

Knowsley Home Care Associates Limited

Knowsley Home Care Associates

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an announced inspection carried out on 7 January and 3 March 2015.

Knowsley Home Care Associates known also as CASA Knowsley is a domiciliary care agency providing personal care and support services to people living in their own homes. The agency operates from an office in the Huyton area of Liverpool and provides a service in the local area

and other areas in Merseyside. At the time of this inspection the service was supporting approximately 136 people within their home and the local community with personal care.

During our previous inspection of the service in November 2013 we found that the service was meeting the regulations we assessed.

Summary of findings

The service had a registered manager who has in post since May 2011. 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.

During this inspection we found that improvements were needed as to how the service managed people's medicines. This was because the current systems in place did not always protect people from the risk of not receiving their medicines appropriately.

People told us that the staff were very caring. They told us that they had a core team of staff going into their homes which was good because they got to know them as friends as well as carers. They told us that staff met their needs and had sufficient training to enable them to carry out their job.

People and their relatives told us that they were listened to by the staff and that they felt that staff were like family and that they could speak with them.

Policies and procedures were in place in relation to safeguarding people. Staff spoken with demonstrated a good understanding of what action they needed to take in the event of a person being at risk from harm.

Recruitment practices helped ensure that only people suitable to work with vulnerable people were employed by the service.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that policies and guidance were available to staff in relation to the MCA. However, we saw that improvements were needed to ensure that the MCA was fully implemented to support people in their decision making if needed.

People had access to the services complaints procedure. A system was in place to manage and monitor complaints and compliments about the service.

Systems were in place for the service to monitor the quality of the service that people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Arrangements for the safe handling of medicines were not always in place and people were not always protected against the risk of unsafe use and management of medicines.

Recruitment procedures ensured that staff were recruited safely.

We saw that policies and procedures were in place in relation to safeguarding people. People told us that they felt safe with the carers coming into their home

Requires Improvement



Is the service effective?

The service was effective.

Information about the service was available to people.

People had a care plan detailing their needs.

Staff had sufficient training to meet people's needs and to enable them to carry out their job.

Good



Is the service caring?

The service was caring.

People told us that the staff were very caring and met their needs.

Staff were aware of how to protect people's privacy and dignity.

Staff confirmed that they visited the same people as much as possible. This helped to ensure that people received a consistent service.

Good



Is the service responsive?

People and their relatives told us that they were listened to by the staff and that they felt that staff were like family and that they could speak with them.

A complaints procedure was available and monitoring of complaints and compliments took place.

Systems were in place to gather people views on the service they received.

Good



Is the service well-led?

The service was well-led.

People who used the service and staff were able to contact the office easily and at all times.

Systems were in place to check that people received the care and support they required.

Good



Knowsley Home Care Associates

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 7 January and 7 March 2014 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in. The inspection team consisted of an adult social care

inspector, a pharmacist inspector and an expert by experience. An expert by experience is a person who has personal or professional experience in using this type of service.

We spoke with 18 people and the relatives of seven people who used the service. We spoke with the registered manager and seven members of staff. We looked at the records relating to the recruitment of five members of staff, the care records of nine people and checked the records relating to the running of the service.

Before our inspection we reviewed the information we held about the service. This included any notifications received from the registered manager, safeguarding referrals, concerns about the service and other information from members of the public. We contacted the local authority which commissioned the service and they told us they had no immediate concerns regarding the service.

Is the service safe?

Our findings

People told us that they felt safe with the carers coming into their home. People's comments included "I have one of the best carers I have ever had and I completely trust the carer" and "I have male carers mainly and they are very careful with the aids they use in my care". Another person told us that they had a key safe installed at their home and they said; "Carers are very trustworthy".

We saw that three policies in relation to medicines were available which included two of the service's own policies and one that had been developed by the local council. After discussion with the service's trainer it was confirmed that the service had adopted the local council's policy in relation to managing medicines. We looked at the medicines records of four people in detail. We saw that arrangements for the safe handling of medicines were not always in place and people were not always protected against the risk of unsafe use and management of medicines. This was because the service did not have robust guidelines to help staff handle medicines safely. The policies available did not contain all of the information required for the safe handling of medicines. For example, there was no information recorded to ensure where in people's homes their medicines were kept and there was no information recorded to explain whose responsibility it was to ensure that medicines were obtained or disposed of.

