

## Kinder Care & Support Ltd

# Kinder Care and Support Ltd

### 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 

## Overall summary

We undertook an announced inspection of Kinder Care and Support Ltd (DCA) on 16 November 2015. We told the provider two days before our visit that we would be coming to ensure the information we needed would be available. Kinder Care and Support Ltd provides personal care services to people in their own homes. At the time of our inspection approximately 23 people were receiving a personal care service.

This service has not been inspected previously and was registered with the Care Quality Commission (CQC) in June 2015.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes to appointments as requested by the person who used the service or their relatives.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

# Summary of findings

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People told us they liked the staff and found the care to be satisfactory. Peoples' comments included "Oh yes they are lovely people." And "The girls are very nice, I know them all and they really do give kinder care."

People were supported to eat and drink. Staff supported people and recognised when they required health professional support. Staff liaised with other healthcare professionals as required to meet people's needs, for example the district nursing team.

The service had a registered manager. A registered manager is a person who has registered with CQC 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. The manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the registered manager and there were opportunities to provide regular feedback on the service. There were good systems in place to regularly monitor the quality of the service provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected from abuse because the systems the provider had ensured staff were trained, understood abuse and knew how to report it.

Risks to people were identified and well managed and monitored to keep people safe and minimise risk.

Peoples' needs were met as there were appropriate staffing levels to meet their needs.

Good



### Is the service effective?

The service was effective.

People received care and supported from well trained and knowledgeable staff.

People's health needs were managed well.

Peoples' legal and human rights were protected because relevant legislation was being followed correctly.

People were supported to eat and drink according to their plan of care.

Good



### Is the service caring?

The service was caring.

People received compassionate, kind and respectful care.

People and/or their relatives were involved in planning and reviewing their care. They received personalised care and support which was responsive to their changing needs.

Good



### Is the service responsive?

The service was responsive.

People and/or their relatives were involved in their care and were cared for in accordance with their preferences and choices.

People felt involved in their care planning, decision making and reviews and staff used this information to provide a personalised service.

People who used the service and their relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service.

Good



### Is the service well-led?

The service was well-led.

People benefited from a service with an honest and open culture within the staff team. People were the focus of service provision and seen as individuals.

People benefited from systems that ensured they received consistently good quality care.

Good



# Kinder Care and Support Ltd

## 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. The inspection of Kinder Care and Support Ltd was carried out on 16 November 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. One inspector undertook the inspection.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the

inspection. The PIR 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 also reviewed information we received since the service was registered with CQC. This included notifications, incidents that the provider had sent us and how they had been managed appropriately.

During our inspection we went to the office and spoke to the provider/registered manager and the support manager and a care worker. The agency currently employed eight care workers and the provider and support manager also visited people to provide personal care. We reviewed the care records of four people that used the service, reviewed the records for three staff and records relating to the management of the service. After the inspection visit we undertook phone calls to another care worker, six people who used the service and one relative. We also visited two people using the service in their own homes with their permission.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using the service. People told us they liked the staff and found the care to be satisfactory. Peoples' comments included "Oh yes they are lovely people." And "The girls are very nice, I know them all and they really do give kinder care."

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One example showed how the agency staff had a particularly good relationship with one person and knew them well and how to approach them to ensure they were happy with their care. They worked with health professionals to ensure the person was receiving care that met their needs. Another person had been identified as being vulnerable in their relationships with people outside of the agency and this was well managed with the person to ensure they were safe. Discussions were recorded and the support manager was ensuring the person had access to independent advocates.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, one risk assessment detailed what the person knew about their medication and whether the person was safe when care workers were not visiting. Another risk assessment explained how the person mobilised and to ensure there were clear pathways when they used their walking frame. The home environment risk assessment included any risks of slips and trips, access to the bathroom and how to use a hot water bottle safely, for example.

At the time of the inspection no-one required the use of a hoist or a visit from two care workers together to meet their mobility needs. The registered manager said new staff would always first visit a person along with another care worker and care plans were detailed so that staff would know what to do on each visit. The registered manager said they did not take on any new people until they had received comprehensive information from social services to

ensure they could meet their needs. Care workers said they always checked on things like whether the front and back doors were secure and if people needed anything else. People confirmed this was the case.

