

Knowsley Home Care Associates Limited

Knowsley Home Care Associates

Inspection report

56-58 Hillside Road
Huyton
Liverpool
Merseyside
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Date of inspection visit:
23 February 2018
27 February 2018
15 March 2018

Date of publication:
17 July 2018

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

This inspection took place inspection on 23 and 27 February and 15 March 2018. The first day of the inspection was unannounced.

Knowsley Homecare Associates provides care and support to people living in their own homes and assists people to access the local community. At the time of this inspection the service were supporting approximately 200 people. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community [and specialist housing]. It provides a service to adults of all ages and young people.

Not everyone using Knowsley Home Care Associates receives a 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 personal care is undertaken we also take into account any wider social care provided.

A registered manager was in post. 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.

The last inspection of the service was carried out in March 2015 and at that time the service was rated as good overall. During that inspection a breach of Regulation 12 of the Health and Social Care Act 2008 was identified as systems were not in place to ensure that people received their medicines safely. During this inspection we found that improvements had been made and the service was no longer in breach of this regulation.

We have recommended that a regular review of people's care planning documents takes place to ensure that up to date consistent information is recorded. This recommendation was made as not all of the information in people's care plans was consistent.

We have recommended that the monitoring systems in place are kept under review to ensure they remain effective. This recommendation was made as the current quality monitoring systems had not always identified areas of improvement.

People were supported to have choice in their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw that policies and guidance were available to staff in relation to the MCA.

People told us that the staff were very caring. They told us that staff met their needs and had sufficient training to enable them to carry out their job. Staff received regular support and supervision from a senior member of staff.

People, a family member and carer told us that they were listened to by the staff.

People felt safe using the service. Policies and procedures were in place in relation to safeguarding people from abuse. People's care planning considered risks to people and in most situations, plans were in place to minimise these risks.

Procedures were in place for the effective management of infection control. Staff had access to supplies of protective aprons and disposable gloves to promote safe hygiene practices.

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

Sufficient numbers of staff were employed to meet the needs of people supported. All staff received an induction and had the opportunity to 'shadow' an experienced member of staff prior to lone working with people.

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

People told us that staff always asked if they were ok and happy with the service. In addition, regular reviews and 'spot checks' were carried out by a member of the supervising team to help ensure that people received the care and support they required.

People were supported with their eating and drinking needs when needed.

People told us their privacy and dignity was protected. They also said they were offered choices that included who supported them.

Accidents and incidents were clearly recorded and reviewed by the registered manager to evidence any trends or patterns that may occur.

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.

Procedures were in place to protect people from harm.

Systems were in place to support people to take their medicines safely.

There were sufficient numbers staff to deliver care and support to people.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and their wishes obtained in order to plan their care and support.

Staff received regular training to carry out their role safely.

People's rights under the Mental Capacity Act 2005 were protected by the procedures in place.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

Positive relationships had been formed between staff and the people they supported.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they required and were happy with the service,

People knew how to raise a complaint or concern about the service they received.

Is the service well-led?

Good 

A registered manager was in post.

Minor improvements were needed as to how the quality assurance of the service was monitored.

When issues were identified, the service responded quickly to make improvements.

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 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 over a three day period. Visits took place on the 23 and 27 February 2018 and 15 March 2018. The visit on the 23 February 2018 was unannounced. All other visits were announced so that we could ensure that the people we wanted to speak with were available.

Records looked at during the inspection included assessments of risk and care planning documents, medicines records, complaints management as well as policies and procedures. We looked at the recruitment records of six recently recruited staff, and rotas. In addition, we spoke with eight people who used the service either on the telephone or by visiting them in their home, and the carer/family members of two people.

We spoke with and spent time around staff members, the registered manager and office based staff.

Prior to the inspection we assessed all of the information we held about the service. This information included concerns and complaints received from people, their relatives and information sent to us by the registered provider. We contacted the local authority commissioning team who told us they had no immediate concerns about the service. In addition, we contacted the local Healthwatch team who had no information to share regarding this service.

Is the service safe?

Our findings

During the previous inspection in March 2015 a breach of Regulation 12 of the Health and Social Care Act 2008 was identified as systems were not in place to ensure that people received their medicines safely. During this inspection we found that improvements had been made and the service was no longer in breach of this regulation.

Systems were in place to help ensure that people received their medicines when they needed them. Prior to staff taking on the role of administering people's medicines they undertook training and their competence in this area was checked. A medicines policy and procedure was in place. In addition, further procedures had been developed to improve the guidance available to staff in relation to administering medicines safely. This guidance included storage of medicines and managing medication errors. The guidance available for staff made reference to current best practice guidelines developed by NICE (National Institute of Health and Care Excellence). The majority of staff had received training and refresher training in the safe handling of medicines.