We saw that no arrangements were in place to give medicines which should have been given half an hour before food at the correct time. We found that some medicines had not been given even though they had been prescribed to be given regularly and no explanation was recorded as to why medicines had not been given as prescribed. No information was recorded to guide staff as how to give medicines which were prescribed as "when required". We found that when doses of people's medicines changed the information in people's homes was not updated speedily which meant that there was a risk that people could be given the wrong dose of their medicines. We saw, and the registered manager confirmed that there was no system in place to audit and check the safe handling and administration of people's medicines. During feedback and discussion of our findings the registered manager demonstrated a commitment to make improvements as to how people's medicines are managed. During our second visit to the service we saw that an

auditing form had been developed for use by staff to assess and audit people's medication records to identify any areas of improvement needed to help ensure that people received their medicines safely.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the (Regulated Activities) Regulations 2014 as systems were not in place to ensure that people received their medicines safely.

There were sufficient staff available to meet the needs of people. All of the people spoken with told us that they were not rushed with their care and one person said; "Some staff will go that extra mile for you." Staff spoken with told us that they generally had sufficient time to meet the needs of people. However, when a person is unwell or requires more support this may result in their next visit being late. Staff told us; "We will always do what is needed" and "We always make sure people are ok before we leave."

A recruitment procedure was in place to ensure that staff were recruited safely. For example, we saw that all applicants were required to complete an application form, attend an interview and undertake checks including references and a disclosure and barring service check (DBS) to demonstrate they were suitable to work with vulnerable people. We looked at the recruitment files of the five most recently recruited staff and saw that the appropriate recruitment procedures had been followed.

Risks to people were assessed and this information formed part of their care planning documents. For example, we saw that people's living environment was assessed for any risks as well as their medicines and mobility. Emergency contact details for family members and health care workers involved in people's lives also formed part of people's care planning documents. Staff having access to this information meant that in the event of an emergency the appropriate people could be contacted quickly.

We saw that policies and procedures were in place in relation to safeguarding people. A copy of the procedures were available in the office along with a copy of the local authority's safeguarding procedure. Staff spoken with demonstrated a good understanding of what action they needed to take in the event of a person being abused or if staff suspected that abuse was taking place. Staff told us that there was always management support available to

Is the service safe?

discuss any concerns they had in relation to safeguarding people from harm. Training records demonstrated that the majority of staff had completed training in safeguarding people.

Policies and procedures were also in place to support staff in their role and that they aimed to protect people who

used the service. For example, policies relating to handling people's money and gifts and legacies clearly stated what actions staff needed to take to ensure that people's monies were managed and recorded appropriately.

Is the service effective?

Our findings

People told us positive things about the service. One person told us; “I more or less have the same carer, they are fabulous and fantastic, nothing is too much trouble for them and she has helped me gain my independence again. I can now shower myself. My confidence is back again”. Other comments included “If my carer sees things that need doing she will do it for me, they always leave my home clean and tidy” and another person told us that the staff had helped them regain their independence.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that policies and guidance were available to staff in relation to the MCA. For example, a policy was available to support staff in relation to handling people’s money in relation to the MCA. The policy clearly stated that the service followed the five principles of the MCA when staff are providing people with financial support. However, we saw that improvements were needed to ensure that the MCA was fully implemented to support people in their decision making if needed. For example, people’s care planning documents failed to demonstrate people’s decision making in relation to the care and support they received. Staff spoken with had an awareness of the MCA but had not received training in this area. We discussed this with the registered manager who told us that their wider organisation were in the process of developing their policies, procedures and training for staff to ensure that they were able to fully implement the principles of the MCA.

People’s records contained care planning documents that were personal to each individual. We looked at a number of recently reviewed care plans and saw that they contained a section titled ‘all about me’. This section gave staff the opportunity to record information about people’s past and current life choices and interests. We saw that the recently reviewed care plans had been completed with people’s life choices, family information and the care and support they required. This helped ensure that staff delivered the care and support people needed in a manner that they wished.

Information about the service was readily available. The registered manager told us that when a person began to use the service they were given a copy of the service user guide. The service user guide contained information relating to the aims of the service, people’s rights, what

services were provided and what services were they were not able to provide, how care is delivered and quality assurance within the service. In addition, information was also available in relation to the policies and procedures available at the office to help ensure the staff behave and deliver care consistently to people. There was evidence in care planning documents that people had signed that they had received a copy of the service user guide.

Staff told us that they had received an induction into their role when they began working at the service. They told us that they had found the induction useful and as part of their induction they worked along side other staff to gain experience prior to carrying out visits on their own. We looked at the induction process in place for newly recruited staff. We saw that the week long induction included training in relation to equality and diversity, skills and attitude, confidentiality, health and safety and medication management. The service had access through their organisation to a trainer to deliver the induction programme.

