

Guy Peters

Kit Care Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 10 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records. The inspection team included one inspector. Telephone calls were made to people, staff, family members and other health and social care professionals between 12 and 16 May 2017.

Kit Care Agency is registered with the Care Quality Commission to provide personal care to people. At the time of this inspection, Kit Care Agency provided care to 10 people living in supported living arrangements.

The registered manager had not always completed capacity assessments and recorded best interest decisions in line with the MCA.

Systems or processes were not fully in place to provide assurances on the quality and safety of services. Feedback to evaluate and improve services was not gathered and records were not always complete.

Staff training in areas relevant to people's needs had not been consistently provided. In addition, staff did not have the benefit of a structured induction period when they joined the service.

Steps had been taken to reduce risks to people, including those risks from preventable harm and abuse. Steps had been taken to ensure medicines were managed safely.

Checks were made on staff when recruited to ensure they were suitable to work at the service.

Enough staff were available to meet people's needs and to provide personalised and responsive care. Staff felt able to contact their managers for support if needed; in addition staff supervision meetings had been introduced to support and develop staff on an individual basis.

People were supported to have sufficient food and drink and their independence in this area was promoted. People were supported to access other healthcare provision when needed.

Staff were friendly and caring and had positive relationships with people. Staff promoted people's independence and respected their privacy and dignity. People were supported to make choices and their views were reflected in their care plans. People were supported to enjoy a range of interests and hobbies in their communities.

The service responded to any issues raised and a procedure was in place to record and investigate formal complaints.

Care was responsive and personalised as it was focussed on meeting the needs of each individual person. People and families had the opportunity to contribute to reviews of their relatives care.

There was a registered manager at the service 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.

At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the main report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received care that was safe and risks were identified and assessed. Guidelines were in place to ensure medicines were managed safely. Recruitment processes ensured staff employed were suitable to work with people using the service. Sufficient staff were deployed to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not effective.

Records did not demonstrate care had been provided in line with the MCA. Staff training was inconsistent and staff did not have an induction. Staff supervision had been introduced to support staff. People's needs in relation to their health and nutrition had been met.

Is the service caring?

Good ●

The service was caring.

Staff were caring and friendly. People were involved in what care and support they required and their known views and preferences were respected. The principles of dignity, respect and independence were understood by staff.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care, responsive to their needs and were involved in planning and reviewing what care they needed. Issues raised with the service were responded to and a procedure was in place to manage and investigate formal complaints.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

Processes and systems were not established and documented to

check the care provided met with standards of quality and safety. Feedback to evaluate and improve services was not gathered and records were not always complete.

Person centred approaches underpinned people's care. Staff were motivated and understood their role. A registered manager was in place and was viewed as approachable.

Kit Care Agency

Detailed findings

Background to this inspection

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

This inspection took place on 10 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to visit the office, talk to staff and review records. The inspection team included one inspector. Telephone calls were made to people, staff, family members and other health and social care professionals between 12 and 16 May 2017.

Before the inspection we looked at all of the key information we held about the service. The provider had not submitted any notifications and confirmed no events had occurred that would require a notification to be submitted. Notifications are changes, events or incidents that providers must tell us about. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with one person who used the service and three people's relatives to get their views on the care given to their family members. We spoke with one social care professional and one health care professional who were involved with the service. We also spoke with the registered manager, the team leader and four support workers.

We looked at three people's care plans. We reviewed other records relating to the care people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records.

Is the service safe?

Our findings

One person told us, "I like it here." They went on to say if they were ever worried they could talk to staff and this helped them to feel better. Families we spoke with felt their relatives were cared for safely. One family member told us, "I don't worry about [my relative]." Another family member told us, "[My relative] seems at ease with all the staff." Most staff told us they felt confident to identify signs of potential abuse, such as unexplained changes in people's behaviour. However, not all staff had been trained in safeguarding and those that had not been trained were less confident in identifying signs of potential abuse. We discussed this with the team leader who confirmed safeguarding training would be arranged for all staff as a priority. Staff we spoke with had used their safeguarding knowledge to keep people safe. One staff member told us they had noticed changes to a person's spending and had taken steps to ensure they were protected from financial abuse. Other systems were also in place to protect people from financial abuse, for example, regular balance checks on people's money. This meant the provider had taken steps to protect people's safety while they used the service.

