. Staff

understood and respected people's right to make their own decisions where possible and encouraged people to make decisions about the care they received.

Lessons were learnt when things went wrong and systems were improved if needed. The management team were responsive and approachable to people that used the service and to the staff. The registered manager had a clear understanding of their responsibilities of their registration with us.

Rating at last inspection:

This was the first comprehensive ratings inspection since the agency registered with the Care Quality Commission in March 2018.

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 the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain Good.

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

Details are in our Safe findings below.

**Good** ●

### **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 Well Led.

Details are in our Well Led findings below.

**Good** ●

# My Homecare Tonbridge

## 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 team consisted of one inspector.

#### Service and service type:

My Homecare Tonbridge is a domiciliary care service. It provides personal care to people living in their own houses and flats.

The service had a manager 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 5 days' notice of the inspection site visit because we required the registered manager to gain consent from people to contact them for feedback.

We visited the office location on 07 May 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

#### What we did:

Before visiting the service, we looked information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also looked at information sent to us by the registered manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed three people's care records, which included care plans, risk assessments, daily care records and medicines records. We looked at documentation that related to staff management and recruitment including four staff files. We also looked at a sample of audits, surveys, minutes of meetings and policies and procedures.

We gathered people's experiences of the service. We spoke with seven people. We looked at feedback given by people through the providers quality audit processes. We also spoke with the registered manager and two members of staff.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with how staff supported them. Relatives agreed with this. One relative told us, "I know [person or loved one] is safe and trust that they will keep him safe."
- Staff had been trained and felt confident that any concerns they raised would be taken seriously. In addition to safeguarding policies, the provider had a whistleblowing policy which supported staff in reporting concerns to other organisations without fear of reprisal. Staff demonstrated they knew how to report concerns and they followed local reporting procedures.
- One staff member told us, "Anything concerning a client, we call the office and it is dealt with."
- The manager appropriately contacted the local authority if they had any safeguarding concerns and records showed they had been proactive in doing so.

Assessing risk, safety monitoring and management

- Potential risks to people's health and wellbeing had been managed well. These had been assessed so that staff managed risks safely.
- Risk assessments were individualised for people's specific needs such as, personal care needs, health risks and mobility risks. Staff followed detailed guidance that informed them how the risk was to be minimised.
- People's homes had also been assessed to identify and minimise any hazards that could put them, their visitors and staff at risk of harm.
- The registered manager worked closely with people, relatives and other professionals if people required equipment to help staff provide their care safely. Staff told us they had good training to enable them to use people's equipment safely and effectively to promote people's independence and wellbeing.
- A log was kept and monitored by the office staff regarding the servicing of people's equipment such as, hoists and slings.

Staffing and recruitment:

- People's needs and hours of support were individually assessed. There were enough staff employed to meet people's needs.
- Systems were in place for the monitoring of any missed or late calls. People told us the office would telephone and let them know if their care staff was running late due to traffic. There had not been any missed visits.
- People and staff had access to an out of hours on call system manned by senior staff.
- Staff told us they had enough time and opportunity to get to know people well and provide care in an unrushed manner.
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service. This included obtaining references from previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal

convictions a staff member may have. This information helps employers make safer recruitment decisions.

#### Using medicines safely

- People that required support to manage their medicines received them safely.
- Each person had specific guidance for staff to follow, detailing the support that was required for the administration of their medicines.
- Staff received training in the safe administration of medicines and were regularly observed by the field care supervisor.
- Medicines people took had been recorded on a medicine administration record (MAR). This enabled the service to show that people had been given their medicine as prescribed by professionals. Staff checked and took appropriate action to ensure people always had enough quantities of their medicines.
- Audits of MAR showed no concerns in how people's medicines were managed by staff.

#### Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection being spread.
- Personal protective equipment (PPE) was always available for staff to use. Staff understood the importance of hand washing to reduce the risk of germs being spread. People told us that staff wore personal protective clothing (PPE) during the call such as, gloves and aprons.
- Staff had access to an infection control policy and had received appropriate training.

