Jewish Care

Kennedy Leigh Home Care Service (North East London)

Inspection Report

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Overall summary

Kennedy Leigh Home Care Services (North East London) is a domiciliary care agency that provides personal care primarily to members of the Jewish community in North East London. It is run by Jewish Care. The agency provides services mainly to older people living in their own homes. When we inspected the agency was providing services to 24 people.

We saw people's care and support needs were assessed and recorded. Risks to people and staff working in their homes were also identified and recorded. Care plans were regularly reviewed and people told us their care workers referred to their plans and delivered the care and support they needed.

The agency employed six permanent care workers and a number of additional bank workers who could be used when needed. Care workers we spoke with had worked for the agency for a number of years and told us they felt well trained and supported to carry out their role. The agency had worked with a local hospice to provide end of life training for care workers and they told us they found this helpful.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People using the service were safe because the agency carried out thorough assessments of their care and support needs and provided care workers with clear guidance as to how these should be met. People and their relatives told us they were involved in assessments and developing care plans.

Risk assessments were regularly reviewed and updated as people's needs changed. Where risks were identified, care workers were given clear guidance on how these should be managed.

The agency carried out robust recruitment checks to make sure only suitable care workers were employed to care for and support people.

Are services effective?

People received an effective service because their views about their health and quality of life were taken into account when care workers provided care and support. People were involved in the assessment of their care and support needs and their care plans reflected their individual needs, choices and preferences.

People's health care needs were accurately recorded and the agency worked with health care professionals to make sure these were met.

Are services caring?

The service was caring as people told us their care workers treated them with kindness and compassion and respected their privacy and dignity at all times. People also told us their care workers supported them to remain independent.

Care workers knew the people they were caring for and worked to promote positive attitudes.

Where people had end of life care needs these were discussed and recorded and they and their families were supported by appropriately trained staff according to their wishes.

Are services responsive to people's needs?

The service was responsive to people's needs. People told us they received care and support in line with their preferences and individual needs.

The agency ensured staff had enough time to provide people with the care and support they needed. There were sufficient numbers of

Summary of findings

staff to meet people's needs. People's concerns and complaints were recorded and investigated. It was not always clear from the records we saw if people making complaints were satisfied with the outcome of the agency's investigations.

Are services well-led?

The service was well led and provided strong leadership and a positive culture. The agency had a qualified and experienced manager.

Care workers were appropriately supported and understood their roles and responsibilities. Staffing levels were flexible and based on people's identified care and support needs.

The provider carried out regular audits to monitor the delivery of care and support to people using the service.

Summary of findings

What people who use the service and those that matter to them say

11 of the 12 people we spoke with were very happy with the care and support they received. Their comments included “my carer is kind, patient and reliable;” “I told them I was very happy – I gave them a good report – lovely carer” and “I’ve had my carer for over 12 years she is fantastic.”

Other comments included “very personal attention – the carers really care – the agency chooses the right sort of people – the carers are affectionate – one might even say love was involved!” and “I am very happy this is a first class agency I have no problems.”

One person we spoke with told us they were very happy with their regular care worker but said one replacement care worker was “totally not cut out to do caring work – she treated me as if I were demented.” This person told us they had raised the issue with the agency manager who spoke to the care worker concerned.

One person said she did not have a lot of contact with the agency – there was no need – she was very satisfied with the service, her carer and her care plan.

Another person told us they only had the service once a month but found the agency very flexible in their approach.

Another person said the agency had arranged for the care worker to be present when the physiotherapist called, to show him what needed doing. They had found this very useful and practical and now had a carer who helped them with their exercises.

Another person told us that they were very satisfied. They had “very nice and good carers” and “the agency let me know if my regular carer is running late – I have a very good relationship with the agency and with my carer – I count myself fortunate.”

Kennedy Leigh Home Care Service (North East London)

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The inspection team consisted of an Inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Inspector visited the service on 19 May 2014 and met with the agency's registered manager. The Inspector also spoke with two care workers, looked at care plans for five people using the service, four staff records and other records kept by the provider. The Expert by Experience carried out phone interviews with 12 people using the service.

