Kinder Home Care Services Ltd

Kinder Home Care Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Kinder Home Care Services provides personal care and treatment for adults living in their own homes. On the day of the inspection the registered manager informed us that there were a total of 14 people receiving care from the service.

A registered manager was in place. 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 and associated Regulations about how the service is run.

On this inspection we found a breach of the Health and Social Care Act 2008 Regulated Activities Regulations 2014 with regarding to providing safe care. You can see what action we have told the provided to take on the back of the full version of this report.

Risk assessments were not consistently in place to protect people from risks to their health and welfare.

Staff recruitment checks were not always in place to protect people from receiving personal care from unsuitable staff.

People and relatives we spoke with told us they thought the service ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area.

We saw that medicines were, in the main, supplied safely and on time, to protect people's health needs.

Staff had not received comprehensive training to ensure they had the skills and knowledge to be able to meet people's needs.

Staff, in the main, understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives.

People and relatives we spoke with told us that staff were friendly, kind, positive and caring.

People using the service or their relatives had been involved in making decisions about how and what personal care was needed to meet their needs.

Care plans were individual to the people using the service to ensure that their individual needs were met.

People and relatives told us they would tell staff or management if they had any concerns, they were

confident these would be properly followed up.
People and their relatives were satisfied with how the service was run and staff felt they were supported in their work by the senior management of the service.

The service was not consistently well led as robust systems of quality assurance had not been in place to identify issues to achieve a quality service being provided
to people at all times.

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

The service was not consistently safe.

Risk assessments to protect people's health and welfare were not fully in place to protect people from risks to their health and welfare. Staff recruitment checks had not all been comprehensively in place to protect people from receiving personal care from unsuitable staff. People had not always received care at agreed times to safely promote their health. People and their relatives thought that staff provided safe care and that people felt safe with staff from the service. Staff were aware of how to report incidents to their management to protect people's safety. Medicines had, in the main, been supplied as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff were trained to meet some, but not all, of people's care needs. Staff had not received full support to carry out their role of providing effective care to meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People's nutritional needs had been promoted and protected. People's health needs had been met by staff.

Is the service caring?

Good

The service was caring.

People and relatives we spoke with told us that staff were kind, friendly and caring and respected people's rights. People and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's privacy, independence and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans contained information on how staff should respond to people's assessed needs, though information on responding

to people's preferences and lifestyles was limited. Care calls were not always on time to meet assessed and agreed times to provide personal care. People and their relatives were confident that any concerns they identified would be properly followed up by the registered manager. Staff had contacted other relevant services when people needed additional support.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People thought it was an organised and well led service. Staff told us the senior management staff provided good support to them. They said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet their needs. Systems had not been comprehensively audited prior to the inspection in order to measure whether a quality service had been provided.

Kinder Home Care Services

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 26 October 2016. The inspection was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service.

During the inspection we spoke with three people who use the service and three relatives. We also spoke with a director of the company, who was also the care coordinator, and two care workers. The registered manager was not available to carry out the inspection with us.

We looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

We saw that people's care and support had not always been planned and delivered in a way that ensured their safety and welfare. Care plans did not always contain risk assessments to reduce or eliminate the risk of any issues affecting people's safety.

For example, the director told us that a person sometimes got frustrated and became verbally challenging to staff. However, there was no risk assessment in place to assist staff to manage these situations. This meant that there was a risk that this behaviour could escalate and be a risk to the safety of the person and staff.

We looked at another risk assessment for providing a diet to manage a person's diabetes. This stated, "I need a diabetic diet." However, there was no specific information in place as to what relevant foods staff should be offering to the person to assist them to manage their condition. This meant that the person may not receive encouragement to eat foods to meet their health needs to prevent a deterioration in their condition.

A person had been assessed as having depression. However, there was no risk assessment in place to assist the person and staff as to how to manage and respond to this condition. This meant that there was a potentially greater risk that the person's mental health needs could deteriorate and they could feel worse as a result of not receiving proper support.

There was no information in place with regards to checking risks in the environment to maintain people's safety. For example, of dealing with any loose rugs that people could trip on, checking that gas and electrical supplies worked effectively, and fire evacuation procedures were in place. This lack of information did not assist staff to ensure facilities in people's homes were safe.

