

Miss Katy Moffatt

KLM Home Cares

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

The inspection took place on 8 and 10 May and was announced. This is the first inspection of KLM Home Cares.

KLM Home Cares is registered as an individual so they are a sole trader who is self-employed. They are registered to provide personal care to people in their own home. Nine people were receiving personal care at the time of the inspection. The individual is the 'registered person'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with and their relatives said the service was safe. They were complimentary about the staff who cared for them and had no concerns. They had regular contact with the registered person who was described as 'nice' and 'approachable'. People felt the service was person centred and were supported to have maximum choice and control of their lives. Everyone told us they would recommend the service to others.

People's care was assessed and planned, and preferences around care delivery were identified. When required people received appropriate support to make sure their nutritional and health needs were met. Risk assessments were completed around individual needs and the environment, although at times it was not clear that risk was being appropriately managed because the assessment was confusing. People said they received their medicines as prescribed but guidance around administering medicines was not always appropriate or consistently followed. We have made a recommendation about the management of some medicines.

Staff felt well supported and said they had received training to help them understand how to do their job well. Staff knowledge around safeguarding and the Mental Capacity Act 2005 was limited; the registered person said they were going to make sure additional training was provided.

People received care from familiar and consistent care workers who arrived on time and stayed for the agreed length of time. Recruitment checks were carried out before staff started work although these were not always done thoroughly. We have made a recommendation about recruitment.

Everyone we spoke with told us the service was well led. We saw people were encouraged to share their views about the service. The registered person was knowledgeable about the service, its vision and values. They had systems in place for assessing the quality of the service although not all were formalised.

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.

People felt safe. Staff were confident that any safeguarding would be managed appropriately although some were not familiar with the local safeguarding procedures.

People received care from familiar and consistent care workers who arrived on time and stayed for the agreed length of time. Recruitment checks were carried out before staff started work although these were not always done thoroughly.

People said they received their medicines as prescribed but guidance around administering medicines was not always appropriate or consistently followed.

Is the service effective?

Good ●

The service was effective.

People we spoke with said staff knew how to care for them properly. Staff were supported and received training to help them understand how to do their job well.

People made decisions about their care. The registered person had identified that knowledge around the Mental Capacity Act 2005 needed to be further developed to ensure everyone fully understood the key requirements.

When required people received appropriate support to make sure their nutritional and health needs were met.

Is the service caring?

Good ●

The service was caring.

People told us the service was caring. They were complimentary about the team providing care.

The service focused on good care principles.

Staff told us the service was very caring and they were proud to

work for KLM Home Cares.

Is the service responsive?

Good ●

The service was responsive.

People who used the service and their relatives said the care they received was person centred.

Care was assessed and planned. People were actively involved in the care planning and reviewing process.

People we spoke with knew how to make a complaint but had never had cause to. Systems were in place to deal with complaints and concerns.

Is the service well-led?

Good ●

The service was well led.

People told us the service was well managed and they would recommend the service to others. Staff we spoke with told us they enjoyed working for the registered person.

Everyone was given opportunity to share their views about the service.

The registered person was knowledgeable about the service, its vision and values. They had systems in place for assessing the quality of the service although not all were formalised.

KLM Home Cares

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.

Before the inspection, we reviewed all the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Both organisations told us they did not hold any information about the service.

The inspection took place on 8 and 10 May 2017 and was announced. We telephoned the service and gave them notice on Thursday 4 May 2017 because it is small and the registered person is often out of the office supporting staff or providing care. On 8 May 2017 we visited the provider's office and telephoned some people who used the service, their relatives and staff. On 10 May we telephoned more people. One adult social care inspector carried out the inspection. At the time of the inspection four care workers assisted people with their personal care.

When we visited the office we spoke with the registered person who manages the service. We also spoke with, on the telephone, three people who used the service, four relatives and three staff members. We looked at documents and records that related to care and support and the management of the service.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe; no one raised any concerns about the service they received. People who completed KLM Home Cares questionnaires stated they felt the service provided was safe. The registered person told us there had been no safeguarding incidents since the service commenced.