Before this inspection we reviewed all of the information we held about the provider. Prior to this visit the service was last inspected by the Care Quality Commission in November 2013 and at the time was meeting all national standards covered during the inspection.

After the inspection we received additional information from the manager that we used in the report.

Are services safe?

Our findings

People who used the service told us they felt safe with the agency and their care workers. One person said "my carer is kind, patient and reliable." A second person told us "very personal attention, the carers really care, the agency chooses the right sort of people."

We looked at the provider's policy and procedures for safeguarding people using the service. We saw this was reviewed in April 2013 and included references to London-wide safeguarding guidance. Staff had access to up to date information and procedures to help them protect people they cared for. When safeguarding concerns were identified we saw records that showed the agency alerted the local social services department and the Care Quality Commission (CQC) promptly.

The two care workers we spoke with were clear about the actions they would take if they had concerns about a person they were caring for or supporting. One told us "I'd tell the manager straight away if I thought someone was being abused and she would tell social services." The second care worker said "I would always speak to the manager is I had any concerns about a client." Both care workers told us they had completed safeguarding adults training and this was confirmed by the records we looked at during the inspection.

The manager told us accident and incident reports were sent to the provider's health and safety team for review. If required, action plans were sent to the agency to help prevent similar incidents happening. For example, the agency carried out reassessments of people who were at risk of falling and ensured referrals were made to health and social care professionals. We saw accident reports were well completed and included details of the action taken by the agency in response. This meant the provider had systems to monitor and learn from incidents that occurred.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and knew the correct procedures to follow to ensure people's rights were protected.

The care plans we looked at included assessments of risks to people using the service and care workers. For example, we saw an assessment of the home environment was completed as part of the agency's initial assessment of each person referred for care and support. The assessments highlighted risks to the person and their care workers and included guidance on how these should be managed. We also saw individual risk assessments were completed for areas including a person's mobility, risk of falls and pressure care. Where specific risks were identified, care workers were given clear guidance on how these should be managed. The risk assessments we saw were reviewed regularly, some every six months, some annually and when the person's care and support needs changed.

Care workers told us there were always enough staff to care for and support people using the service. The staff rotas and care plans we looked at showed none of the agency's clients had visits of less than 30 minutes. Care workers told us they had enough time to provide the care and support detailed in each person's care plan. They also told us they were given sufficient time to travel between clients' homes. One care worker said "there's never any rush, we always have enough time and if we finish a bit early it's a good time to sit and have a chat with people."

The agency provided the correct number of staff to make sure people were cared for safely. The manager told us none of the people who received daily visits needed two carers at the time of this inspection. However, the agency provided a live-in care worker for one person and a second care worker visited the home at planned times to assist with transfers and personal care tasks that needed two people.

Are services effective?

(for example, treatment is effective)

Our findings

People using the service told us they received a good service from the agency. One person said "I am very happy, this is a first class agency and I have no problems." A second person said "I have a very good relationship with the agency and with my carer, I count myself fortunate."

We saw local authority referrals included an assessment of the person's care needs and the level of support required. The manager told us the agency carried out an initial visit to complete a second needs assessment and risk assessments. We saw the care needs and risk assessments were used to develop a package of care that was agreed with the person using the service and any other agencies involved in their care. The assessments gave people the opportunity to express their views on the level of care and support they needed and these were recorded. Where people were unable to make decisions about their care we saw the agency worked with relatives and other health and social care professionals to make decisions in the person's best interests.

People were involved in the assessment of their needs and their choices and preferences were taken into consideration. We saw people or their relatives signed the care plans and needs assessments to show they had been consulted about the package of care to be provided.

The care workers we spoke with demonstrated a good knowledge of each person's care needs and how these should be met. They told us they had worked for the agency for a number of years and would work with new care workers when they started to make sure they understood people's care needs. They told us they were always informed about changes to a person's care package and said they would report to the manager if they felt the amount of time allocated was not sufficient. One person told us when this had happened, a new assessment was completed and an increase in the amount of time allocated was agreed with the funding authority. The provider had systems to monitor and review the care and support people received.

