

Authentic Kare Company Limited

Authentic Kare Milton

Keynes

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 28 and 30 August 2018 and was announced. This was the first inspection of the service since its registration with the Care Quality Commission on 11 September 2017.

Authentic Kare Milton Keynes 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 older adults. At the time of our inspection, 21 people were using the service, all of which were receiving personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe, and staff understood abuse and the safeguarding procedures they should follow to report abuse. People had risk assessments in place to cover any risks related to their care needs. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager.

Staffing levels were adequate to meet people's current needs. People told us that staff mostly arrived on time, and calls were not missed.

The provider's staff recruitment procedures reduced the risks of employing staff unsuitable to work in care. References and security checks were carried out as required.

Staff attended induction training where they completed mandatory training courses and were able to shadow more experienced staff giving care. All new staff undertook the Care Certificate which teaches the fundamental standards within care. Ongoing training was offered to staff and was kept up to date.

Staff supported people with the administration of medicines, and were trained to do so. The people we spoke with were happy with the support they received.

Staff were trained in infection control, and told us they had the appropriate personal protective equipment to perform their roles safely. Staff reported any concerns they had around infection control within people's homes to management, who had then acted appropriately.

Staff were well supported by the manager and senior team, and had one to one meetings, unannounced checks and observations by senior staff to support them ensure they worked effectively and safely.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People chose the food and drink they wanted and staff supported people with this. People were supported to access health appointments when necessary.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and provided their care in a respectful and dignified manner.

People were involved in their own care planning and contributed to the way in which they were supported. Care planning was personalised and mentioned people's likes and dislikes, so that staff understood their needs fully. People told us they felt in control of their care and were listened to by staff.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to support future improvement and identify where action was needed.

The service worked in partnership with other agencies to ensure quality of care. Communication by staff was open and honest, and improvements were highlighted and worked upon as required.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Staff were trained in infection control, and people were protected from the spread of infection.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions, spot checks and observations.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Consent was gained before carrying out any care.

Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Good ●

Is the service well-led?

The service was well led.

People knew the registered manager , and were able to see them when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good ●

Authentic Kare Milton Keynes

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 28 and 30 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that senior staff would be at the office and information would be made available for us to inspect. We visited the office location on 28 August and made phone calls to people using the service and the staff on 30 August.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We spoke with four people who used the service, one relative of a person that used the service four support workers, the administrator, and the registered manager who was also the provider. We reviewed five peoples care records to ensure they were reflective of their needs, four staff files, and other documents related to the management of the service such as training records and quality audits.

Is the service safe?

Our findings

All the people we spoke with felt safe when receiving care from the staff. One person said, "I don't ever feel worried when they are here. They know what they are doing." Other people we spoke with made similar comments. The staff we spoke with understood the provider's safeguarding procedures and policy. All staff were confident in reporting concerns when they found them, and had faith in the registered manager to follow up concerns promptly.

Personalised risk assessments were in place to ensure that each person was cared for in the safest manner possible. Detailed instruction was given to staff about how to perform all care tasks for a person, which included personal care, manual handling, use of equipment, and food and drink. Care tasks were described with any associated hazards and risks, and the control measures that were in place to reduce those risks. Staff were confident they could support people safely. All risk assessments were reviewed and updated regularly.

There were enough staff employed by the service. One person said, "The staff are on time most of the time. They get held up sometimes but I get a call." People told us that if staff were late, they would usually receive a phone call to let them know first. People told us their care was provided consistently by the same care workers. The service used an electronic log in and out system to monitor the times that the visits took place, and how long the staff stayed for. We saw rotas which showed that calls were consistent, and that alerts would be raised when required to tell the registered manager if a staff member was running late or not able to attend a call.

The provider's recruitment practice reduced the risk of employing staff unsuitable to work in care. We looked at staff files which showed that all staff employed had a Disclosure and Barring Service (DBS) security check, and had provided references and proof of identification before starting any work with people.

People's medicines were managed safely. People we spoke with told us that medicines were administered safely and on time. Staff told us, and records showed they received training in the safe handling and administration of medicines. Staff were observed by their line manager to ensure they were able to administer medicines safely. Records showed the medication administration records (MAR) were completed accurately by staff after giving people their medicines. Thorough audits took place which picked up any minor errors in recording, and actions were set with staff for improvement if errors were identified.

Staff had completed training in health and safety matters to ensure they were up to date with the most recent guidance to keep people safe. Staff followed infection control practices, for example, when preparing and handling food, and providing personal care. The staff we spoke with told us they always had access to personal protective equipment such as disposable gloves and aprons, to ensure that infection control was managed appropriately.

All staff understood their responsibilities to record any accidents and incidents that occurred. We saw that information was shared and used to make improvements when necessary. Team meetings

were used to ensure that lessons were learnt from any mistakes made. For example, discussions were had around the need to improve record keeping, after audits of notes taken by staff found that some records required more detail.

Is the service effective?

Our findings

People's care needs were assessed before receiving any care. The registered manager told us they would complete assessments with people and their family when required, to make sure that the staff were able to provide the correct care and fully understand their needs. This process ensured that the service only supported people with care needs they could meet.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. All staff received an induction training package before starting work which included completing the care certificate. The care certificate covers the basic standards required for care. Further training was available for staff which was personalised to the needs of the people they worked with, for example, catheter care, continence management, and supporting challenging behaviours. Records confirmed that staff received training to refresh their skills and knowledge within timescales expected by the provider. All staff received regular supervision in the form of one to one discussions with management, observations and unannounced checks, which ensured their competency in delivering care was checked.