Staff told us how they ensured that people were supported to eat and drink enough to maintain a balanced diet. Staff told us that they worked with the same people on a regular basis and that due to this they got to know individual’s likes, dislikes and preferences well. One staff member told us that if a person chose not to have a drink they sat and talked to them and joined them in having a drink. Another member of staff told us that because they visited the same person four times each day they were able to monitor their food and fluid in take. All staff spoken with told us that if they had concerns that a person wasn’t eating and drinking sufficient amounts, they would speak with a senior member of staff at the office and if needed they would contact the person’s GP or family.

Staff told us that they felt supported to carry out their role. They told us that there was always a senior member of staff available to contact if they needed to speak about their role or any if they had any concerns. One staff member told us; “There is always someone to speak to 24/7”.

People told us that staff met their needs and had sufficient training to enable them to carry out their job. Staff also told us that they had sufficient training to carry out their role. Two staff spoken with told us that they had been encouraged and supported to obtain a National Vocational Qualification in relation to their role. Another member of staff told us that they had completed a specific award in

Is the service effective?

relation to dementia care. We looked at the training records and saw that the majority of staff had received training in relation to safeguarding, manual handling, first aid, fire safety, infection control and food safety. In addition a number of staff had also completed specific training in relation to people living with dementia awareness and

learning disability. Records of staff training were kept electronically and a facility was available to highlight when a member of staff was due to attend refresher training for their role. This helped ensure that staff received updated training on a regular basis.

Is the service caring?

Our findings

People told us that the staff were very caring and met their needs. They told us that they had a core team of staff going into their homes which was good because they got to know them as friends as well as carers.

We saw and staff confirmed that for the majority of their visits were scheduled to the same people. Staff told us that this helped ensure that people received a consistent service. This meant staff had the opportunity to get to know people and their care and support needs.

A staff member told us that they felt a consistent service helped to maintain people's dignity and independence. This was because the staff had got to know the person and trusting relationships were developed. A member of staff gave an example of how a consistent service had benefited a person they supported. They said the person had a specific personal care need that was not being met because the person had been embarrassed about their situation. The member of staff explained that over several weeks they had got to know the person, offered continual encouragement and support to meet the person's personal care need. After a number of weeks a trusting positive relationship had been formed and the person felt comfortable enough with the staff member to let them deliver the support they needed. Records relating to the care and support people received demonstrated that staff had taken time to encourage and offer support during their visits.

Staff told us that the key to their role being successful in caring for people, was good communication. They told us that in getting to know people's needs, wishes, likes and dislikes they were able to identify if people were feeling

physically or mentally unwell. Staff told us that they always chatted to people during their visits, to ensure that they were well and to give people an opportunity to talk about something that may be on their mind and to ensure people knew that they mattered. One member of staff told us; "Its not just about people's physical needs being met, its about someone's mental state as well." The newly revised care planning documents contained information about people's physical and mental health needs.

We saw that the care planning documents in place helped ensure that people were involved in their care planning. For example, the care planning document gave the opportunity to record people's day to day activities and relationships that they most value, any current concerns or difficulties and how they impact of their life, personal preferences regarding who delivers the service in relation to gender, age and culture.

Staff told us how they supported people to ensure that their privacy and dignity was maintained when they were receiving personal care. Staff shared several examples of their practice. One staff member told us about a person who liked put on their bath robe directly in the shower to ensure they are covered up. Staff told us that this was the choice of the individual. The section of the care planning document titled 'all about me' gave the opportunity to record people's personal preferences in relation to ensuring that people's privacy and dignity were respected.

As part of the staff induction process staff received training in how to ensure that people's privacy and dignity were maintained. For example, we saw that induction training included professional boundaries, equality and diversity, skills and attitudes and principles of care.

Is the service responsive?

Our findings

People and their relatives told us that they were listened to by the staff and that they felt that staff were like family and that they could speak with them.

We saw that each person had their own individual care plan. The registered manager and staff were in the process of updating care plans in use so that the information was more person centred. The new care planning documentation gave the opportunity to record people's needs and wishes in relation to their general health, personal care needs, mobility, individual preferences, personal interests, life history, memory and orientation. In addition, there was an opportunity to record domestic activities that people required support with. The content of the care planning documents varied in detail, however, we saw that the most recently updated care planning documents contained detailed information about the individual.