People's care planning documents contained information about their prescribed medicines they required support with, the times of administration and the dosage. Medication administration record (MAR) were completed by staff at the times medicines were administered. These records were quality checked on a regular basis to ensure that people received their medicines as they should. People told us that they were happy with how staff supported them with their medicines. One carer told us that they had good communication with the staff when the person they supported medicines changed. "We work together" they told us.

People, a family member and carer told us that they felt they received a safe service. People spoken with told us that they felt safe when staff were in their home and when they received care and support. People's comments included "I feel safe with the staff" and "I feel safe when they [Staff] are in my home". A family member told us "They [Staff] are very respectful of family members and their property, very respectful".

Policies and procedures were in place in relation to safeguarding people from abuse. A copy of these 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. When concerns had been raised the registered manager had informed the relevant authorities. Following on from one concern raised, the registered manager had developed a form titled 'Not Quite Right'. This form prompted staff to look and listen to people using the service. It gave staff an opportunity to record and report if they had identified any changes in a person's food and drink consumption, behaviour, skin integrity or general wellbeing. When changes were identified, action could be taken, for example, offering to contact a district nurse or family member. In addition to policies and procedures each member of staff had been issued with an 'Employee Handbook' which contained information about keeping people safe, for example, information about safeguarding, whistleblowing and the potential for people to experience isolation and loss. Training records demonstrated that all staff had completed training in safeguarding people.

Prior to a person receiving a service any identified risks relating to delivering an individual's care and support were assessed. This information formed part of their care planning process and documents. For example, we saw that risk assessments had been completed in relation to people's living environment, health and safety, food hygiene, personal care and finances. 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 had access to this information which meant that in the event of an emergency the appropriate people could be contacted quickly. One person's records demonstrated that on occasion, they may challenge the service and used a particular piece of equipment. More information was needed in relation to the use of this equipment used by staff when supporting the person. Risk assessments were in place, however, the information recorded was limited. A discussion took place around the need to ensure that all risks were fully considered, recorded and reviewed to ensure that detailed up to date information was available at all times. We found that the lack of information had not resulted in any harm or negative impact for the person. The registered manager took immediate action to ensure that more information was available in relation to the equipment in use.

Sufficient numbers of suitably trained staff were employed to meet people's needs. All of the people spoken with told us that they never felt rushed by staff during their visits. People told us that the service contacted them most of the time if staff were running late for their visit. Senior and office staff utilised an electronic system for the scheduling and monitoring of visits to people. This monitoring enabled the service to identify quickly if a visit to a person was late or had not occurred. Senior staff were available to be contacted at all times when staff were visiting people. This gave the opportunity for staff to seek advice or report any concerns as they happened. All staff used a mobile telephone to record electronically that they have arrived and left visits to people. The phone system also gives the opportunity for staff to access rotas, receive important messages from the management. For example, this system would inform staff if a call had been cancelled at short notice or that there had been a specific weather alert issued.

Safe recruitment procedures were in place to help ensure that only suitable applicants were employed by the service. All applicants were required to complete an application form and references were sought to confirm they were of good character. In addition, a check was carried out with the Disclosure and Barring Service (DBS) to highlight any previous history that may prevent applicants from working with vulnerable people. Prior to an offer of employment applicants had to attend a competency based interview. Records of these interviews were maintained on staff recruitment files.

Policies and procedures were in place to promote safe effective care. For example, procedures in relation to the safe handling of people and what to do in the event of not being able to access a person's home. Procedures were in place to inform staff of how they needed to report an accident or incident that had occurred. A clear reporting form was available that gave staff the opportunity to record all details of the incident and who needed to be informed. All incidents were monitored by the registered manager and where required, actions were taken to minimise the risk of the event re-occurring.

Procedures were in place for the effective management of infection control. All staff had undertaken training or refresher training in the safe management of infection control. Staff had access to a large supply of protective aprons and disposable gloves at the office. Staff were seen to collect these items when visiting the office.

Is the service effective?

Our findings

People told us that staff always asked their permission prior to delivering care and support. Comments included "They always ask" and "They ask and if I say no, they don't do it that day, my choice".

Prior to a person using the service an assessment of their needs took place. Information relating to this assessment was gathered by the service and/or obtained from a health care professional, for example, a social worker. The purpose of the assessment was to ensure that the service was fully aware of the person's needs and wishes and that the service were able to meet their needs. People's needs were assessed in areas which included personal care, eating and drinking and mobility. Information from the assessment was included in people's care planning documents to ensure that staff were aware of what and how care and support was to be delivered. In the event of a person's needs changing a further assessment took place to ensure that all of their needs and wishes were planned for.

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.