Staff we spoke with said they had attended safeguarding training and the registered person confirmed the training was incorporated into the induction programme. Staff were confident if any concerns or issues arose the registered person would deal with them appropriately and promptly. Staff knew there was a 'whistleblowing' policy but two staff members were unsure where they would report any safeguarding concerns outside of the organisation. Although they did say they would be able to find out. The registered person said they would arrange for staff to attend the local authority safeguarding training, which would ensure all staff clearly understood the safeguarding process outside of KLM Home Cares.

The service had a safeguarding policy which outlined the procedure that must be followed if any issues arose. It detailed the types of abuse people may experience and how to report any safeguarding concerns. The telephone contact number was for a local authority area office rather than the social care direct number which should be the first point of contact. The registered person agreed to update their procedure immediately.

We reviewed people's risk assessments which were completed before people received a service and then reviewed on a regular basis. Environmental assessments were completed and covered property surroundings, lighting, isolation, parking, gas appliances risk, flooring, trips and skids. Assessments relating to care and risks to the person who used the service were also completed and included areas such as; bathing, continence, eating and pressure care. We saw one person's assessment and care plan identified how the person should be kept safe by ensuring they wore a pendant alarm and had a vibrating fire alarm under their pillow. However, it was not always clear that risk was being appropriately managed because the assessment was confusing. One person was at risk of pressure sores but the assessment and care plan did not clearly identify the measures in place to reduce the risk. The registered person discussed how they delivered care which demonstrated that the risk was being appropriately managed with the use of specialist equipment. They agreed to update the person's care plan and said they would check other people's care records to make sure they had appropriately assessed risk and identified actions to minimise the risk of harm.

People who used the service, their relatives, and staff told us there were enough staff to keep people safe and meet people's needs. No concerns were raised about any aspect of the staffing arrangements. People who used the service and their relatives said care was provided by the same workers who arrived on time and stayed for the agreed length of time. One person said, "They visit three times a day and are always here at the same time." A relative said, "The same four staff look after [name of relative]. They are on time." In the PIR the registered person said they had no missed visits in the last seven days and confirmed at the inspection there had been no missed visits since the service commenced.

Staff we spoke with told us the staffing arrangements worked very well. They said visits and the timing of visits worked well; they said they never had to rush when they were providing care. One member of staff said, "The visits are very well planned." Another member of staff said, "We have plenty of travel time and have enough time to do everything. There is always ample time."

We spoke with two staff who had recently started working at the service. They said they had attended an interview and checks were carried out before they started working for KLM Home Cares to make sure they were suitable. One member of staff said, "I filled in an application form, provided reference details, answered questions about care and had a DBS." The Disclosure and Barring Service (DBS) is a national agency that holds information about criminal records.

We looked at records that were obtained during the recruitment process for two staff and saw checks had been carried out although not all checks were done robustly. DBS checks had been completed and the provider had checked identity and obtained a photograph. In one file we noted the registered person had completed an applicant risk assessment because the last employer had failed to provide a reference. However, they had not identified they should manage the risk by contacting a previous employer for an alternative reference. We shared the findings with the registered person who contacted the member of staff and a previous employer on the day of the inspection. They received assurance there had been no issues around the member of staff's conduct and a reference would be provided. Both applicants had completed details of their employment but they had not entered leave dates so it was not possible to establish if there were any gaps in the employment history. The registered person acknowledged they had overlooked this and agreed to check recruitment records and ensure a full employment history had been obtained for all. We recommend that the service introduces a more formal checking system to ensure the recruitment process is consistently followed.

The registered person said everyone who received support with their medicines had relevant information in their care plan and a medication administration record (MAR) was completed by the care worker. They said medicine was only administered which had been prescribed and was in a container prepared by the dispensing pharmacist. Staff we spoke with confirmed they always adhered to this practice and had received medication training. People we spoke with were happy with the assistance they received with their medicines.