We saw that staff recruitment practices were, in the main, in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous persons known to the respective staff member and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, for two staff records we saw, only one reference was in place and there were no references from the staff members' previous employers to check suitability. This was despite the provider's policy which stated, "One referee must be the last employer."

One staff member did not have a DBS in place despite the person having commenced work three months previously. The director said the person had been asked to bring in this record, but have not yet done so. She said that these issues would be followed up and monitored in future to ensure information was sought from relevant sources. This meant that a robust system was not fully in place to prevent unsuitable staff members being employed to provide care for vulnerable people using the service.

These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. You can see what we have told the provider to do at the end of this report.

All the people we spoke with and their relatives thought that personal care had been delivered safely. They were unanimous that staff kept people safe.

A person told us, "Yes, I am safe with the carers who come to see me." A relative told us, "All the staff keep my mum safe."

Staff told us they were aware of how to check to ensure people's safety. For example, they checked that people were safely positioned when they used commodes and that equipment was in a proper working condition when assisting people to move.

We saw that there was information in place for staff to ensure that equipment was safe to use. For example, information of how to assist people with transferring detailed what particular type of straps were needed to hoists slings. This ensured that the person was protected from injury when transferring from one place to another.

Some people and their relatives we spoke with had different views about the timeliness of calls to deliver care. Some told us that calls were generally on time, or if a little late, this did not affect them. We found evidence in people's care records that calls were not on agreed times, being both early and late on occasion. For example, a person received their lunchtime call one hour late. The following day the person received their first call of the day, 45 minutes late and their lunchtime call one hour late. Another person received their lunchtime call 80 minutes early one day. The following day they received the lunchtime call 78 minutes early. Not having calls on time meant that people would be kept waiting for personal care, meals and medication. The director acknowledged these issues and stated they would be reviewed and followed up.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary, and to report concerns to if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. The whistleblowing policy contained in the staff handbook directed staff to a relevant outside agency, which was CQC, but not other relevant agencies such as the police or the local authority. The director said this procedure would be amended. This would then supply staff with all relevant staff information as to how to action issues of concern to protect the safety of people using the service.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring to the relevant safeguarding agency. However, the policy stated that this was dependent on whether the person wanted this referral and whether it was considered an emergency. The director recognised that with the duty of care to the person, all incidents needed to be referred to the safeguarding agency, in order to have action taken to protect their safety. She said this policy would be amended.

People and their relatives told us that staff had reminded people to take their medicines and there had been no issues raised about this. A person told us, "Staff remind my mum to take her medication."

Staff had been trained to support people to have their medicines and administer medicines safely. There was information available as to people's allergies, so that medicine was not supplied if a person was allergic to it. Staff had undergone a competency test to check that they understood how to assist people to have their medicines. There was also a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people.

We saw evidence in medicine records that people had largely received their prescribed medicines, although there were a small number of gaps, which had not been explained on medicine records. There were also a small number of instances where the medicine had not been supplied but the specific reason why this was the case, was not recorded. The director said these issues would be followed up to ensure that people always received their medicine to safely meet their health needs.

Requires Improvement

Is the service effective?

Our findings

People using the service and relatives we spoke with said that the care and support they received from staff effectively met the assessed needs. They thought that, in the main, staff had been properly trained to meet care needs,

One person said, "Staff know how to help me." Another person said, "Staff usually know what to do, though when I started with the agency they were not aware of how best to help me to dress as they did not know about dealing with people with strokes." Another comment received was that staff told the person they did not know how to help people put on support stockings. A relative told us, "Staff are really good. They do everything for my mum." The director told us that staff would receive this training regarding support stockings.

Staff told us that they thought they had received training to meet people's needs. A staff member said, "I get all the training I need to do the job." Another staff member said, "If I need any more training, I just have to ask for it."

Staff training information showed that staff had training in essential issues such as such as how to move people safely and keep people safe from abuse, although they were not always supplied with the training for a number of months after they stared work for the service. For example, moving and handling training was not supplied to one staff member until three months after they commenced working for the service.