In community based services applications to deprive people of their liberty must be made to and granted by the Court of Protection. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). At the time of this inspection nobody accessing the service had an order under the Court of Protection. The registered manager demonstrated a clear understanding of the Mental Capacity Act and a policy and procedure was in place for staff to access at all times. In addition, all staff had received training in the subject of the Mental Capacity Act.

People told us that staff encouraged them to make their own decisions. One person told us that staff encouraged them daily to choose what they wanted to eat. Another person told us that if they didn't want a shower, staff respected this. A family member stated that their relative was given the opportunity daily to make decisions about the care and support they received. They told us that "They [Staff] always come but it is up to [Relative] as to whether they want all of the care delivering".

People's care planning documents contained information as to what their needs were in relation to their nutritional needs. In addition to this, information was also available to inform staff of people's preferences whilst eating and drinking. For example, one person's care plan stated "When I am eating and drinking I need space and quiet, so staff need to support me with this".

People told us that they thought staff were appropriately trained to meet their needs. When a member of staff commenced their employment they undertook an induction over a two week period. In addition, staff undertook a number of shifts 'shadowing' more experienced staff to help them understand the role. Staff training for newly recruited staff included The Care Certificate which is a set number of standards for health

and social care staff to adhere to. As part of their initial training staff undertook a functional skills assessment to identify any additional learning they may have that could be supported by the service.

Training records demonstrated that staff had undertaken required training for their role. This training included equality and diversity, dementia awareness, food safety, health, safety and fire awareness, first aid and safeguarding children and adults. A training room was available at the service's office which contained equipment for training staff in safe moving and handling techniques. In addition to classroom learning staff undertook on-line training courses.

Staff had the opportunity to further their learning by undertaking Qualification and Credit Frame (QCF) courses, formerly known as NVQ. Regular visits from an assessor took place to support and promote the learning of staff.

Following feedback throughout the inspection where areas of minor improvement were discussed to improve the service the manager took immediate action in arranging further training for the staff team. For example, training was arranged in relation to care planning, team leading, understanding behaviours that challenges, customer service in health and social care and organisational management.

Staff received supervision from a senior member of staff and regular staff meetings took place.

Is the service caring?

Our findings

People told us positive things about the care and support they received. Their comments included "Staff are very helpful", "I think they're alright" and "They are wonderful, lovely girls, kind understanding and friendly."

People told us they were treated with kindness and respect. One person told us that staff were "Respectful when they were dressing" and due to this they "Don't feel embarrassed" when care is being delivered. Another person told us that when they received personal care and whilst they had creams applied to their body staff were always respectful by ensuring they were comfortable through the process. Other people told us "Staff always close the bathroom door to give me my privacy and also cover me with a towel when delivering my personal care."

One person told us that it had taken a long time for them to build the confidence to allow staff to support them with their personal care. They told us that staff had supported them to with patience and compassion and eventually they were used to it. People told us that they had built up strong working relationships with the staff that supported them on a regular basis. One person told us "They know me and I know them and it works", another person commented "We have a laugh and sometimes we have a cry, my regular staff understand me." Another person told us "On occasions I have lost my cool and have sworn, staff understand me and are still very respectful of me".

Wherever possible people were supported by a member of staff of a preferred gender. One person told us that they always received personal care from a female member of staff as this was their choice. Another person told us that they preferred their personal care to be delivered by a male member of staff, they told us "95% of the time I am supported by a male carer".

A family member and carer told us that the service always kept in touch with them. The carer told us "They always ring if they need anything", "The [Staff member] is excellent. A family member told us that the staff team always communicated well with the family. For example, if any member of the team were going away on holiday they always informed the family, "Would not swap any of the staff" they told us.

A preferred priorities of care document was available for people to complete that recorded their wishes that related to the care and support they wanted as they approached their end of life. This additional information enabled staff to understand and plan for people's specific wishes.

People received a copy of the providers service user guide when they started to use the service. The guide gave clear information about the service and what level of support people should expect from the service. In addition, the guide contained important information that included how to raise a complaint or a concern and how to contact the service. A list of useful telephone numbers was included to assist people in contacting the local authority, independent living services, district nursing services and approved trader schemes within the local area. The service user guide was available in written format, however, the registered manager told us that alternative formats and language would be provided if required.

Policies and procedures were in place to offer guidance and direction to staff in relation to equality and diversity. In addition, staff had received training in this area. Staff also received information via the staff handbook in relation to the services principles and values of the service. This included privacy of people using the service, personal dignity, independence and individuality and personal choice.

Is the service responsive?

Our findings

People told us they were happy with the service they received. Their comments included "Very fortunate, they [Staff] are very good" and "There are three or four of my staff who are very good". People told us that they had a care plan and they were asked about their needs on a regular basis.

A family member and carer told us that they were always involved in their relative's care planning reviews. One told us "The supervisor visits for regular reviews".