We saw people's care plans identified when staff provided support with medicines. The registered person collected MARs at the end of each month and said these were checked to make sure medicines had been administered correctly. They told us in the PIR there had been no medicine errors in the last 12 months and confirmed at the inspection this was still the case.

We looked at two people's MARs and saw staff had completed these when they had provided support. For example, one person had assistance with topical cream and staff had recorded when this was applied. One person had a pain relief patch which should be applied every three days; staff applied this on the days they visited and a relative applied it on the days they did not. We noted on one occasion the patch was not replaced on the correct day. The registered person confirmed this was because it was not applied on a day when staff had not visited. There was no information to show how this was followed up or actions that were taken to help prevent reoccurrence. The registered person said they would hold a formal review to agree how this could be managed safely and would then monitor this.

The service had a medicine policy which provided guidance around managing medicines safely; however, this was not followed consistently and some of the guidance did not apply to how medicines were or should be managed in a person's home. The policy made reference to being in line with 'managing medicines in

care homes'. For example, the policy made reference to a register for 'controlled drugs', daily fridge temperature recordings and storing creams and lotions separately. The policy stated staff competency should be assessed formally, however, the registered person said although they had observed medication administration during spot checks they had not recorded their observation of the administration or carried out a formal competency assessment. The policy also stated where staff provided a certificate of previous training this must be supported by a competence assessment of the staff member's knowledge and ability to manage and administer medicines before any such member is permitted to undertake medication administration. One member of staff had completed medication training with a previous employer but their competency had not been checked before they administered medicines. The registered person said they would review their medicine policy to make sure it provided appropriate guidance and was being adhered to. We recommend that the service consider current medication guidance about the management of medicines and take action to update their policy accordingly.

Is the service effective?

Our findings

People we spoke with were confident that staff knew how to care for them properly. They were complimentary about everyone who delivered care. One person said, "They all know what they are doing." Another person said, "They are all very good and do their job very well."

Staff we spoke with said they felt supported in their role and had been equipped to do their job well. They said they had received appropriate training, regularly spoke with the registered person and had been observed when they were delivering care to make sure they were doing this correctly.

The registered person said staff completed a full induction programme and refresher training with an external training provider. They told us one member of staff had not completed the induction programme when they commenced because they had only recently completed the 'Care Certificate' with a previous employer and a certificate in their file confirmed this. The registered person said all staff either had achieved or were working towards their NVQ level 2 in health and social care. The 'Care Certificate' is an identified set of standards that workers adhere to in their daily working life.

The registered person had carried out 'spot checks' where they had observed staff providing care. We saw from records they had checked that the care worker had arrived on time, communicated effectively, wore the correct uniform and used personal protective equipment such as gloves and aprons, followed moving and handling procedures, carried out tasks listed in the care plan, and completed records in a factual and concise manner. The registered person said they completed some form of supervision at least every three months and we reviewed staff records which confirmed this.

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.

It was evident from discussions people were encouraged to make decisions about their care. One person said, "I told them what I wanted. They visit when I want." In the PIR the registered person told us they took time 'drawing up care plans to ensure they are person centred and in the best interest' of people who used the service.

We saw from the care records people had consented to care which included giving permission for KLM Home Cares to consult with other professionals and record information for the purposes of an assessment of needs. The service had not asked people to consent to medicines administration, which the registered person said was an oversight. They showed us the relevant consent form and said they would follow this up straightaway. It was evident from discussions that people were involved in the care planning process, however, care plans were not signed to confirm people were in agreement. The registered person said they would introduce a signature box and ensure these were signed in future.

The registered person said everyone who was currently receiving a service had capacity to make decisions about their care and the service had capacity assessments to complete if this changed. They said everyone receiving a service was supported by relatives who had also been involved when the care package was agreed.

