

Care in Kent Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Care in Kent provide personal care to 47 people in their own home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were happy with the care they received from Care In Kent. One person told us "I wouldn't want anyone else. I am delighted. They are very good".

The registered manager and provider had oversight of the service. Regular robust checks were completed on the quality of care people received. Any shortfalls were addressed and action was taken to prevent them happening again. The provider had plans in place to continually improve the service.

People were protected from the risks of harm and abuse. Staff knew how to identify and raise any concerns they had. Concerns raised had been listened to and acted on. Risks had been assessed with people and ways to keep them safe, while remaining independent, had been agreed.

Staff supported people to remain well. People were offered food and drinks they liked. People's medicines were managed safely. Staff practice protected people from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had planned their care with staff and were supported to live their lives in the way they wanted. People had been invited to share their end of life preferences.

People, their relatives and staff were asked for their views of the service. These were listened to and acted on to improve the service.

The registered manager and provider understood their legal responsibilities and had shared information with us and others when they needed to.

There were enough staff to support people. People received their care from a team of staff they knew. Staff arrived at the agreed time. Staff had the skills they required to care for people and were supported by the registered manager and provider. Staff were recruited safely.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 4 October 2017). Since this rating was awarded the registered provider of the service has changed its name and the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Care in Kent Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that people who wanted to speak to us were available during the inspection.

Inspection activity started on 2 and ended on 10 March 2020. We visited the office location on 3 and 4 March 2020.

What we did before the inspection

We reviewed information we had received about the service since they were registered. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, care workers and the recruitment manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We sought feedback from the local authority and professionals who work with the service but did not receive any.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse and told us they felt safe with staff from Care in Kent. When people had concerns they raised this with staff who informed the registered manager immediately. The registered manager worked with local authority safeguarding staff and took action to protect people.
- Staff knew about different types of abuse and were confident any concerns they reported to the registered manager and provider would be addressed. They knew how to whistle blow outside of the service if they needed to. Staff had raised concerns when they felt people were at risk from domestic abuse.
- One person told us staff were quick to identify any risks to them. They said, "Nothing passes them by. They pick up on things straight away and act. They are really good".
- The provider, registered manager and staff had taken action to protect people from doorstep scams and fraud. They had supported people to share concerns with the police and local authority. They had also shared the risks with local community groups and on social media to reduce the risk of other people becoming victims.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and action had been taken to mitigate risks.
- Risks associated with people's catheters had been assessed. Staff cared for people's catheters safely. They knew the signs of any problems, such as a blockage, and helped people to contact their community nurse for support.
- The risk of people falling has been assessed and staff followed guidance about how to support people safely. People's care plans included detailed information about the equipment people used to walk safely.
- Moving and handling risk assessments had been completed. Again, these contained detailed guidance for staff about how to use equipment safely, including which loops to use on hoist slings. One person who used a hoist to help them move safely, told us they felt safe when staff supported them.

Staffing and recruitment

- People received their care from a consistent team of staff and they knew who would be visiting them. Staff deployment was planned so people received their care from a trusted team of staff they knew. One person told us they had a regular team of staff and one who "pops in" to cover when a member of the main staff team was off for any reason.
- Staff had enough time to support people in the way they preferred and when their needs changed. One staff member told us they were supported to, "Never rush a visit and always give good care". People were informed if the staff would be late for any reason. Calls were monitored in real time to make sure none were

missed and everyone received care.

- Checks on staff's character and previous employment including the reasons for any gaps in employment had been obtained. Criminal record checks were completed with the Disclosure and Barring Service. Systems were in operation to assess and mitigate risks if prospective staff had a conviction or a caution.

Using medicines safely

- People received their medicines safely and in the way they preferred. Staff followed guidance about people's when required medicines, including pain relief.
- Safe systems were in operation to administer and record people's medicines. This included keeping electronic records. Alerts were raised in real time if medicines records were not completed to confirm people had received their medicines. Office staff contacted care staff to check why the records had not been completed and if people had taken their medicines.
- People's care plans contained information about where their medicines were stored so staff could find them easily. Staff worked with the community pharmacy team to return any medicines people no longer required.
- Staff completed regular medicines management training. Their competency to manage medicines safely was assessed each year.

Preventing and controlling infection

- Staff had received training in food hygiene and infection control. They had access to sufficient stocks of personal protective equipment such as gloves and aprons.
- The provider kept up to date with the latest guidance around Covid-19 and took action to reduce the risk of the spread of infection to people and staff.

Learning lessons when things go wrong

- Accidents and incidents were reviewed regularly to look for any patterns and trends. Accidents and incidents were rare and no patterns had been identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A member of the management team met with people to discuss their needs before they began to use the service. They completed detailed assessments which included the support people required and what they were able to do for themselves. The registered manager used this information to make sure staff had the skills and time to meet people's needs.
- Systems were in place to check care staff had the capacity to provide the care people needed, when they wanted, before they were offered a service. People were informed of staff availability and were able to decide if they were happy with the time of the call.
- Staff used recognised assessment tool. For example, Waterlow assessments were used to understand the risk of people developing pressure ulcers.
- People had been asked to share information about their lives, to help staff get to know them and understand what they liked. This included their family, pets, lifestyle choices, spiritual and cultural needs.

