Kentish Homecare Agency Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 5 July 2016. We gave the provider 48 hours' notice we would be visiting to ensure the registered manager would be at the service. At our previous inspection on 30 December 2013 the service was meeting all the legal requirements we inspected.

Kentish Homecare Agency Limited provides personal care and support for people in their own homes in the London Borough of Bromley. On the day of our inspection there were 87 people using the service.

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

We found that medicine administration arrangements were not always clearly documented and this required improvement. There were processes in place to monitor the quality of the service however, these were not always effective. Audits did not include details of accidents and the measures put in place from them happening again or that the medicine administration arrangements for people were not always clearly recorded.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

There were enough staff on duty to meet people's needs and there was an out of hours on call system. The provider conducted appropriate recruitment checks before staff started work to ensure staff were suitable and fit to support people using the service.

Staff received supervision, appraisals and training appropriate to their needs and the needs of people they supported to enable them to carry out their roles effectively. There were processes in place to ensure staff new to the service were inducted into the service appropriately.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation.

People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with kindness and compassion and people's privacy and dignity was respected. People were provided with information about the service when they joined in the form of a 'service user guide' which included the service's complaints policy. People and their relatives knew about the home's

complaints procedure and said they believed their complaints would be investigated and action taken if necessary.

People were involved in their care planning and the care and support they received was personalised and staff respected their wishes and met their needs. Support plans and risk assessments provided clear information for staff on how to support people using the service with their needs. Support plans were reflective of people's individual care needs and preferences and were reviewed on a regular basis. Peoples' care files were kept both in people's home and in the office. People were supported to be independent where possible such as attending to some aspects of their own personal care.

People told us they thought the service was generally well run and that the registered manager was supportive. There were systems in place to carry out staff spot checks to ensure consistency and quality was maintained whilst supporting people in the community. The registered manager was aware of their responsibilities as a registered manager in relation to notifying CQC about reportable incidents. People and relatives were provided with opportunities to provide feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not always safe

Medicine administration arrangements were not always clearly documented.

There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work. There were enough staff to meet people's needs and there was an out of hours on call system in place.

Is the service effective?

Good

The service was effective.

Staff had completed induction training when they started work and their mandatory and refresher training for staff was up to date. Staff received regular supervisions and annual appraisals.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation.

People received food and drink suitable to their needs.

People had access to health care professionals in order that they maintain good health.

Is the service caring?

Good

The service was caring.

Staff delivered care and support with kindness and consideration.

People were treated with respect and their dignity was protected.

People were provided with information about the service when

they joined and we saw people were provided with a copy of the provider's service user guide.

People told us they were involved in their care planning and the care and support they received was personalised, and respected their wishes and met their needs.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Good

The service was responsive

People's care needs and risks were identified, assessed and documented within their care plans.

People's needs were reviewed on a regular basis.

People were aware of the complaints procedure and given information on how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Audits did not always include details of accidents that had taken place and that the measures were put in place to prevent them from happening again.

People told us they thought the service was generally well run. Staff said there was a good atmosphere and an open culture in the service and that both the registered manager and the provider were supportive.

There were systems in place to carry out staff spot checks to ensure consistency and quality was maintained whilst supporting people in the community.

Kentish Homecare Agency Limited

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 was 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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 5 July and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be there. The inspection team comprised of one adult social care inspector and an expert by experience. The inspector attended the office on the day of the inspection and the expert by experience made telephone calls to people who used the service on the day following the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with 10 people who used the service, one relative, five members of staff and the registered manager. We reviewed records, including the care records of the nine people who used the service and six staff members' recruitment files and training records. We also looked at records related to the management of the service such quality audits, accident and incident records and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People we spoke to told us they felt safe with their care workers, and felt well supported by the agency. One person told us "I do feel safe."

People told us they were happy with the support they received with managing their medicines. However we found that improvements were needed. One person's care plan recorded that they were prompted to take their medicines. Their medicines administration record Medicine Administration Records (MAR) showed that the medicines were left on the table for them on a daily basis. The MAR also showed that they had not taken their lunchtime medicines on two occasions in the last few months. Reasons as to why the medicines had not been taken by the person were not clearly recorded on the MAR. If tablets are not taken as prescribed this could lead to medical problems. We raised this with the registered manager who told us that the person was not prompted by staff to take their medicines. Due to poor dexterity the person was unable to take out their medicines from their dosset box so staff took them out and placed them on the table. The registered manager acknowledged that administration arrangements for this person needed to be clearly documented in the MAR and they would address this. We were unable to monitor this at the time of our inspection and will check this at our next inspection.