We saw no evidence that staff had been supplied with training about people's health conditions, such as stroke care, protection from developing pressure sores, Parkinson's disease, mental health conditions and diabetes. This would assist staff to have an awareness of people's conditions so that they understood the issues and challenges that people faced. The director stated that training would be reviewed to ensure that staff had the skills to meet people's needs. She sent us information after the inspection to indicate that this training would be supplied in the near future.

We saw evidence that new staff were expected to complete induction training. This training included relevant issues such as infection control. There was also evidence in the minutes of staff meetings that staff training issues were discussed and action taken to organise more training. The director indicated that induction training would be reviewed with a view to new staff completing training on the Care Certificate. This is nationally recognised comprehensive induction training for staff.

Staff told us that when new staff began work, they were shadowed by experienced staff on shifts. At the end of the shadowing period, the new staff member, if they did not feel confident and competent, they could ask for more shadowing to gain more experience to meet people's needs. There was no evidence in staff records this shadowing had taken place. The director said this issue would be followed up.

Taking forward these issues would mean that staff were fully supported to be in a position to provide

effective care to meet people's needs.

The director acknowledged that staff did not have regular visits from the management of the service to check that they were aware of their responsibilities and promote the well being of people who used the service. When regular visits are fully implemented, this would then mean a system in place to ensure staff can effectively meet people's needs.

Staff felt communication and support amongst the staff team was good. Staff also told us they felt supported through being able to contact the management of the service if they had any queries. Regular supervision meetings with staff had not recently taken place. The director acknowledged this and stated that it was the intention that these take place on a regular basis. This will then advance staff knowledge, training and development.

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.

There was no evidence of assessments of people's mental capacity, though the director indicated that all the people the service supplied care to had capacity to decide how they lived their lives. There was information in care plans to direct staff to communicate with people and gain their consent with regard to the care they providing. One care plan stated the person needed, "Continual communication and reassurance to make sure (person's name) is aware of what is happening. " Staff were aware of their responsibilities about this issue as they told us that they asked permission before they supplied care to people. This was also confirmed by the people and relatives we spoke with. Staff had received training about the operation of the law.

This meant that staff were in a position to assess people's capacity to make decisions about how they lived their lives. The director stated that assessments would be put into place.

People and their relatives were satisfied with the support staff provided with meal preparation, provision and choice offered. A person told us, "The food they prepare is fine." Another person told us, "No problems with the food."

People and relatives told us that food choices were respected and staff knew what people liked to eat and drink. We saw evidence of a person at risk of dehydration that the person was left with drinks between calls to ensure they were receiving adequate fluids. There was evidence of another person with nutritional needs at been provided with the assessed nutrition needed. People confirmed that, as needed, staff left drinks and snacks between calls so that they did not become hungry or dehydrated.

We also saw information in people's care plans about the assistance some people needed to eat to promote their nutritional needs. A person assessed as needing help cutting up their food did not have this information in their care plan. The director said this information would be included. A person assessed as needing a healthy diet was supplied only with cake for the teatime meal. The director said this was the choice of the person, but it would be made clear that the person had been offered healthy choices as well.

People told us that staff were effective in responding to health concerns. For example, one person said that she fell over and hurt her head. Staff called an ambulance to check her condition. A relative told us that staff

were very proactive in checking his family member's skin and contacting the GP as needed if there appeared to be a pressure sore developing. We saw evidence that staff contacted medical services if people needed any support or treatment. For example, we saw an incident report where staff had called the emergency services when a person had fallen. The person went to hospital for treatment.

We saw evidence of the contact details of medical professionals in people's care plans so staff had this information if they needed to make contact to secure treatment for people.

A person told us that staff had helped them with arranging a GP appointment. This meant people were made comfortable because of the effective care that they had received.

Good

Is the service caring?

Our findings

People and their relatives we spoke with thought that staff, were kind, caring and gentle in their approach. They said that staff always gave time to do things and did not rush them. A person said, "Staff are all really caring and happy." A relative told us, "My mother says that they are caring carers." Another relative told us, "They are the best care we have ever had." We saw a quote in a satisfaction survey from a person which stated, "Met my expectations. I'm happy."

The provider's statement of purpose set out that each person needed to be involved, and in agreement with care decisions. People and their relatives considered that care staff were good listeners and followed preferences. They told us their care plans were developed and agreed with them at the start of their contact with the service and that they were involved in reviews and assessments when they happened. We saw evidence that they had signed care plans to agree that their plans met their needs.