Staff support: induction, training, skills and experience

- Staff had the skills and experience they required to meet people's needs and were supported through ongoing training. They completed training appropriate to their role including topics specific to people's need, such as moving and handling and catheter care. One staff member had commented on refresher training saying, 'The training was useful, especially as a few things had changed'.
- New staff completed an induction which includes the provider's vision and values. They worked alongside an experienced 'buddy' to get to know people and the standards of care the provider required. The buddy supported the new staff member and feedback to the registered manager about their progress. One staff member said their induction had given them "A good insight into the job".
- New staff who did not hold recognised qualifications in social care, complete the Care Certificate. This is an identified set of standards that staff are expected to adhere to in their daily working life. Other staff held recognised qualifications in social care.
- Staff met with a supervisor regularly to discuss their practice and development. This was in the form of face to face meetings, spot checks or direct observation of their practice. One staff member told us, "There is no such thing as a stupid question. I can ask any question I need". An appraisal process was in operation to review staff's achievements and agree development goals.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to eat and drink enough.
- Where staff prepared meals and drinks for people to meet their needs and preferences. Staff knew people's favourite foods and offered them these if they had a reduced appetite.

- Staff knew the importance of encouraging people to drink enough. They made drinks during visits if people wanted and left drinks for them when they left. Records were kept of the drinks people were offered so staff could check they were drinking enough.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff understood people's health conditions and supported them to remain comfortable and well.
- Staff quickly identified changes in people's health and supported them or their relatives to inform their GP or emergency services. For example, one person had two falls close together which was unusual for them. Staff supported them to contact their GP, who treated them for an infection. The person had not had further falls.
- Oral health assessments were included in the initial assessment process and were being completed for everyone. Staff followed guidance in people's care plans to maintain good oral hygiene.
- Staff kept in contact with hospital staff when people had been admitted for treatment. This was to make sure they knew when people were going home and they had up to date information about their needs.
- Staff supported people when they were assessed by other professionals. A community nurse told us staff supported a person during their assessment. They told us, 'The staff member was very client focused and aware of the client's needs, choices and preferences. Relevant information was shared with me and when I requested information I did receive it'.

Ensuring consent to care and treatment in line with law and guidance

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were supported to make choices in ways they preferred. People had signed to confirm they consented to their care.
- People's ability to make day to day decisions had been assessed and guidance was available to staff about the support people required.
- The registered manager and staff knew who was able to make decisions on people's behalf and how to make sure decisions were taken in people's best interests. A community nurse told us, 'Staff that I spoke to were aware of the principles of MCA and were liaising with a hospital regarding best interest meetings'.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, their relatives and professionals told us staff were kind and caring. A relative had commented, 'You have all been wonderful, and very caring and made mum feel very comfortable. We will miss you all'. A community nurse told us, '[The staff member] was certainly very respectful and knew the person very well'.
- There was a mutual respect between people and staff. One person described the staff as "Lovely girls. We have a laugh".
- Staff treated people with respect. They referred to them by their preferred names and described them in positive ways. Such as, 'very kind lady' and 'Will often make little comments that are rather funny'.
- People had opportunities to tell staff about their lifestyle choices, sexual orientation and gender identity and their choices were respected.

Supporting people to express their views and be involved in making decisions about their care

- People were asked about their preferences around the age and gender of staff who supported them. This was considered when planning their staff team.
- Staff knew what may cause people to become anxious and gave them the reassurance they needed.
- Staff supported people to communicate their needs and preferences. They knew how people would share their views and opinions and respected what people told them. One person had complimented a staff member saying they 'listened carefully' and 'made a lovely cup of tea'.
- People who needed support to share their views were supported by their friends, families, social workers or paid advocates. The registered manager knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- Compassion, equality and independence were core values which underpinned the care staff delivered. People's care plans reminded staff how to maintain these while supporting people. One staff member described their role as, "Being there to assist if people need it".
- People told us staff supported and encouraged them to be as independent as possible. For example, one person told us, "The staff prepare my flannel and I wash myself".
- People had privacy and were treated with dignity. Staff described to us how they ensured people had privacy such as keeping doors and curtains closed and leaving people to complete tasks alone where this was safe

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives had planned their care with staff, including their preferences.
- People's care plans contained detailed guidance for staff about how to provide people's care. This supported staff to provide consistent care and support in the way people preferred.
- People's care was flexible to their changing needs and preferences. For example, on some occasions one person liked to wash in their bathroom. On other occasions they preferred staff to help them wash in bed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Important information including the service user guidance was available to people in accessible formats. This included, large print and widely recognised symbols.
- The provider had access to translation services which they had used to translate letters for people.
- Plans were in place to make other documents, such as surveys more accessible with emojis. This was to help people share their feels about areas of their service.