#### Learning lessons when things go wrong

- There were systems in place for the recording and monitoring of accidents and incidents that occurred. The registered manager reviewed these and monitored them to identify areas where risks could be minimised.

# 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;

- People's needs were fully assessed prior to them receiving a service. This ensured people's needs could be effectively met.
- People, relatives of their choice, as well as health and social care professionals (where appropriate) were fully involved in the assessment and planning of people's care.
- There were systems to continually assess people's care and support needs to ensure they received effective care.
- People had detailed care plans which showed how their needs, choices and preferences would be met by staff. These were updated when necessary. One staff member told us they found care plans had enough information about people's needs.
- People told us their care was planned and adapted to their needs. They said they were asked about their preferred visit times and this was accommodated. One person said, "If they need to change a time (just by a bit), then they always let us know in advance wherever they can."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to deliver effective care.
- People told us that staff understood their needs and could meet these. One person said, "They know how to help me."
- All staff had completed a full induction at the start of their employment and had undertaken training to meet the requirements of their role and people's needs. One staff member told us, "I love to learn, there is always something to learn in this job."
- New staff completed the Care Certificate as part of their induction. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work within the care sector.
- Staff received an appropriate level of support for their job role. Staff told us they felt supported in their role. Staff received support and guidance through supervision meetings, annual appraisals and spot checks with their line manager.
- Comments from people and their relatives included; "Staff seem well trained" and "Staff are very well trained and do all I need them to."

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

- Most people told us they were not supported by staff with their food and drinks as they or their relatives managed this. However, people told us staff always offered to get them drinks or anything they may need to make them comfortable.
- Staff received training regarding nutrition and diet so they had the knowledge to support people to eat

healthily.

- Staff told us it was very important to them to make sure they supported people to eat well, as this promoted people's health and wellbeing.

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

- People and their relatives told us that staff accessed social and healthcare professionals for support appropriately as required. Their comments included "Staff call the GP to visit if they have any concerns."
- People told us staff did not routinely support them to attend appointments with health professionals such as GPs, dentists, chiropodist, opticians and hospital consultants because their relatives supported them with this. However, they said staff supported them if urgent healthcare was required.
- During our inspection we observed the registered manager talking to one person on the telephone who had pain in their legs. The person needed a steroid injection but was unable to leave the house. The registered manager told the person they would call their GP and try to arrange this at home. The registered manager called the GP and arranged for a home visit to be carried out to assess what could be done.

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. When people live in their own homes this procedure is completed through the Court of Protection.
- We checked whether the agency was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- People told us staff asked for their consent prior to any care or support tasks. Staff had been trained and understood how this applied to their role.

# 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 truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- People, relatives and staff were overwhelmingly complimentary about the caring and nurturing nature of the service. People told us they were supported by staff who were extremely caring, kind and very friendly. Comments included, "I trust my carers.", "I look forward to seeing my carers.", "The carers are very patient and understanding."
- Rotas were planned to enable staff to provide consistency and continuity of care.
- People's care plans contained information about their likes, dislikes, preferred name, background and personal history.
- Staff had completed training in equality and diversity and were able to describe the importance of treating people as equals.
- Staff told us the registered manager motivated them to provide care to people in a way that was personal and compassionate. They also said the registered manager encouraged them to develop caring and respectful relationships with people and their family members.