Staff were aware of the reporting process for any accidents or incidents that occurred and these were completed. For example, if there was no response at the person's home or someone had fallen. Appropriate action was recorded using the company policy and also on individual client diaries. For example, one person was anxious about working with health professionals they had not met before so the agency staff worked with them to ensure the person's needs were met in a way they were happy with. Another person had fallen at home as the care worker arrived. The agency staff alerted the person's warden and called paramedics. Another care worker came to assist. The registered manager said the paramedics had commented that they couldn't believe the care worker had stayed to support the person, which had happened. Two care workers had fallen over and this had been well managed also.

There were sufficient numbers of staff available to keep people safe. Staffing arrangements were determined by the number of people using the service and their needs. At the time of this inspection the agency employed eight care workers. The registered manager said they tried to match care workers to clients as they were a small agency. For example, one new care worker had specific skills and experience which matched the needs of one person so this care worker was allocated to visit them. Staffing arrangements could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. The agency followed a careful recruitment programme which ensured they only recruited new staff when they were confident all existing staff had the knowledge and competence to support further new recruits.

People said that staff were rarely late and called them if they were running late, for example if traffic was busy. Staff did their best to let people know, either personally or asked the office to give the client a call to reassure them they had not been forgotten. During the inspection the registered manager called one person to say their care worker was running late but was on their way. Another person said "They are never late or they ring me if it's a possibility due to traffic. I have a hospital appointment regularly and I can

## Is the service safe?

be happy that my wife is ok when I am not here.” People said care workers stayed the allocated time. The support manager said they had plans to introduce a log in and out call system in the future.

Care workers had regular people they provided care for and the agency tried to ensure people received care from the care workers they liked best. For example, one person was only happy to receive care from two named care workers and this was happening. Another person liked assistance with a shower from a particular care worker they had got to know well and the agency accommodated this. People were sent a weekly rota with named care workers due to visit. The registered manager ensured people had met all the small group of care workers so that if there were changes due to holiday or sickness people would still know the care worker visiting. One person said “Yes I know who’s coming and I’ve met them all now and I’m happy with my care. They are a lovely bunch of people.”

Effective planning allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. The registered manager informed us the service had not had any missed appointments although one person had called to say the care worker had not turned up. They had been running late so the registered manager had gone straight out to visit them which they were happy with. Employee timesheets showed visit “runs” had been carefully planned to ensure staff reached each person within the preferred time. The

registered manager encouraged staff to say if they felt they needed more travel time between visits. For one care worker who walked the registered manager had sent them the appropriate bus times to help them plan their run.

Recruitment procedures and required checks were undertaken before staff began to work for the agency to ensure they were suitable to work with vulnerable people. Checks included the Disclosure and Barring Service (DBS) checks relating to criminal convictions. The registered manager recorded discussion about these checks. They analysed recruitment records, application forms to check for any unexplained gaps in employment, interview notes and references before making the final decision to offer employment. We saw that all staff had a signed contract in their records and there was discussion about staff expectations, availability and any support the care worker may need.

Where staff assisted people with medication this was managed well. Records were completed and all staff had received medication training. Care plans detailed the level of support people required with their medication or whether a relative managed the person’s medication. For example, one person’s daughter managed the medication and instructions about any issues were clearly on the care plan such as how to get more supplies and details about a medication patch and for staff not to remove it when assisting with washing.

# Is the service effective?

## Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. Training records showed each staff member was either up to date with the provider's mandatory training topics or training sessions had been booked. Training was in line with national guidelines. These included manual handling and practical skills, dementia, person-centred care, infection control and first aid. Training was provided by the agency's in-house trainers and by a mixture of e-learning refreshers and face to face sessions. The registered manager was about to complete an update session so they could use their "train the trainer" skills in practical manual handling. There was also opportunity to complete more advanced training or training on relevant specific topics such as speech and language therapy and national qualifications in health and social care. The support manager was signed up to complete a higher qualification and the registered manager was looking into funding opportunities for another care worker who wished to do a diploma.