People told us that they were not rushed with their care. Staff felt that they had sufficient time to meet people's needs during their visits. They told us that on occasions they were delayed due to a person being unwell or requiring further assistance. One staff member told us; "We never leave until it's ok to do so". Staff explained that whenever they were delayed if possible they contacted the staff in the office for them to contact the person whose visit would be delayed. We saw that client contact logs were maintained of these calls. The logs gave the opportunity to record the nature of the calls and the outcomes.

People told us that their care needs were not reviewed on a regular basis. However, we did see evidence in people's care plan records of client monitoring visits by staff supervisors taking place. For example, one person's file recorded that four monitoring visits had taken place within a 12 month period. In addition, we saw documents that demonstrated people's needs had been reviewed by the local authority.

People told us they were listened to by the staff. The majority of people told us that they had not had to make any complaints about the service. One relative told us that they had had concerns over a member of staff who visited their home and had reported these concerns to the management of the service who dealt with the concerns.

A complaints procedure was available at the service and also formed part of the service user guide. The procedure clearly stated that people are able to raise their concerns verbally or in writing and it included the timeframes in which complaints and concerns would be responded to. We saw that a log had been developed to record compliments and complaints regarding the service. The records demonstrated that since July 2014, 11 complaints had been made about the service by people and their families. The complaints records included the details of the concerns raised, what action had been taken and the outcome. In addition we saw that 19 compliments had been recorded since June 2014. The compliments had been made by people and their families and some comments they made included; 'They do above and beyond' and 'Excellent care'.

Questionnaires were sent out to people annually to ascertain their views on the service they received. In addition the registered manager and the deputy manager carried out telephone calls to people to ask them about the service they had received. Information from these calls was recorded in people's personal files. We saw that these calls were effective in initiating changes to people's care and support. For example, during feedback on the service one person had stated that they wanted to know if the member of staff visiting them had changed. To ensure that this person had the information they wanted an alert was placed on the electronic system to inform staff that the person must be contacted in the event of any changes to the staff supporting them. This demonstrated that people's views on the service were sought.

Is the service well-led?

Our findings

There was a clear management structure at the service which involved the registered manager, the deputy manager and supervisors. People told us that they had the telephone numbers for the office and could contact them [the staff] easily and that the out of hours number was easy to use.

Staff told us that the management team at the office had been easy to contact and that they had been provided with a free-phone number which enabled them to contact someone for advice and support. Staff told us that a senior member of staff was always available to contact outside of the general office hours on the free phone telephone number. In addition they told us that they were able to visit the office at any time to discuss any concerns they had in private with a member of the management team who would always listen. Staff told us that the management was; “Good at supporting and working with staff” and “They are good to work for.”

Regular staff meetings were arranged. Staff told us that if they were unable to attend a meeting a copy of the minutes to the meeting were made available with their rota. Staff told us that they received regular support by way of supervision or just going to have a chat with a member of the management team. One member of staff told us that they found visiting the office for a chat useful to discuss any concerns they had. They told us “Any issues are talked about.”

Procedures were in place to record any accidents, incidents and safeguarding concerns raised. These were recorded electronically and monitored by the deputy manager. In order to monitor the times of people’s visit an electronic monitoring system was in place in conjunction with the

local authority. This system recorded the times in which staff were scheduled to visit a person and also recorded the actual times staff had arrived and left. This system was monitored by the service and the Local Authority on a regular basis to help ensure that people received the visits required. Further weekly monitoring took place in relation to the number of calls that had been made late, the number of calls received by the on-call member of staff and staff absence.

Care plans and risk assessment were monitored on a regular basis by staff and a new monitoring system for checking people’s medicines had been introduced. The regular monitoring of care planning records helped to ensure that any changes to people’s needs and wishes had been dealt with promptly.

To help ensure that all staff received the training and support they required to deliver care safely, an electronic recording and monitoring system for training was in place.

Knowsley Home Care Support Ltd is part of a wider organisation that has recently made some changes in relation to its operational systems. We spoke with the newly appointed quality and compliance director who demonstrated that a new auditing system had been introduced in January 2015. They explained that a full audit of the service had taken place every six months and a report of the audit was published and any actions required were addressed by the registered manager. In addition, an on-line quality compliance system was in development which would enable registered managers to have access to regularly updated policies and procedures which would promote consistency throughout the organisation. The introduction of the new systems were part of the services development plans to improve the services that people received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Systems were not in place to ensure that people received their medicines safely.</p>