Each person had a care plan that identified their needs and wishes. The care planning process gave the opportunity to record people's physical, psychological, cultural and personal care needs and how these needs were to be met. People's care planning documents were reviewed and updated on a regular basis to help ensure that they contained relevant, up to date information about people's needs and wishes so that these could be met appropriately. Any risks identified during the care planning process were assessed and wherever possible minimised.

The information in people's care plans varied with some containing detailed information as to what a person's needs were and how these needs were to be met. However, not all of the information in people's care plans and risk assessments was consistent. For example, one person's care plan stated "I have recently started choking, so I would like [Staff] to monitor this". The person's risk assessment, reviewed on the same day stated there was no risk from choking. Of the examples identified we found that no harm had been caused due to the inconsistencies in the care planning for people. We discussed the inconsistencies in information with the registered manager who arranged for identified care plans to be reviewed immediately. In addition, the registered manager stated that all care plans would be reviewed to ensure that consistent information was recorded.

We recommend that a regular review of people's care planning documents takes place to ensure that up to date consistent information is recorded.

Each person had a plan of scheduled visits that formed part of their care plan. This one page document clearly recorded the times of people's visits on specific days and what care and support was to be delivered at these times. Also included in people's care plans was a section titled 'About me – my personal profile.' This section contained useful information for staff about the individual. For example, one person's profile stated "If I am anxious, I won't listen to what is being said", "I find it better to go into a quiet room with a dim light to calm down. I will need time on my own and staff to supervise me."

Records were maintained by the staff team of what support people had received and been offered during visits. People told us that staff always completed their records prior to leaving their home.

People told us that whenever possible the service would accommodate any changes to visit times if required. For example, if a person needed an earlier visit than usual to attend an appointment or if they were going out for the day. A family member told us staff were flexible whenever they could be.

A complaints procedure was made available to people who used the service. The procedure informed people of how to raise a concern or complaint about the service they received. People told us that they knew who to speak to if they had any concerns. One person told us that they had raised a complaint in the past and felt that they had been listened to by the registered manager, and their concerns were resolved.

The registered provider had a clear system in place to record all complaints and concerns raised regarding the service and copies of all letters and investigations and actions taken were maintained of any complaints made.

Is the service well-led?

Our findings

Since the previous inspection a new manager was in post who registered with the Care Quality Commission in December 2017.

There was a clear management structure within the service. The registered manager had overall responsibility for the service and was supported by co-ordinators, supervisors and an administrator for the day to day management of the service. The organisations area manager supported the registered manager in their role on a regular basis. The registered manager was experienced and demonstrated commitment and drive to improve the service. For example, clear plans for future development within the service were in place. During this inspection we identified minor areas of improvement which were immediately addressed by the registered manager. This included the immediate arrangement of specific training for staff to assist them in their role.

There were systems in place to measure the quality of the service. These included the continuous monitoring of visits whilst staff were delivering care and support. This system ensured that visits to people were logged and any late or missed visits were identified. In addition, senior staff were on duty at all times to give staff the opportunity to contact them for advice and support.

Regular audits of care plans, care and medicines records were carried out by senior staff members. At the time of this inspection the audits consisted of sampling a selection of records. When an area of improvement was identified this was recorded and a record was made of any actions taken. We identified that this system did not always identify areas of improvement required. For example, we identified that people's care planning documents contained conflicting information. In addition, the monitoring of times in which people received their visits had not always been effective. We discussed this with the registered manager who took immediate action by developing an improved monitoring process that captured all areas of the service delivered to people.

We recommend that the monitoring systems in place are kept under review to ensure they remain effective.

In addition, further monitoring is carried out by the registered manager. This includes a weekly audit of any safeguarding concerns, complaints, accidents and incidents and what actions had been taken to minimise situations re-occurring, a quarterly audit of a number of care plans, medicine records and call times. Following this monitoring a record of all improvement actions was made. The registered manager was able to demonstrate how learning from incidents had made improvements to the service and minimised the risk of negative situations re-occurring. For example, following one incident the registered manager had introduced the 'Not Quite Right' form which gave the opportunity for staff to record and report any changes in a person's welfare.

People told us that staff always asked if they were ok and happy with the service. In addition, regular reviews and 'spot checks' were carried out by member of the supervising team to help ensure that people received the care and support they required.

The registered provider had a comprehensive set of policies and procedures that were available to all staff within the service both in paper and electronic format. The documents were developed to assist staff in using the correct legislation and best practice when delivering care and support to people. These policies and procedures were regularly reviewed and updated by the registered provider.

Procedures were in place to ensure that people's personal information and records were stored appropriately. For example, paper records were stored in lockable rooms or cabinets. Electronic records were password protected which ensured that they were only accessible to staff requiring the information.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

The rating at the service was displayed within the office.

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