The care records we saw included an assessment of people's health care needs and how these were met by care workers and other agencies. Care workers told us they were expected to report any changes in a person's health needs to the manager. One care worker told us "I reported to the manager when a client lost weight and a referral was made to the GP and dietician straight away."

The manager and care workers we spoke with told us new care workers completed a six day period of induction training. We saw the training was based on the Skills for Care Common Induction Standards. Care workers also told us they completed mandatory training during their induction, including health and safety, managing medicines and safeguarding people using the service. Training records we saw showed that regular refresher training was also provided for care workers. This meant staff had the training they needed before they started working with people using the service.

The manager told us she would meet with each new care worker at least three times during their probation period that started following the completion of their induction training. Care workers said once the probation period was completed successfully, they received supervision from a member of the agency's management team every 8 – 10 weeks. However, the staff records we looked at did not have any evidence that supervision sessions were held at intervals of 8 – 10 weeks. Three of the four staff records we looked at showed the care worker had supervision only twice in the last year. Staff did not always receive an annual appraisal. Two of the four records did show the care worker had an annual appraisal in January or February 2014. One care worker had not worked for the agency long enough to have an appraisal and one care worker had their last appraisal in June 2011.

We discussed these gaps with the registered manager who explained the management team had been reduced and it had not been possible for her to carry out all of the supervisions sessions required with care workers. She told us a new Assistant Operations Manager had been appointed recently and they would share the supervision of care workers in future.

Are services caring?

Our findings

People using the service told us their care workers were caring. One person said "the carers are excellent people and the agency checks regularly to see I'm happy, which I am!" Another person said "the carers are affectionate, one might even say love was involved!"

Care workers we spoke with told us they always received a copy of the person's care plan before they started working with them. They also told us if they were replacing a regular carer they would be introduced to the person before they cared for or supported them for the first time. One care worker told us "we work with people and it's important we understand what their needs are and how they want to be cared for, they are in charge." A second care worker said "the care plans are important because they help me to start to get to know the person I'm caring for."

Care workers also told us about how individual people preferred to be cared for. One care worker said "there is a care plan but I always ask the person if they are happy with what I'm doing." A second care worker said "it's important to be flexible; people don't always want me to do the same thing every day. I offer choices and it's up to the person to decide how they want me to support them."

We saw the provider had a policy on equality and diversity that referred to meeting people's needs around age, disability, gender, religion and sexuality. Care workers we spoke with were able to tell us how they met people's individual needs. One care worker said "I am not Jewish but I have had to learn about customs so that I can treat people with respect." A second care worker said "I have to consider people's cultural and religious beliefs for things like food."

The manager told us the provider had a Statement of Purpose for the home care service that said the aim was to "meet individual needs and preferences and promote independence, choice, dignity, equality and well-being."

The care workers we spoke with were able to tell us how they promoted these values in their daily work with people. For example, one care worker told us "the people I work with can still do lots for themselves, they don't need me to do everything for them. Part of my job is to help them to stay as independent as possible. Care workers knew the people they were caring for and worked to promote positive attitudes.

The care plans we looked at were individual and included clear guidance for care workers as to how each person preferred their care and support to be provided. Care workers completed daily care notes detailing the support they gave each person. The daily care notes we looked at showed care and support was delivered in line with people's care plans.

The provider made sure people received personalised care that was responsive to their needs.

We saw the provider had a policy and procedures for supporting people with their end of life care needs. The policy included information for care workers about Jewish customs and procedures to be followed in the event of a death. The registered manager told us the agency would work with the person, their family, GP and specialist nurses to make sure people's needs were met at the end of their life. Care plans included information about how people wanted their care and support to be provided. For example, one person's care plan recorded their choice not to receive personal care towards the end of their life but instructed care workers to make sure the person was comfortable and hydrated at all times.

The provider made sure care workers had the training and information they needed to support people at the end of their life. Training records showed care workers had attended training courses run by the local hospice service on supporting people at the end of their life. One care worker told us "the end of life care training was very good, it really helped me to improve how I work with people."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Care plans showed people or their representatives were involved in planning the care and support they received and the provider supported people to express their views and make decisions about how they were cared for and supported. The registered manager told us she met with people referred to the service and their relatives to discuss individual care needs and the support they needed. This was recorded in an assessment that was used to develop an agreed plan of care.