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

- People told us they were involved in making decisions about their care and support. Reviews of the care people received were undertaken regularly. One person told us, "We are asked regularly if everything is okay."
- Staff understood how people communicated and used appropriate methods when communicating with them. Care plans reflected people's individual communication needs.
- People and their relatives told us they were given opportunities to express their views about the service they received and felt confident to do this. Any suggestions or changes to their care and support were acted on promptly.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity at all times. One person told us, "They always treat me with dignity when there here."
- Staff could describe how they promoted this throughout each care call. For example, closing doors and curtains and covering people up as much as possible.
- Staff supported people to remain as independent as possible. Care plans reflected people's level of independence and how staff could support this. One staff member told us, "I think it is important that people keep their independence for as long as possible." Another staff member told us, "Working in a positive and person centred way can provide people with independence."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only

accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

## 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

- Care plans were detailed and held sufficient information and guidance for staff to be able to meet people's preferred needs.
- Information about how people wanted things done within their home was available for staff. For example, 'Please wear shoe protectors whilst in the property.' Shoe protectors had been provided by the service and taken to the persons house.
- Care plans were regularly reviewed and updated in a timely way when a change had occurred to a person's needs or wishes. The registered manager told us, "We are able to recognise changes in people quickly as the service is small."
- People received support from regular staff that knew their routines well.
- Staff completed a written record at each visit to overview the care and support provided. These records reflected how each person's needs had been met.
- People told us how they appreciated staff's flexibility and willingness to do whatever they needed help with. One person said, "Sometimes we have had to ask for an earlier visit because of hospital appointments and they just sort it out".
- The Accessible Information Standards (AIS) were being met. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. Information was provided in appropriate formats as required. People were able to access documents in a variety of formats that met their communication requirements.
- Guidance was provided to staff to use free internet translation services if needed. This enable staff to communicate effectively with people where English wasn't their first language.

Improving care quality in response to complaints or concerns

- People told us they felt confident in raising any concerns or complaints to their staff or through the office; and felt these would be dealt with appropriately.
- A complaints policy and procedure was in place and accessible versions had been included within people's folders which were kept within their home.
- Records showed that complaints had been acknowledged, investigated and concluded as per the policy. A healthcare professional that had been involved in one of the complaints told us, "They dealt with the complaint very quickly and efficiently."
- People were encouraged to share their views about the care they received through regular reviews and contact with the service. Quality surveys were sent to people annually to complete. Where any concerns had been raised the registered manager had visited the person to address any issues they had.

End of life care and support

- At the time of our inspection the agency did not support anyone at the end of their life. The registered

manager told us if a referral did come in then staff would work alongside the district nursing team; staff would also complete specific training relating to the person's needs.

# 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.

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had extensive experience of working within a domiciliary care setting. The staff and registered manager showed a commitment to developing and providing person centred care and relationships by engaging with everyone using the service, relatives, staff and other stakeholders.
- Regular team meetings were held with the staff team to discuss any changes to their role such as, policy updates or changes in people's needs.
- People and their relatives spoke positively about the service. They were complimentary about the standard of care and support provided and described it as personalised.
- The registered manager and staff team worked closely with other agencies to ensure positive outcomes for people. For example, occupational therapists and dieticians.

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

- The registered manager and staff understood their responsibilities for ensuring risks were identified and reduced. Risks to people's health, safety and wellbeing were managed through ongoing review.
- Staff performance, learning and development was monitored through observation and regular supervision.
- The registered manager knew their responsibility in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.
- Policies and procedures to promote safe and effective care to people were readily available at the service. These documents were regularly updated to ensure staff had access to best practice guidelines and up-to date information for their role.
- Regular audits and checks were completed. Action was taken when shortfalls were identified, and this was shared with staff to drive improvements across the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were clear processes in place to obtain the views and opinions of people using the service, their relatives and staff. This information was used for development and improvement.
- Staff told us they felt supported by the management team and felt confident to raise any concerns they had within work or personally.

Continuous learning and improving care

- The registered manager and staff received regular support for their roles to ensure their practice remained

up-to-date and safe.

- Staff were supported to continuously learn and improve the care to people. Staff had competency checks to ensure they were supporting people effectively.
- People's care plans, daily records and medicine administration records were reviewed regularly. Actions were taken when any areas for improvement were identified.
- There were systems in place to learn from incidents, accidents, concerns and complaints.

Working in partnership with others

- The staff team had developed strong relationships with health care professionals to ensure people were receiving the appropriate care and support to meet their needs.