The service had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. We saw medicines risk assessments were in place. We looked at medicine administration records (MAR) and saw each record had been signed by staff once the person had taken their medicine. Staff had received medication training and this was updated on a regular basis. One person we spoke to told us "They [staff] help me with medication."

Accident and incident logs were maintained, however, we found that improvements were needed in one case. The action that had been taken and what measures had been put in place to prevent future incidents such as this happening again had not been recorded. For example, one person had slipped from a bathing board whilst being left unsupervised by a staff member and grazed their back, but did not want to call the GP. There was no information recorded to show that the matter had been followed up by the service after the staff member left the premises to establish that the person was alright and had not needed any treatment following the accident.

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. Staff we spoke with demonstrated an understanding of the type of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The manager told us that all staff had received training on safeguarding adults from abuse. Training records confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and would use it if they needed to.

Risk assessments relating to falls, fire, medicines, environment, moving and handling, nutrition and communication were carried out and retained in people's care files. For example, one person who used the service was not able to stand. Their risk assessment identified the equipment they needed and guidance for

staff on how to deliver the care and support to meet the person's needs.

There were systems in place that ensured people received their care on time. The service had an electronic call monitoring (ECM) system in place which allowed office staff to see if any care workers were running late for people's calls and to check that staff stayed the full length of the required call time or in emergencies had stayed longer than required. The ECM system is a live computer system that showed office staff via a display screen when staff were travelling between visits, were running late, when they had arrived and how long they had spent with people. On the day of our inspection we observed there were no missed calls but there were some care workers who were running late. Staff we spoke to told us this could be either because the respective member of staff did not have the opportunity to call into the office to confirm they had arrived at the person's house as they had to immediately deliver personal care or because they were late due to delays with public transport. We received mixed reviews from people about the punctuality of staff. One person we spoke to told us "The carers turn up on time they are very good." Another person said "They turn up on time." A third person told us "Sometimes they [staff] get stuck in traffic…they don't have enough time with me, it's not their fault, the office puts them under stress, they don't give them enough time between the visits. If they are late the office does not call and I get worried and think they are not coming but they do turn up." A fourth person told us "They [staff] are on time sometimes traffic holds them up; I don't always get a phone call to say they are running late."

Staff we spoke with told us they used their car to attend visits and the majority of the time they arrived on time to see each of their clients. There was only an issue if there was traffic, however, if this was the case staff would inform the office who in turn would let the person using the service know. The registered manager told us that staff who travelled on public transport had calculated their journey times to allow for traffic. In addition if problems were identified with staff arriving late, this would lead to a prompt a review of the timings and allocations for the member of staff. There was an out of hours on call system in place run by the service to help maintain continuity at weekends and during the night. Staff and people we spoke to told us that overall there was a prompt response from the senior staff member on call if they rang for any advice or support. We raised the issue of staff punctuality with the registered manager, who told us an investigation into every late call was carried out to establish the reason. In addition they told us that if problems were identified with staff arriving late, this would prompt a review of the timings and allocations for the member of staff.

Appropriate recruitment checks took place before staff started work. Staff files contained evidence confirming references had been sought, proof of identity reviewed and criminal record checks undertaken for each staff member to reduce the risks associated with employing unsuitable staff.

People told us there were sufficient numbers of staff to meet people's needs. One person we spoke to told us "I have the same carers, but if they are on holiday or off sick someone else will come." Staff we spoke to told us, "There are enough staff to meet people's needs". There was an out of hours emergency call system in place and people had numbers available in their care files. People were able to access support quickly in an emergency.

There were arrangements in place to deal with possible emergencies. Staff told us they knew what to do in response to a medical emergency or fire and records confirmed that they had received training on first aid and fire safety.

Good

Is the service effective?