Improving care quality in response to complaints or concerns

- People and their relatives were confident to raise any concern they had and that these would be resolved. The provider welcomed complaints and saw them as a way to improve the service.
- Complaints received had been investigated and responded to people's satisfaction. They had been used to improve the service and had not reoccurred. For example, one person told us they had raised concerns about one area of care provided by a new staff member. They told us they had received an apology from the registered manager and the staff member had not supported them again. They were satisfied with this response.

End of life care and support

- People were supported to stay at home at their end of their life when they preferred. Staff worked with health care professionals, including community nurses, to support people to be comfortable. For example, staff arrange to visit at the same time as community nurses. This was so they could support the person to change position to enable the nurses to check on any wounds.
- Staff made sure others knew about important decisions they had made, such as not to be resuscitated. They encourage people to leave this information where it was visible to health care professionals such as

paramedics.

- Staff knew what was important to people at the end of their life. They worked with their loved ones to meet people's cultural and spiritual needs. Guidance was available to staff about people's wishes and preferences and staff knew how to meet people's cultural and spiritual needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and staff shared a vision for the service. They had developed a set of values together. These included compassion, independence and empathy. Staff had attended values workshops, shared their values and what they meant to them. The values had been included in staff's identification badges so they were always reminded of them.
- The registered manager had completed 'lead to succeed' training, supported by the local authority. They had used what they had learnt to improve the service. For example, they had reviewed the staff supervision process, which now included exploring our key lines of enquiry.
- The registered manager was also completing the 'well-led' programme. They were using their learning with support from the provider and two coaches, to develop into a strong leader and role model for staff.
- The registered manager and the human resources lead had completed training in mental health first aid. They had learnt how to recognise signs of change in staff's mental health and how to support them in a non invasive way. Such as checking if they were alright and giving them time to chat. One staff member told us they had been upset when a person had died. They told us the management team had been very supportive during this time.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- When things went wrong the provider apologised and informed people of the action they had taken to prevent a similar incident occurring again.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities and were reminded of these at regular staff and supervision meetings. Policies and processes and any updates were accessible to staff on their hand held devices. Daily office meetings included a handover from the staff member on call. This was so everyone was aware of any concerns, the action taken and any further action required.
- Staff told us the registered manager and office staff were approachable and supportive. One staff member commented, "They are absolutely brilliant, really supportive". Staff were motivated and had confidence in the registered manager and provider. Staff received 'special thanks and recognition' for going the extra mile and having a positive impact on people's lives. These were based on feedback from people and colleagues.
- Effective systems to monitor the service were in operation. The provider and registered manager met

weekly to review what had happened the previous week and the risks and impact. This included any safeguarding concerns, numbers of new staff and leavers.

- The provider and registered manager understood regulatory requirements. They had plans in place to conspicuously display the CQC quality rating at the office and on their website. This was so people, visitors and those seeking information about the service were informed of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were asked for their feedback about the service every three months. Any concerns were addressed immediately and recorded so the provider could monitor improvements. They planned to complete a continual analysis programme to look at patterns and trends in feedback received. This was so they could check feedback had been acted on and the service continued to improve.
- Staff were also asked regularly for their feedback and suggestions. New staff were asked for their feedback about the interview and induction processes. Their feedback showed they had been given clear information about the role and the skills they required. A recent staff survey showed staff felt they were treated with dignity and respect and were confident to raise any concerns they had.
- Plans were in place to ask professionals who supported people for their feedback of the service. This would widen the provider's view of the service and support them to achieve their goal of continuous improvement.

Continuous learning and improving care

- The provider and registered manager had a 'now, better, best', programme of checks to continually review the quality of the service and make improvements. Their aim was to check the service against all of the key lines of enquiry the Care Quality Commission use to check services are providing good care. This had been effective.
- Checks included unannounced checks on staff's practice including if they arrived on time and supported people in the way they wanted. People were asked for their views during the check and feedback was given to staff. One person had fed back their new staff member had been nervous to begin with but was now confident to take the lead.
- Weekly checks were completed on high risk areas including any late or missed visits, complaints and safeguarding concerns. Where risks were noted, such as a reduction in the number of staff available to provide the service, action was taken to address them and ensure people continued to receive a service.
- There were several improvement plans in operation. The registered manager had changed the staffing structure to increase the support care staff received from the office. This had been effective and staff had reported the relationship with office staff has improved. They had also made changes to the on call system, which gave on call staff the flexibility to complete visits in an emergency. A new oversight dashboard tool was introduced to give an overview of the service. The provider planned to use this to look at what was happening and plan any necessary changes.

Working in partnership with others

- The registered manager and provider worked with others to continually keep up to date with good practice. This included attending the local registered manager group and conferences arranged by the local authority learning and development team and trade associations. They had used this learning to develop the service. For example, following an oral health care workshop the registered manager had included this in assessments and care plans.
- The registered manager attended management and leadership training provided by the local authority. They had used what they had learnt to improve the service.
- Staff had an open and transparent working relationship with the local authority safeguarding team. They

were confident to call the team to discuss any concerns they may have.

- The staff team supported local charities. For example, they had raised funds for a bowel cancer charity and had raised awareness of the signs and symptoms. As a result of this staff with concerns had undergone health checks.