The registered manager had checked to ensure staff employed were suitable to work with people cared for by the service. Staff recruitment files showed checks on people's suitability to work at the service had been completed. This included checks to confirm people's identity and checks on people's previous work history. Information had also been obtained from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. These checks helped the registered persons employ people suitable to work at the service. The provider had taken steps to protect people from the risks associated with abuse.

One person we spoke with told us staff were, "Always there," if they needed them. Family members told us staff were always present whenever they visited or made a telephone call to the office. The registered manager told us they provided staff to meet people's needs as identified in their individual funding arrangements and staff rotas were in place to organise staff support to people each week. Staff were deployed in sufficient numbers to meet people's identified needs and staffing arrangements were kept under review by the registered manager.

Risks were identified and any actions to reduce risks were taken. For example, one family member told us how their relative's health needs were monitored. When we spoke with staff they also told us the measures in place to reduce risks to this person. Records showed risk assessments were in place to reduce risks to people. For example on how to reduce the risks from cooking and making hot drinks. Staff who cared for people who, at times expressed behaviours that challenged, told us they felt confident to manage them. Steps had been taken to reduce risks to people.

We asked to see how any accidents or incidents were reported. The team leader told us accident and incident records were not kept at the registered office location where the inspection was undertaken. We asked for records to be sent through to us, and the team leader sent us the last recorded incident and accident report. This showed the reported incident had been reviewed by a senior member of staff and identified further actions to reduce the risk. This meant actions had been taken to reduce risks to people.

People told us staff helped them to manage their medicines. Families we spoke with told us they felt staff helped their relatives manage their medicines safely. One family member told us, "Staff make sure [my relative] takes [their medicine]." The registered manager and team leader told us they had taken action to improve medicines management by staff and had arranged recent medicines refresher training. Staff told us and records confirmed they kept running stock checks on certain medicines and used this as an additional assurance people had had their medicines as prescribed. We saw medicines administration record (MAR) charts were signed by staff to confirm medicines were administered as prescribed. Processes were in place to ensure people were supported to receive their medicines safely.

Is the service effective?

Our findings

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

We checked whether the service was working within the principles of the MCA. Staff knowledge on the MCA and how it applied to people using the service varied. Some staff told us they were confident and knew where, for example, people did not have the capacity to manage their own finances. Other professionals we spoke with told us how mental capacity assessments had been completed for such areas as finance and tenancy agreements and staff worked in a least restrictive approach and that a lack of capacity in one area was not seen as a barrier.

However other staff told us they felt less knowledgeable on the MCA. We were also concerned the registered manager told us no one using the service lacked the capacity to make their own decisions. This was because one person's care plan stated they needed full support with all financial dealings and they appeared to not have capacity so decisions were made in their best interests. The provider's policy on 'Handling service user's money' stated where capacity is in doubt appropriate assessment will be carried out in line with the MCA.' No assessment of capacity and best interests' decision making had been recorded in the person's care plan.

In addition we found the tenancy agreement for this person included two notes stating, '[another professional] to do capacity and best interests – June 16' and 'Awaiting letter from [another professional] to confirm [person] has no capacity to sign.' We discussed this with the registered manager and team leader who confirmed the tenancy agreement had not been updated due to them waiting for information on the person's capacity. We were concerned the registered manager had not completed a capacity assessment and recorded best interests' decisions in line with the MCA. The registered manager could not demonstrate people's care was always provided in line with the principles of the MCA.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they cared for people with a range of needs, including mental health, learning disabilities, and autism. Staff supported people living in their own homes with meal preparation, administering medicines, monitoring their well-being and promoting their social needs. Staff told us they used information provided from other health professionals to help them understand people's needs. Although staff we spoke with understood people's needs and demonstrated they had the skills and experience to care for people, their training whilst working for Kit Care Agency had been inconsistent.

Staff told us, and records confirmed training to meet people's needs and to cover health and safety issues had not been consistently provided and kept under review. For example, although staff told us they shadowed other experienced members of staff when they started work, there had not been any further induction training. In addition, training in fire safety, food handling, mental health, learning disability and autism awareness had been inconsistently provided. When the provider registered Kit Care Agency with the Care Quality Commission (CQC) they submitted a 'statement of purpose' that told us how they intended to run the service. This included, 'All staff undertake regular training' and listed areas of training relevant to people's needs, such as safeguarding, fire awareness and first aid. Shortly after our inspection the team leader for the service sent us information to confirm they had reviewed all staff training and were in the process of enrolling staff on relevant courses.