Our findings

People told us they thought their care workers were competent and knew what they were doing. One person we spoke to told us, "They are skilled and know what they are doing." Another person told us "I would say they are knowledgeable." A third person told us "I would say that they [staff] are trained and skilled, they know what they are doing."

Staff told us that they had completed an induction programme which included shadowing other staff when they started work. The induction included reading policies and procedures, and diversity and equality. Staff also told us they had completed mandatory and refresher training which included safeguarding, fire safety, food and hygiene, moving and handling, mental capacity and medicines. Records confirmed staff training was up to date and training due for renewal had also been noted with expiry dates. Staff commented on the training available to them. One member of staff told us, "I do a lot of training; all my training is up to date". "Another told us, "All my training is up to date, we have regular refresher training."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us that as all people using the service had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives if appropriate, and any other relevant health care professional to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Staff were able to demonstrate their understanding of the MCA 2005 and understood the need to gain consent when supporting people. One staff member said, "I always ask people if they are happy for me to support them". Another said, "I also ask people what they would like me to do and I always explain what I am doing."

Staff told us they received regular supervision which they found supportive. They also had an annual appraisal of their performance. Records confirmed this. In addition we saw that spot check visits were undertaken on care staff by senior staff and these acted as part of a direct observational supervision sessions. Staff confirmed that spot checks were undertaken unannounced, and the format of spot checks covered a number of areas such as, the way staff were dressed and presented, if they were punctual and if

they were wearing appropriate personal protective clothing.

People told us their nutritional needs were met. Support plans included guidance for staff about people's nutritional requirements, including any known allergies. The majority of people did not need any support at meal times. However, where people did require support with preparing meals this was recorded in their support plans, this included making drinks and preparing breakfast. One person told us, "They [staff] do help warm up ready meals." Another person told us, "They [staff] help me at meal times to warm food up."

People had access to health and social care professionals when required. We saw that staff worked with professionals to ensure people's health needs were met. Care records contained details of how to contact relevant health and social care professionals and their involvement in people's care, for example, information from the GP or district nurses. One person told us "They [staff] have booked the Dr for me once or twice." Another person told us "Yes they make Dr's appointments for me." Staff told us they would notify the office if they noticed people's health needs change or if they had any concerns.

Good

Is the service caring?

Our findings

People told us that their care workers showed kindness and understanding in the way in which support was given to them. One person told us, "They [staff] are very good and caring". Another person said, "They are very friendly and polite." Another person told us "They [staff] listen and give time where needed."

People confirmed that the majority of the time they had a regular group of care workers that visited them and in the event of any staff holidays or sickness this was covered by the service without any problems. One person we spoke to told us, "Yes I have the same carers." Another person told us "Yes I have the same carers most of the time." A third person told us, "I have different cares every day but they are all lovely."

People were provided with appropriate information about the home in the form of a service user guide. This guide outlined the standard of care to expect and the services offered. People told us they were treated with dignity and respect. One person said, "They [staff] treat me with respect. Another person told us, "They [staff] are very good about privacy and respect." A third person told us, "They [staff] do what I need and they explain what they are doing." Staff we spoke to told us, "I always ensure doors and curtains are closed to maintain people's privacy and dignity and ensure I explain what I am doing when supporting them."

People told us they were involved and consulted about their care and support and their individual needs were identified and respected. Care plans contained a personal account of people's history; preferences about their care and detailed guidance for staff on how best to meet people's individual needs. For example the preferred name they liked to be called by.

People were supported to be independent where possible, for example to carry out their own personal care.

Staff told us they knew where to locate important information about people within their own home's and had access to people's identified care needs and risk assessments. They told us care plan records were updated regularly and were reflective of people's needs. One member of staff said, "I always make sure I look at my clients care plans to make sure there have been no changes in their needs".

Staff were also knowledgeable about people's needs in relation to disability, race, religion, sexual orientation and supported people appropriately to meet identified needs or wishes.

Good

Is the service responsive?

Our findings

People told us that care workers carried out their duties as discussed and in accordance with their care plan. One person said, "They [staff] know what to do and get on with it." A relative said, "Yes they support me whenever I need it, they all deserve gold stars."

Assessments of people's needs and risks were conducted when people joined the service. The registered manager told us that prior to any person being accepted by the service a full assessment of their needs was undertaken by a team leader to ensure the service could meet their needs. For example, one person required personal care to be delivered four times a day.