The registered person told us staff had completed MCA training during their induction or refresher training. However, they had identified that staff's knowledge around the MCA was limited and this was an area they needed to develop. They said they were considering options for a more in-depth training course. A member of staff told us they were confident people could make decisions but wanted to learn more about the MCA. They said the registered person had already discussed this and informed them they would be doing more training to ensure they had a good working knowledge. Another member of staff said they had covered MCA during their induction training but not in great detail. They said if there were any issues around capacity this would be brought to the attention of the registered person.

People we spoke with said they were happy with the assistance they received around nutrition and healthcare. Most people received support from their family or friends. Where KLM Home Cares assisted this was clearly recorded in their care records.

We saw people had a health assessment which included a description of their general health state, involvement with other professionals and dietary requirements. People's preferences around food and drink were recorded, for example, in one person's record it stated they enjoyed porridge with full milk and brown sugar. Staff told us before they left their visit they made sure people had access to food and drink.

Is the service caring?

Our findings

People who used the service and their relatives told us they were very happy with the service. They told us it was very caring. Everyone was complimentary about the registered person and staff team. Comments included: "Everyone who has visited has been lovely. They are a very nice team", "They are always happy to accommodate. They're good care workers" and "We've really benefitted from the care". We saw people had returned questionnaires to the registered person and said they were always treated with courtesy and respect. They said the care workers respected their wishes.

In the PIR the registered person told us what they did to ensure the service they provided was caring. They said, 'Communication, listening and understanding exactly what our service users and their families expect from us as a care company. We also send out regular surveys to service users and their families to ensure we meet their needs.' Our inspection findings confirmed this. In the PIR the registered person told us over the next 12 months they would 'continue to work together with services users and their families in a caring dignified way'.

Staff we spoke with were very confident the service was caring; they told us they were proud to work for KLM Home Cares. One member of staff said, "When I started I met every person before I started providing care. [Name of registered person] visited with me and introduced me. It really is caring." Another member of staff said, "We have plenty of travel time and always enough time to do everything. It's a brilliant place to work."

The registered person said they consistently received positive feedback about the high standard of care and felt they were successful because they were small and knew people very well; four care workers and the registered person provided care. The registered person said, "We stress that we provide quality. It's about the person receiving the service. We work 'side by side' and provide care with them not for them." They told us they always visited the person and carried out the initial assessment. People who used the service confirmed this and were complimentary about the opportunity they had to discuss their care needs when they first started using the service. For example, one person said, "They listened well at the beginning and responded to what we asked for. They are flexible and will change if things change for us."

We saw information displayed in the office which showed the service focused on good care principles. KLM Home Cares and each member of staff had signed up to the 'social care commitment' which is a promise made by people who work in social care to give the best care and support they can. Staff were dignity champions and the service had been awarded the 'dementia friendly recognition symbol' because they were helping create a dementia friendly community.

Is the service responsive?

Our findings

People we spoke with told us the care they received was person centred. One person said, "The care plan is written out and based on what we want." Another person said, "They are doing exactly what they should be doing. Everything is logged. I've no complaints." We saw people had returned questionnaires to the registered person and said the care workers were aware of their care needs and they had a care folder and care visit records.

We reviewed care records and saw the care that people received had been assessed and planned. Each person had a range of assessments which included health and risk assessments. We saw one person's health assessment had a description of their general health state, involvement of other professionals, dietary requirements, allergies, hearing, communication, mobility and continence. Their care plan outlined the care that staff were required to deliver and included preferences such as favourite foods. People had daily records that reflected the care that had been delivered and relevant information about the person's well-being. For example, in one person's notes staff had recorded the person said they 'felt well today' and on another day they had recorded they said 'they were tired'. We saw examples where staff had recorded how they had respected people's wishes to have a shower or decline from having a shower.

In the PIR the registered person told us what they did to ensure the service they provided was responsive. They said, 'We have regular meetings with families and services users to ensure any changes are recorded and their needs are met accordingly.' Our inspection findings confirmed this. We saw people's care was formally reviewed with the person and where appropriate relevant others. For example, at a recent review meeting it was recorded they had discussed changes to the care plan. The person said they were 'happy with the roster' and knew 'who was attending'.

