

## Kelly Park Caring Agency Limited







# Kelly Park Caring Agency Limited

### 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

This inspection took place on 16 & 20 November 2015 and was announced. The provider was given 48 hours' notice because the location provides personal care and support to adults in their own homes. Therefore, we needed to be sure that someone would be in the office.

We last inspected this service in January 2014. At the time of our last inspection the service was meeting our regulatory standards.

The service provided support to some young adults but mainly to older people living in their own homes. They provided personal care and support and for some people, this also included social care in their community.

# Summary of findings

At the time of our inspection there were 356 people receiving a service across various areas of County Durham. We saw that a small number of privately funded people also received support in Birtley, Gateshead.

The service is a medium family ran agency that had been operating for over 20 years. The service had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found every person had a personalised electronic care plan and risk assessment in place. Staff were aware of these risks and worked on a multi-agency basis to minimise those risks. When visited people in their own homes, we saw an up to date paper copy of their care records were kept in a file. People confirmed that they had been involved in developing their care records.

We found regular quality monitoring of the service had been undertaken. We also saw that senior support workers completed spot checks in people's homes. This was to observe staff practice and to ensure people were treated with dignity and respect.

Although regulations relating to Mental Capacity Act and DoLS is not applicable to domiciliary care services. We saw staff had received Mental Capacity Act and DoLS training as part of the Care Certificate induction training that was provided by an accredited external organisation.

We found people's medicines were well managed. The provider had designed a medicine recording chart that was easy to use.

On the second day of our inspection, we visited six people in their own homes. We observed staff speaking with people in kind and respectful ways.

People told us they felt their dignity and privacy were respected by staff. One person said, "The staff are great, and they have time to sit and have a chat." Another said, "They are like my own extended family, nothing is too much for them."

A relative told us, "The support my parent receives must be good as they would soon tell me if otherwise."

In addition, we looked at 20 service users' satisfaction surveys. All were consistently satisfied with the care and support they received. All said that staff usually arrived on time and stayed for the allotted time agreed.

# 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.

There were systems in place to manage risks, safeguarding matters, staff recruitment and medication and this ensured people's safety.

People were safe because the service had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

Good



### Is the service effective?

The service was effective.

People were involved in the assessment of their needs. Care plans reflected people's current individual needs, choices and preferences.

Staff had the right skills and knowledge to meet people's assessed needs.

Staff received regular supervision and an annual appraisal.

Good



### Is the service caring?

The service was caring.

There were safeguards in place to ensure staff understood how to respect people's privacy, dignity and human rights.

Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

People told us they were treated with kindness and their privacy and dignity was always respected.

Good



### Is the service responsive?

The service was responsive.

People, and their representative's, were encouraged to make their views known about their care, treatment and support needs.

People were involved in decisions and had their individual needs regularly assessed and met.

People told us they felt confident to express any concerns or complaints about the service they received.

Good



### Is the service well-led?

The service was well-led

There was a registered manager in post and all conditions of registration were met.

A quality assurance system operated a help to develop and drive improvement.

The service worked in partnership with key organisations, including specialist health and social care professionals.

Good



# Kelly Park Caring Agency Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 November and 20 November 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was led by an adult social care inspector.

Before we visited, we checked the information we held about this service this included, inspection history, safeguarding notifications and complaints.

We also contacted professionals involved with people who used the service, including; Commissioners of services and Local Authority Safeguarding staff. No concerns were raised by any of these professionals. Prior to the inspection we also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give people a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection, we spoke with six people who used the service and three relatives. We reviewed six people's care records held in the office, and with people's permission, we looked at a further two held in people's own homes.

We looked at six staff recruitment files and checked staff supervision records. We spoke with two staff the director of the service and the registered manager.

During the inspection we asked the registered manager and staff about what was good about the service.

# Is the service safe?

## Our findings

People we spoke with who used the service and their relatives told us they felt their care and support was delivered in a safe way. Comments included, “I have a lot of confidence in the staff team that support me each day, and I feel safe.” And, “I know my carer’s very well, I usually have the same three all the time. They are good at what they do.”

We saw clear guidance for staff on what abuse was and how it should be reported. Staff we spoke with were able to identify different types of abuse and were able to tell us how they would report concerns. They told us they had received training with regard to safeguarding adults during their induction period, followed by periodic updates. This was confirmed in the training records we looked at. This meant people were protected because staff had been trained to recognise and report abuse. In addition, we saw staff had been trained to distract people if they displayed behaviour that challenged the service. This meant people were protected from the risk of harm because physical interventions were not used.