People told us that their dignity and privacy had been maintained and staff gave them choices. For example, staff using preferred names and giving a choice of food, drinks and clothes. One care plan outlined a person's choices of how they wanted their hot drink to be made. Another care plan recorded that a person wanted only certain staff to supply care to them. We saw evidence that the provider stated that this would be attempted if at all possible. This indicated that people's choices were sought and encouraged.

Staff were able to give us examples of promoting people's privacy such as leaving people when they were using the bathroom and covering people when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity. For example, they said they always knocked on doors. One staff member told us, "We always make sure we treat people properly and see them as people with full rights to dignity." These issues were confirmed by the people we spoke with.

We saw that information from the agency emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence and cultural needs. The staff handbook also emphasised that people's rights to dignity, choice and privacy should be respected. This encouraged staff to have a caring and compassionate approach to people.

People told us that staff respected their independence so they could do as much as possible for themselves. One relative said that staff had helped their family member to exercise to help their mobility. Care plans we looked at stated that staff needed to encourage people's independence. People said that being independent was very important to them. The staff handbook emphasised the importance of promoting people's independence. We also saw evidence of this in people's care plans. People gave us examples of staff encouraging this such as being able to wash themselves where they were able.
This presented as an indication that staff were caring and that people and their rights were respected.

Care plans included people's religious, cultural and spiritual preferences to provide information to staff on respecting people's beliefs.

Good

Is the service responsive?

Our findings

People and relatives told us that staff responded to people's needs. They said that staff took the time to check whether there was anything else they needed before leaving. People and relatives told us that staff would do anything asked of them. A person said, "Carers do anything asked of them." A relative told us that they had been informed that if their family member needed assistance to go to the toilet between calls, staff have visited to respond to this need. Another relative said a staff member had returned after their shift had ended to check that his poorly mother was ok and they greatly appreciated staff doing this.

People said if they had any concerns regarding staff cover and compatibility of staff with people, these had been resolved. People told us that if staff were going to be late, they were always informed of this and they understood why this happened so it did not have any impact on the care they were provided with.

We saw staff rotas which did not always allow any travelling time for staff between calls to people. We checked call times from daily records found they were often up to 60 minutes early or late. The director acknowledged this and said action would be taken to ensure that calls were on time as far as possible.

Some people and relatives we spoke with told us that their care needs had been reviewed and we saw evidence of this in care plans.

We found that people had an assessment of their needs. Assessments included relevant details such as the support people needed, such as information relating to their mobility and communication needs. There was some information as to people's personal histories and preferences to help staff to ensure that people's individual needs and preferences were responded to. However, not all issues had been followed up. For example, it stated that a person would like to do painting but did not know how to go about doing this. There was no information in place as to help the person follow this interest. The director said this would be followed up.

Another care plan identified how to meet a person's continence needs. It set out how often the bag needed changing and when to contact the district nurse if there were problems with the catheter. This showed clearly to staff how to respond to, and meet the person's continence needs.

Staff told us that they always read people's care plans so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that they could respond to these changes. We saw evidence of updates to people's changing needs that had been sent to staff.

From our discussions with people and their relatives, we found that the service had tried to make sure the same staff supplied care so that people had staff who knew them. This was important for people and made them feel comfortable and relaxed. This responded to people's needs and wishes.

We found that the people and relatives were aware of how to make complaints. They told us they would

speak to the registered manager if they had any concerns, and would feel comfortable about doing so.

People told us that the registered manager had responded to their requests and made changes where needed. This made them feel positive about raising any issue of concern. They told us they had information about how to complain in the information folder left with them by Kinder Home care. They now had confidence making a complaint should the need arise. A person told us, "I am sure I would never need to complain. If I did I would know how to."

Staff told us they knew they had to report any complaints to the registered manager. They had confidence that issues would be properly dealt with.

The provider's complaints procedure gave information on how people could complain about the service if they wanted. We looked at the complaints procedure. The procedure set out that that the complainant should contact the service. However, it also stated that the complainant could contact CQC who would ensure the matter was dealt with. It also did not provide information about referral to the complaints authority or the local government ombudsman. This did not provide correct information as CQC does not have the legal power to resolve complaints. The director stated this procedure would be amended.