People using the service felt their care workers knew what they were doing. Comments included "My care workers know what to do and what I like to eat. They even make me a sandwich to take to my appointment." Staff were aware of and were booked to receive formal training in the Mental Capacity Act (MCA) 2005 in the near future. Staff were aware of what processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. During the inspection the registered manager told us of examples where they had recognised possible issues and how they were managed effectively. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available.

New staff underwent induction training and were assessed using workbooks based on nationally recognised standards. There was a period of shadowing more experienced staff until new staff were signed off as being competent. This took as long as it took for new staff to feel happy to work alone. Staff received regular supervision and

appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. If some staff received additional supervision due to an issue, actions were completed. For example, one new care worker had not been suitable to work with the agency due to issues with their conduct. The registered manager had discussed the issues with the care worker following complaints. They took appropriate action including input from an employment specialist. This person no longer worked for the agency.

People were supported at mealtimes to access food and drink of their choice. Care plans stated what drinks and snacks people liked and how to present them. For example, details were included in the person's care plan usual daily routine such as "I normally have a cup of tea and toast and marmalade but I sometimes like cereal so please ask me" and instructions for staff to take frozen food out of the freezer for later. The care plan went on to include specific instructions such as "[The person's name] does not drink enough which can lead to urine infections. [They] are happy for staff to remind them to drink."

Staff had received training in food hygiene and were aware of safe food handling practices. Staff confirmed that before they left their visit they ensured people were comfortable and had access to food and drink. For example, one care worker had alerted the office to the fact that one of her clients had problems with hot food so staff ensured they waited for the meal to cool before presenting it to the person."

We were told by people using the service and one relative that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. Staff were knowledgeable about the external health professional input each person had and were able to contact them if necessary. People's care records included the contact details of their GP or district nurse so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health they called for an ambulance to support the person and support their healthcare needs.

# Is the service caring?

## Our findings

People who used the service were all happy with the staff and they got on well with them. People felt involved in their care decisions and were asked at the beginning of their care what and how they would like to be cared for. One person said “They went through what I needed and we try and work it out together.” Another person said, “Oh yes they go through everything and I signed it. I trust them, I don’t feel the need to read it all again.”

People described their care workers with affection and respect telling us they felt they were treated well and affectionately. One person said “They are very good, I’m absolutely satisfied.” I’m very happy with my agency. Another person said, “I don’t ask them to do anymore when they say is there anything else but they would.” Another person commented, “I am really spoiled, I get two pots of tea and they wash my feet lovely.” The care workers were equally fond of the people they supported and showed this by speaking warmly about them. The support manager said the agency had been set up because they had worked for other agencies and felt they could provide a more personalised service and “kinder care”. They spoke about how staff were only ever a guest in people’s homes and said “We are real, we laugh with our clients and see them as real people and we really do care.” There was one male care worker and female clients were asked if they were happy for them to provide care before they visited. Staff were innovative in the ways they supported people with specific needs such as dementia. For example, for people living with dementia the agency sent them staff rotas with staff photos on so they could see more easily who was due

to visit. Some people with whom the agency provided care for, especially people living with dementia, had not been comfortable with the staff wearing black tabards and this had now been changed to pink.

There were examples where staff had gone beyond the tasks set out on people’s care plans to ensure people were happy or to facilitate opportunities. For example, the managers had helped to arrange and provide care for one person so they could go on holiday for the first time. Another person had been able to go out at night and the managers ensured their care and visits were tailored around the person’s needs. Staff also attended care manager review meetings where opportunities were discussed for people and how the agency could help fulfil people’s needs beyond the daily care package.

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. Care plans re-iterated the importance of maintaining people’s dignity. For example, one plan stated the person was quite deaf but did not want to use hearing aids so staff ensured they communicated in ways the person could understand. Another plan described how the person presented when they were in pain so they knew to offer painkillers. The majority of people who received personal care from Kinder Care had capacity to make their own decisions at the time of our inspection. They were very involved in their care planning and had signed each care plan. The agency currently did not provide services for people who required end of life care.