Staff we spoke with told us they could contact their managers for support. They also told us the staff group supported each other well. One staff member told us, "Managers are there if I need them; they are always on hand." Staff told us they had not previously had supervision time with their immediate managers, however they told us this had just started. One staff member told us, "Everyone's really liked it." Supervision is the process of providing the opportunity for staff to reflect on their practice and identification of any learning and development needed in their job role. Staff felt supported in their role.

People who received care with their meals had sufficient to eat and drink. One person told us they were happy with the staff supporting them with their meal preparation and cooking meals in the shared kitchen. They told us, "We get a list together and go shopping." They also told us they enjoyed a cooking and healthy living course at a local college. Families we spoke with told us they were happy with the care their relatives received with their food and drink; this included menu planning as well as monitoring people's diet when necessary. The service understood how to support people with their nutritional and fluid intakes.

People were supported to maintain good health and had access to other healthcare services when needed. One person told us they saw their doctor when they needed to. Families told us they were happy their relatives were supported to visit the dentist and optician and have blood tests when needed. Health and social care professionals we spoke with told us staff kept them updated about any changes in people's needs and involved them at appropriate times. Records showed other health professionals were involved in people's care. We saw where staff had used the information provided on one person's communication methods and had incorporated this into the person's care plan. People were supported to access to other healthcare services to ensure they maintain good health.

Is the service caring?

Our findings

One person we spoke with told us, "All the staff are helpful and kind." Families spoke highly of the staff who cared for their relatives. One family member told us, "Staff definitely have an empathy with [my relative]; I'm more than happy with the staff; [my relative] gets on very well with all the staff." Staff spoke positively about the people they cared for. One staff member told us how they had accompanied a person to hospital when they were not well and waited over night with them to make sure they received the care they needed. They told us, "I wanted to make sure they got the right care; if it was my mum or my auntie I would want them to have the best care." One family member told us how staff reassured their relative over some tests they needed. They told us staff went with their relative to the appointment and, "Allayed their fears." People were cared for by staff who were caring and who were prepared to go the extra mile to ensure people were well cared for.

All family members spoke of the relaxed and happy atmosphere whenever they visited. One family member told us, "The staff are very nice; they are lovely, they've always got a smile; they are always happy to see [my relative] whenever I take them back. Staff we spoke with were aware they were working in people's own homes and were mindful of how a relaxed and friendly atmosphere was beneficial to people. One staff member told us, "This is a happy house; we have good rapport [with people] and we do laugh a lot and have fun." Staff had positive relationships with people.

One person we spoke with told us their independence was supported by staff. They told us they travelled independently and said, "I enjoy that." When we spoke with staff they were clear on what people could do independently and what they needed support with. Staff told us they updated people's care plans when their independence had grown and they could now, for example, cook a new meal. One staff member told us, "Each person is different and we want them to get the most out of life and make their own choices." People received personalised care to support their independence.

One family member we spoke with told us how staff respected their relative's privacy and dignity. They told us their relative was supported by female staff and, "Staff don't ever walk in on her when she's showering; they always knock." Staff we spoke with were aware of respecting people's privacy and dignity. One staff member told us, "I always knock and ask if I can come in." Another staff member told us, "I don't go into anyone's room unless it is with their consent." Records showed the provider had registered as a 'Dignity Champion' and had involved staff in what actions could be taken to help promote people's dignity. People received support from staff who supported the principles of dignity, privacy and respect in their day to day work.

Family members all told us staff involved people in their care. One family member said, "I know about [my relative's] care plan and so does [my relative]." They went on to say staff supported them to remain involved in their relative's care; they said, "Staff will involve me to help talk to [my relative]." Care plans recorded where people had discussed them with staff and people had signed to show their involvement. People and when appropriate their families, had involvement in care planning.

Is the service responsive?

Our findings

Staff told us they knew people well. One staff member told us how the care plan for one person had been, "Immensely helpful," when they needed to support them to attend an appointment. Another staff member told us how they noticed a change in one person's behaviour and this was a sign of deterioration in their condition. As a result they felt confident to contact the emergency services where the person received the care they needed. People received responsive care.