Staff said the care planning system worked well and they used care plans to make sure they were providing appropriate care to people. One member of staff said, "There is a plan of care for each call. Any changes are always updated. [Name of registered person] stresses that we must make sure we only write a true account of what we have done. This is then used to make sure the care plan is correct."

People we spoke with said they knew how to make a complaint but had never had cause to. They said they did not have any concerns about the service and would feel comfortable raising any issues with the care workers or the registered person. Everyone knew the registered person and said she was in regular contact. One person said, "[Name of registered person] is part of the care team so we see her. We would just ring her anytime if we had anything we needed to discuss." Another person said, "[Name of registered person] is always available on the end of the phone. If there is anything she will just sort it."

In the PIR the registered person told us they had not received any formal complaints in the last 12 months and they confirmed this on the day of the inspection. In the PIR the registered person told us, 'We have verbal compliments from our service users on a regular basis. We also have written compliments about us providing a good and excellent service on the customer surveys we send out to all our service users'. We saw additional comments in surveys included, 'Everything is good', 'I'm happy with the service' and 'We are really

pleased we found KLM Home Cares and are delighted with the services they provide'.

Is the service well-led?

Our findings

People who used the service and their relatives told us the service was well-led. Everyone said they would recommend the service to others. Comments included; "I would definitely recommend KLM to others; it's brilliant", "I've never been less than very satisfied" and "We are very, very happy".

Everyone we spoke with were very complimentary about the registered person who also manages the service. People told us the registered person visited them at home on a regular basis. One person said, "[Name of registered person] comes out and checks. She also provides support so knows what staff have to do. She's very nice." A relative said, "She's very approachable."

People told us they were encouraged to share their views which included feedback about their experience of the service. We saw KLM Home Cares questionnaires which had been returned. The questionnaires explained that any feedback was used to deal with any issues and improve the service. The questionnaire responses were very positive and showed people said they were contacted on a regular basis, visited at home, and during contact were treated with courtesy and felt listened to.

Staff we spoke with told us the service was well managed and they enjoyed working for the registered person. One member of staff said, "[Name of registered person] really cares about our clients and what their needs are. It's a small service and everyone gets a personalised service." Another member of staff said, "[Name of registered person] makes you feel comfortable. She understands what it's like for care workers. She's part of the team. Another member of staff said, "I've worked in care for years. Based on previous experiences this is outstanding."

In the PIR the registered person told us what they did to ensure the service they provided was well-led. They said, 'We have an open door policy where service users, family and staff are able to voice any concerns, suggestions at any given time. Everyone is treated with dignity and we respect people's values opinions. Confidentiality is used when dealing with anyone that comes to us and we aim to support everyone within KLM Home Cares with and however they need us too.' Our inspection findings confirmed this.

The registered person discussed the systems they had in place to make sure the service delivers high quality care. They said, "We're an excellent team and only a small service and I visit everyone. I'm in touch with staff every day. We communicate everything." They also told us they checked records to make sure people were receiving appropriate care. They said, "I check daily records and medication administration records (MARs) monthly; we bring them into the office. I also do spot checks every three months and do a formal review with people every three months, minimum."

We reviewed records and saw the registered person had observed staff providing care, which they called 'spot checks' and had commented on their performance. We also saw care reviews had been completed with people who used the service and their relatives. Each person had a care file that contained a copy of the care plan. Daily records and MARs were divided by month, however, there was no evidence that checks had been carried out. The registered person said they had not made a formal record but would make sure

future audits were appropriately evidenced.

In the office we saw the registered person had policies and procedures which they used to make sure they were doing things correctly. They also had staff handbooks and guides for service users, which set out terms and conditions of their agreed care package.

Providers have a responsibility to notify CQC about certain significant events such as serious injury and police incidents. Before the inspection we checked our records and found we had not received any notifications. The registered person told us no notifiable incidents had taken place since the last inspection. They also told us there had been no accidents or incidents.