# Is the service responsive?

## Our findings

Staff and the managers were very knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Plans also included very comprehensive details about people's backgrounds which provided topics for conversations and an understanding of how people liked to receive their care. The registered manager said care staff came to the office to read people's care plans initially so they did not have to take time out of their visits when getting to know their needs.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. This included people's expectations and preferred times. People received support from a small group of care workers who knew them well and understood their care needs. If people specifically requested care from just one or two care workers the agency tried to meet their requests where possible. The registered manager told us they gave each person a copy of their service user guide at the start of the service. They planned to update this document in the near future with further information about the way they allocated care workers to each person. When a visit could only be provided at a different time, this was given priority to change when a slot became available or a new care worker started. Care plans were regularly updated showing what tasks staff were to do on each visit in the "My usual daily routine" section. The agency used a computer care planner system. This enabled them to ensure care workers had up to date knowledge. For example, one person's plan stated "Sore on leg please monitor and ensure the front door is shut properly." Care workers rang in any changes and wrote on the care plan in the person's home before an updated version was delivered. Changes could also be communicated to a care worker by leaving a note on the care planner by phone.

The agency was responsive to people's preferences. Care plans were very detailed and personalised such as how to access people's homes. One person living with dementia

had been unable to open the door so a key pad had been arranged using best interest decision making. Another care plan said, "I get distressed if people try and make decisions for me, wait and I can do [X] myself." Each care plan detailed exactly the order of people's routines and how they liked things. People said staff carried out these tasks as they liked them and also ensured they asked each time rather than assuming this was the only way.

Daily care records were meaningful and related to the tasks and showed staff were responsive to people's needs. For example, "[Person's name] is not well, worse than yesterday has a chest infection. Please check tomorrow and phone GP if necessary." There were details about how well a person had eaten and to monitor if they were eating more on the next visit.

People who used the service were given contact details for the office and who to call out of hours so they always had access to senior managers if they had any concerns. Any on-call issues were clearly recorded and dealt with. If the registered manager was not in the office people could use the on call service which they said was always answered. People using the service were aware of the formal complaint procedure, they knew the registered manager and staff and felt comfortable ringing them if they had any concerns. We saw the service's complaints process was included in information given to people when they started receiving care. There was a clear complaints system. Complaints had been taken seriously and dealt with effectively. Any learning outcomes were taken on board and actions taken appropriately.

There was good communication with people on a regular basis recorded on individual client diaries on the computer system and opportunities for reviews in person and over the telephone to ensure people were happy with the service. Satisfaction questionnaires were available to obtain feedback from people who used the service and actions would be taken and recorded. The agency were in the process of completing their first quality assurance survey since their registration in June 2015. They had received some response. One stated, "I look forward to seeing the staff every morning."

# Is the service well-led?

## Our findings

People using the service and staff spoke very positively of the agency. People said they were happy with their care and would talk to staff or the managers if they had any issues. Staff felt well supported by the registered manager and felt happy and spoke positively about their jobs.

Kinder Care put people at the heart of their work, staff were passionate about what they did, able to go that extra mile and were supported and enjoyed their jobs. Staff knew how to do their jobs and to what standard and there were quality assurance processes in place to monitor the quality of the service delivered.

People were given various opportunities to comment on their care such as initial face to face or telephone reviews after the package had started and six monthly review meetings. These were about to start taking place. Regular spot checks were carried out by the managers. They discussed this process with people to ensure they understood what the visit was for. Some people were not

included in the staff spot check process as the person was anxious or preferred for this not to happen. This was respected and in decision making we saw the managers thought about the outcomes for people.

Staff were supported by regular training, supervisions and staff team meetings. As the agency was currently a small team there was good communication and knowledge about changes and people's needs. The managers clearly valued their staff and thought up ways to show their support. We heard examples of where the managers had helped staff in their roles. For example, by texting care workers after a late shift to ensure they were ok, introducing a "perk box" (a computer account for staff where they could access rewards and benefits) and assisting with staff childcare and car problems in practical ways. The support manager said "We have all been care workers and we understand what it is like out there. I go to all the clients and I know them all. We work well as a team." Staff said "I love my job. They are a good agency to work for." One care worker said they much preferred working for Kinder than their previous agency.