One person told us they were happy with their supported living arrangements. They said, "It's nice and modern and nicely decorated." Families we spoke with told us their relatives were happy living with support from Kit Care Agency. One family member told us, "[My relative] is happy with their bedroom; they have their things in their room; it's really clean and tidy and spotless." They told us their relative was supported by staff to keep their room clean and tidy. Another family member told us staff had arranged for their relative to have, "A fitted wardrobe and shelves for their TV and all their tapes; it looks very nice and they're happy." People had been supported to personalise their own homes.

Staff spoke enthusiastically about providing personalised care to people. One staff member told us, "Our job is all about the people; it's centred on them." They went to tell us how they enjoyed supporting people to pursue their hobbies and interests. They told us they were helping a person, who had a talent for art find a local course so they could develop their talent further. They also told us they were supporting another person to move to other accommodation. Families also commented on how their relatives were supported with interests which they enjoyed. One family member told us, "[My relative] likes to play music and bake." Another family member told us, "[My relative] is always going out." People were supported to fulfil their aspirations, and to follow their interests and hobbies.

One person we spoke with told us they would talk with staff if they were unhappy about any aspect of their care or support. Families we spoke with told us they had not had any reason to complain about the service; however they felt confident if they did have any concerns they could raise these with staff and they would be dealt with appropriately. The provider had a policy and procedure to manage any complaints made about the service. One complaint had been received and records showed this had been investigated in an open and timely manner.

Some staff we spoke with told us they had talked with their managers over issues they felt needed to be improved. For example, they had identified improvements were needed to medicines management. They told us they felt listened to and actions had been taken in response to their concerns as further training had been arranged. The service responded well and looked at ways to improve when concerns or complaints had been made.

Family members we spoke with told us they were invited to reviews of their relative's care. One family member told us, "I've been to all the meetings [about my relative's care plan]; we had a meeting just after Christmas; staff invited me and it keeps me up to date." Records of reviews of people's care showed the person themselves attended, along with their family members and other professionals involved in their care.

People were supported to contribute to the assessment and planning of their care.

Is the service well-led?

Our findings

We asked the registered manager and team leader what systems they had in place to check on the quality and safety of services. They told us day to day checks were made, for example, on equipment used by people, however this was not documented or structured in a formal system. When the provider registered Kit Care Agency with CQC they submitted a 'statement of purpose' that told us how they intended to run the service. For the 'governance and quality assurance' of the service, the provider had stated, 'in order to deliver a high quality service, monthly audits are carried out by the registered manager'. It went on to say the audits would cover, support plans, medication, complaints and compliments, house meetings, team meetings, staff supervision and finances. The registered manager was unable to demonstrate systems and processes were effective and ensured the safety and quality of services. In addition, there was no audit and analysis of accidents and incidents to identify any trends and to establish whether actions taken had been effective at reducing further risks.

We also asked whether people's views, those of their families and other professionals involved in the service were obtained and used to evaluate and improve the service. We were told this was not in place. Systems and processes to seek and act on feedback on the services provided for evaluation and improvement were not established.

In addition, records were not always complete. For example when we looked at people's daily records there were occasions when the morning or afternoon records had not been completed. This meant records of people's care, and decisions taken in relation to their care and treatment were not always complete.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Kit Care Agency is required to have a registered manager and a registered manager was in post. There is a responsibility for registered managers and providers to send statutory notifications to CQC when required. Notifications are changes, events or incidents that providers must tell us about. The registered manager told us there had not been any events that required a notification to be submitted.

Families we spoke with told us they were confident with the management and the staff who worked at the service. One family member told us, "They are approachable and I get answers to any questions I might have." Staff we spoke with also shared the view their managers were approachable. The service was being managed in an open style and staff felt able to talk with their managers.

Staff were highly motivated in their roles, enjoyed their work and were proud of the quality of care they gave. One staff member told us, "I feel confident it's a good service, people have a good life here." Another staff member told us, "I love it; I come to work and have a good day."

The service had been developed in line with the principles of person centred care. Other health and social care professionals told us the service had achieved positive outcomes for the people they were involved in

supporting. Families also shared the view that their relatives had benefitted from being supported by Kit Care Agency. One family member told us, "[My relative] has done very well there; I'm very happy."

Policies and procedures were available for staff and the service to follow. The team leader was in the process of reviewing the policies and procedures and ensuring they were all relevant to supported living arrangements.

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 11 HSCA RA Regulations 2014 Need for consent The registered manager could not demonstrate people's care was always provided in line with the principles of the MCA.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not in place to ensure the quality and safety of services. Records were not always complete. Feedback had not been sought to evaluate and improve the service.