Where people required support with eating and drinking; staff supported people to eat and drink sufficient amounts. One person told us, "The staff always help me with lunch and dinner. They are very good." All staff had a good knowledge of the preferences and requirements people had with food and drink. People's preferences were recorded in detail within their files. For example, one person's routines included what help they needed to prepare for breakfast, lunch and dinner, and where each item was to be found within their kitchen. The staff we spoke with had a good knowledge of what people liked, and were confident with supporting people in this area.

The service worked and communicated with other agencies and staff to enable effective care and support. When a concern had been raised about a person, the service had communicated appropriately with professionals outside of the organisation to coordinate care and ensure that the correct support was in place. Staff at all levels, made sure their communication was clear, guidelines and procedures were followed, and accurate records were kept.

People were supported to access health care professionals as required. Some people who used the service had complex health care requirements, which staff understood well, and were proactive in seeking medical assistance as required. One person told us, "They [staff] called the doctors for me and made sure I could get to my appointment." Records showed that people's health requirements were documented in detail and updated as needed. For example, people at risk of developing pressure sores had monitoring in place, and staff knew how and when to gain assistance from the appropriate healthcare professionals if a person needed them.

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The service worked in line with the principles of the MCA 2015, and had carried out capacity assessments appropriately for people that required them.

Is the service caring?

Our findings

People felt that staff were kind, caring and respectful towards them always. One person said, "The staff always take on board how I am feeling. They are very kind and professional." The service had received written feedback from a relative of a person which said, 'I am very happy with the standard of care that [name] receives. I would like to compliment the staff on their kindness towards [name] which shone through from each and every one of them.'

Staff felt they were able to develop positive relationships with people. One staff member told us, "I get to see the same regular people, which means I get to know them and they get to know me. It is so important that people trust me, and then they feel happy when I arrive." Another staff member said, "Continuity is important for people, it removes any fear, as you are not a stranger to them."

People were able to express their views and be involved in their own care as much as they were able to, and family or advocacy services were involved for people that required them. One relative told us, "I am very glad we found this agency, they are very receptive to what we have to say, and are very easy to get hold of. That can't be said of all care agencies." We saw that people's care was regularly reviewed and that changes were made to people's care when their needs changed, and when their preferences changed.

People and their relatives felt that staff were always respectful of their privacy and dignity. One person said, "They are very respectful, I am made to feel comfortable whenever they help me in the shower and get dressed." All the staff were aware of the need to make sure people's privacy was respected when personal care was being carried out.

People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

People received care that was personalised to their needs. Care plans outlined what people's likes, dislikes and preferences were. For example, one person's care plan specified how they liked their drink of tea, their favourite sandwich filling, and their hobbies. We saw that detailed care plans were in place which documented people's personal, social and family history. People told us that staff knew them well. One person said, "They [staff] know what I'm like, we get on well."

The registered manager told us that the service matched up staff to people wherever possible, making sure that people were happy with the staff they received support from. The registered manager said, "We take in to consideration any gender preference a person has for their staff, and what their personal interests are. It is very important that people are happy."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. When complaints were made, we saw that the service followed a complaints policy and recorded and responded to each complaint promptly. For example, we saw a complaint from a person around the level of communication from a care worker not being of the standard they would like. We saw that the registered manager had responded to the person, and worked with the staff member to improve their communication with people. Information from complaints was fed-back to staff when required, so that learning and development could take place.

End of life care was provided to those who required it. The service worked in partnership with other professionals to ensure that people received the type of care they required at the end of their life. This included making sure people's decisions about the end of their life were recorded, with support from family members when required.

Is the service well-led?

Our findings

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 provider was open and honest, and promoted a positive culture throughout. Staff told us that the management of the service was good, and they got the support they needed to confidently perform their roles. One staff member said, "I am very happy working for Authentic Kare Milton Keynes. It is a fairly small service, which is good because we get to know everyone. The support from the management is very good."

People, relatives and staff all confirmed they had confidence in the management of the service. The registered manager was aware of their responsibilities; and they had a good insight into the needs of people who used the service. People said the registered manager, senior staff and the provider were very approachable. The registered manager told us, "It is important to me that I know all of our clients, and they know me. I have visited our clients many times. Our staff team are all very caring."

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. Team meeting minutes, demonstrated they covered a range of subjects, and offered a forum for discussion and learning. Staff told us that they could feedback through a variety of forums including team meetings, supervisions, observations and spot checks, as well as informally should they wish.

Established quality assurance systems continually assessed, monitored and evaluated the quality of people's care. People's care records, staffing records, medication records and policies and procedures held within the agency office were organised and up to date. The audits we saw were effective, and discovered errors when they were made. For example, a regular MAR audit found a gap where a signature had not been given. This omission was investigated and the faults found led to actions for improvement.

People had the opportunity to feedback on the quality of the service. We saw that quality questionnaires had been sent out to people and their families to comment on the quality of care they received, and people we spoke with confirmed they had received them. The information collated from the questionnaires was analysed by management to identify where improvements could be made.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals.

The service worked positively with outside agencies. This included quality monitoring meetings with the local Clinical Commissioning group (CCG) and with the local authority. The registered manager had accepted the feedback from commissioners and made improvements in the required areas.