We saw from the care plans we looked at that the manager worked with families, GPs and health and social care professionals to make sure people received the care and support they needed.

The manager told us if a person did not have the capacity to make decisions about specific aspects of their care and support needs she would work with their relatives and GP to make decisions in their best interests. If the person had no family, the manager said she would ask the social services department to carry out an assessment. If it was concluded the person lacked capacity to make this decision themselves the agency would work with social services to agree how care and support would be provided.

The registered manager and care workers told us they had a minimum of 30 minutes for each visit to provide the care and support people needed. Care workers told us most of the people they worked with lived in a small geographical area and they were allocated paid time to travel between people's homes. One care worker told us "we always have enough time to care for people and time to travel between people's houses."

We saw the provider had a policy and procedures for responding to complaints and concerns received from people using the service or others. We looked at the record of complaints received and saw the provider responded promptly to acknowledge receipt of the complaint and carried out a thorough investigation. Details of the complaint and the action taken following the investigation were clearly recorded. However, it was not always clear from the records whether or not people making complaints were satisfied with the outcome of the provider's investigation. We discussed this with the manager who said she would make sure this information was recorded in future.

Where people did not have capacity to make complex decisions, the registered manager was able to explain the process she would follow in ensuring best interest meetings were held involving people's relatives and appropriate health and social care professionals. Assessments of people's capacity to make specific decisions were recorded in their care plans. The manager explained to us the circumstances when she would request the involvement of an Independent Mental Capacity Advocate (IMCA) for complex decisions where someone had no family members or other representation.

Are services well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission. She had worked with Jewish Care for many years before becoming the manager of the home care service in 2006. She has a number of management qualifications. Care workers told us they were aware of recent staff changes in the organisation but both described the manager as "very approachable" and "supportive." One care worker said "I can always talk to the manager if there's anything I'm worried about, she is very helpful."

The registered manager had a good understanding of the provider's philosophy of care and the principles of providing high quality care and support to people using the service. She told us Jewish Care had a 'Values in Care' policy and a Statement of Purpose for the home care service. We saw these documents included guidance for care workers and managers on promoting independence and choice and respecting people's privacy and dignity.

The provider carried out regular audits to monitor the delivery of care and support to people using the service. We saw the manager kept a record of incidents and accidents involving people using the service and formal complaints received. The registered manager told us all accident and incident reports were reviewed by the provider's Service Manager and the Health and Safety Team. Complaints were referred to the Service Manager and the registered manager told us she would agree how any investigation would be carried out with the Service Manager. Action plans were developed following the investigation of complaints, accidents and incidents. For example, the provider arranged for all care workers to complete training on end of life care run by the local hospice service following a complaint about the care provided to one person at the end of their life.

The agency had sufficient staff with the right skills and experience to meet the care and support needs of people using the service. The manager said the level of care and support each person needed was agreed with social services as part of the initial assessment. The care plans we saw clearly detailed the number of care workers needed to support each person on each visit. When we inspected the agency was employing six permanent care workers and nine additional bank care workers to provide support for 24 people. The care workers we spoke with told us there were enough staff and if they needed additional support this was provided.

The provider had systems in place to ask people for their views on the service they received. We saw the agency had carried out a customer satisfaction survey in 2012 - 2013. The manager told us the 2013 – 2014 survey had recently been sent to people using the service and the results would be analysed by Jewish Care. We saw the results of the last survey were largely positive. 94% of people using the service said they were always treated with dignity and respect and 84% rated their service as "good" or "excellent". Most people who responded to the survey also said their carers arrived on time and were well trained.

The agency had some systems in place to consult people about the quality of the service they received but these were not always used effectively. We saw records that showed people using the service had been telephoned in December 2013 and May 2014 to ask them for their views on the care and support they received from their care workers. The registered manager told us the provider also had a policy of making unannounced spot checks to supervise care workers when they were working with people in their homes. The records we saw showed that spot checks had not taken place since 2012. The manager told us an Assistant Operations Manager had recently been appointed to support the service and she would assist the manager to carry out staff supervision and spot checks in future.