We saw care files were well organised and easy to follow. Care files included individual care plans addressing a range of needs such as communication, personal hygiene and physical needs. Care files also included people's life histories and staff recorded daily progress notes that detailed the care and support delivered to people. One person we spoke to told us, "I have a care plan and I was involved in making it." Another person told us, "I have a care plan it is reviewed once a year and I was involved in making it."

Care plans were person centred and identified people's choices and preferences. Staff knew people well and remembered things that were important to them. For example, one staff member us told us, "I know that one my clients likes to be up early every day so prefers an early morning call." We saw that care plans were reviewed on a yearly basis or more frequently if required. For example, the care plan was reviewed when one person wanted to decrease the care package.

We saw the service had a complaints policy in place and the procedure was displayed in the main office and available in people's care files for reference. One person told us, "I have never had to make a complaint." Another person told us, "I have made a complaint and it was handled well." We noted that details of complaints were clearly documented and we saw that they were responded to in a timely manner. For example, the service had received a complaint about the late arrival of a carer; we saw that in response spot checks were put in place to ensure that carers arrived on time.

Requires Improvement

Is the service well-led?

Our findings

Most people we spoke with were positive and complimentary about the care and support they received and the way in which the service was managed. People told us they thought the service was generally well run. One person said, "She [manager] is nice. I'm very happy with the care I receive. If I was not happy I would call the office."

There were processes in place to monitor the quality of the service and the registered manager recognised the importance of regularly monitoring the quality of the service provided to people. Records demonstrated regular audits were carried out to identify any shortfalls in the quality of care. These included audits on accident, incidents and safeguarding. However improvements were needed as audits were not detailed. For example, audits did not identify that medicine administration arrangements were not always clearly documented. In December 2015 it had been identified that there had been an accident. There was no analysis recorded of what the issues were, what action that had been taken and what measures had been put in place to prevent future incidents such as this happening again. We also saw that there had not been any learning disseminated to staff following these incidents. We raised this with the registered manager who told us that all future audits would include details of any accidents and the measures put in place to stop them happening again. The registered manager also stated that in future learning would be disseminated to staff in team meetings. We were unable to monitor this at the time of our inspection and will check this at our next inspection.

The registered manager told us that in order to further improve all the service's documentation processes they would shortly be moving towards a new cutting-edge PASS system. Once implemented, this should eradicate the need for the current medication audit sheets used and they will move to a live 24/7 internet-based monitoring and recording system which will include full medication administration audits within the system and which will also be accessible to both clients and relatives on a real-time 24/7 basis. We were unable to monitor this at the time of our inspection and will check this at our next inspection.

The home had a registered manager who had been in post. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 20014. Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture where they felt able to speak out if they were worried about quality or safety.

Staff told us they were happy working in the service and spoke positively about the leadership which was receptive to staff input. One member of staff told us, "I feel he manager supports me and is very good." Another member of staff told us, "I feel supported by the manager, they are a good leader and operates an open door policy."

Regular spot-checks were carried out to ensure that staff were wearing their uniforms and identification badges, that they were punctual and were meeting people's needs. This enabled the managers to have an oversight of the service and to remedy any risks which might affect people's health, safety and well-being.

The provider produced a monthly staff newsletter which provided staff with information about the running of the service and any changes that may affect the way in which they worked. We looked at the most recent newsletter and saw that it included information about infection control, punctuality and supervisions.

We saw that senior staff meetings and care worker meetings were held on a regular basis to ensure the service ran smoothly. We looked at the minutes of recent meetings held which included discussions around supervisions, safeguarding and medicines. The minutes included advice and actions to be taken by staff to ensure improvements to the service were made when required. For example, ensuring care staff attended their scheduled supervision. Staff were provided with a staff hand book when they joined the service to act as a guide and to remind them about the provider's policies and procedures.

The service took account of the views of people using the service through regular surveys. We saw that the service had carried out annual service user survey in 2015, feedback received was very positive. The provider told us that where negative feedback was received this was analysed and used to produce an action plan in order to make improvements at the service. For example, where spot checks were due to be implemented the agency had ensured that these had been undertaken.