The director stated that there had never been a complaint but if this occurred they would be investigated and action taken as needed. This will then provide assurance to complainants that they would receive a comprehensive service responding to their concerns.

Relatives told us of other agencies involved in their family member's care including the occupational therapy service and social workers. This showed that people's person's needs had been responded to.

We looked at incidents in people's support plans. There was evidence that any issues had been appropriately responded to by the registered manager.

Requires Improvement

Is the service well-led?

Our findings

When asked if they would recommend Kinder Home Care Services, the people and relatives we spoke with all said they would. One person said, "I cannot fault it. It's a really good service. Staff really care about you." One relative told us "Yes, it's really well-managed. Any problems, they get in touch with us. They have supported and reassured me which I really appreciate."

People and relatives we spoke with who had contact with the registered manager and director said that they were impressed with their commitment to providing a quality service. A number of them told us that staff were like family members to them.

People and relatives told us that initial assessments of the personal care needed were made. Not everyone said they had received visits by senior staff to observe the care staff at work and review of their care. However, all the people spoken with were satisfied with their packages of care which, they said, had met their needs. They said that if they had a query they rang the management of the service who responded quickly. Relatives told us they had been kept informed of any important issues relating to the care needs of their family members.

People and relatives told us that Kinder Home Care had a stable staff group. They said the agency tried to provide them with the same staff and that this was important to them, as staff knew them and their preferences. Achieving this produced a culture in the organisation to be mindful and respectful of people's needs and recognise how potentially disruptive changes of staff can be.

The director was aware that incidents of alleged abuse needed to be reported to the relevant local authority safeguarding team to protect people from abuse.

Staff had been provided with information as to how to provide a friendly and individual service with regard to respecting people's rights to privacy, dignity and choice and to promote independence. Staff told us that the management of the service expected them to provide friendly and professional care to people, and always to meet the individual needs of people.

All the staff we spoke with told us that they were supported by the registered manager. They said that the registered manager and the director were always available if they had any queries or concerns. One staff member said, "I know I can contact them at any time and I get support." Some spot checks had been made by the management of the service, though this had been infrequent. For example, the practice of a staff member had been observed once, in April 2016, six months previously. The director stated that more regular spot checks would be carried out.

We saw that staff had received some support by having a staff meeting. This had discussed relevant issues including the care of individual people, any changes to the care supplied and any training that staff needed. However, only one meeting had been held. The director stated it was the intention that more regular staff meetings would be provided. This will then provide staff with more support to carry out their task of

supplying quality personal care to people.

Staff said that essential information about people's needs had been communicated to them, so that they could supply appropriate personal care to people. We saw evidence of this in the records we looked at. This indicated that a system was in place to ensure staff had up-to-date knowledge of people's changing needs.

All the people and their relatives told us that they had care plans kept in their homes so that they could refer to them when they wanted. They confirmed that staff updated records when they visited.

We saw that staff had received support through supervision, though this had been infrequent. These sessions covered relevant issues such as training, changes in people's needs, and discussing any problems in providing the service. The director said it was the intention to ensure supervision sessions were carried out regularly in the future.

Some people and their relatives told us they received a survey asking them what they thought of the care and other support they received from the agency. Other people said they had not yet received this but as they were relatively new to the service they would not have received this, as it was only carried out on a yearly basis. We saw evidence of surveys which asked people their views of the service. There were positive comments about the standard of service that people received, such as one person stating that the service "Exceeded my expectations."

On the day of the inspection, there were no other quality assurance checks in place such as management audits, despite the information contained in the service users guide which stated, under the quality assurance section, that there would be a "Regular review of all services." The director stated that audits would be carried out for relevant issues such as medicines management, call times and ensuring comprehensive care plans were in place. These were completed and sent to us after the inspection. However, if audits had been in place prior to the inspection, then issues would have been highlighted and action taken to ensure people's needs were always met.

A comprehensive auditing process would assist in developing the quality of the service to meet people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People had not been protected from risks to their safety, including the risks to their health and their living environments. Not all staff had been properly checked to ensure they were suitable to provide personal care to people.