There was also a whistleblowing policy, which told staff how they could raise concerns about any unsafe practice.

We looked at six people’s care plans and day to day care records at the services office. We saw there were risk assessments in place to monitor any specific areas where people were more at risk. These included risk assessments on equipment, medication, moving and handling, nutrition, mobility and any emergency arrangements. We also saw that an environmental safety risk assessment had been completed as part of the initial assessment process. This helped to identify any potential risks in the person’s home that might affect the person or support staff; For example where the access to the properties gas, water and electricity supply on off switch was located, or trip hazards such as loose wires, rugs or poor outside lighting to the property. This meant risks had been identified to keep people and staff safe and this helped to mitigate accidents and incidents that could otherwise occur.

The staff we spoke with told us their rotas followed a regular pattern and only changed if people who used the service required it or were admitted to hospital. One member of staff told us, “I don’t usually work week-ends,

however I will cover other staff for sickness or annual leave when needed, but you are not pressured into doing so”. This meant people were supported by regular staff teams to help to ensure continuity of care.

The registered manager told us that the service had an ‘on call’ system operated by two staff until 11pm daily and one of these was on standby throughout the night. People we spoke with told us they were able to contact the office at any time. Staff told us the ‘on call’ rota meant a senior member of staff was always on duty to provide support and guidance out of normal working hours.

We looked at six staff recruitment files; we found that appropriate checks had been undertaken before staff begun work at the service. This included written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and proof of the staff member’s identity. This helped to ensure that staff were suitable to work with vulnerable people.

We looked at how the service supported people with their medicines. Staff told us they had received medicine training and this had provided them with the skills and knowledge to support people safely with their medicines. The registered manager described to us in detail the medicine training that they carried out with all new staff employed. They said no staff handled any medicines until they were deemed competent to do so. Staff training records showed us that staff involved in the administration of medication had been trained. We also saw evidence that staff had received refresher training. Staff we spoke with had a clear understanding of their role in administering medication. One member of staff told us, “I have had training and was shadowed until I was competent.”

The service had a policy and procedure in place for the safe handling of medicines. The registered manager told us these were in line with NICE guidelines.

People’s risk assessments and care plans included information about the support they required with their medicines. We checked six people’s medication records; we saw the provider had designed a chart for staff to record when they had administered people’s medicines. This included the name and address and contact details of people’s GP and the dispensing pharmacist and any know

## Is the service safe?

allergies. The records also recorded the colour, shape and markings on all tablet form medicines. There was also a sample signature and the initials of the support staff involved with administration of medicines.

The registered manager told us there were enough staff employed to meet the needs of the people being supported by the service. Care and support was co-ordinated from the office.

Staff told us that they had enough equipment to do their job properly and said they always had sufficient disposable gloves and aprons, which were used to reduce the risk of the spread of infection.

# Is the service effective?

## Our findings

People we spoke with consistently told us they were happy with the care treatment and support they received from staff and the way their care was delivered. People told us, they thought the staff were skilled and had the right experience to support them effectively. A relative told us, “We usually have the same carers and they have taken time to get to know my relative and the way they want to be supported. Another person told us, “The registered manager came out and did a full assessment of my needs, I was fully involved and they took note of what I required.” Another person said, “They support my relative very well, the service is very reliable.”

The registered manager explained how senior staff carried out a detailed assessment of people’s needs, before they started the service. This was to ensure the service had the skills and capacity to provide the care, treatment and support that was needed. Assessments included information about people’s physical and emotional health, medicines, diet and personal care needs. Each record contained detailed information about the person and how they wanted to be cared for. This assessment formed the basis of a more detailed plan of care.

We saw there were arrangements in place to speak with people about what was important to them. This meant people were able to give valid consent, received care and support in accordance with their preferences, interests, aspirations and diverse needs.

The registered manager had reviewed their training programme to take into account the implementation of the new Care Certificate which was introduced in April 2015. We saw that an external accredited training organisation was used to deliver the induction programme. We looked at six staff training induction records, other training completed and supervision. We found all staff had received an induction when they began work. All staff had received regular training in topics such as; safeguarding vulnerable adults, first aid, food hygiene, infection control, nutrition and medication. In addition other specific training was provided for example, in caring for people living with dementia, challenging behaviour, catheter and colostomy care, moving and handling, health and safety, mental capacity, deprivation of liberty. Two staff confirmed that the induction training had been thorough, one said, “It was excellent.”

We saw the provider had a conference room and an on-site training room for staff to use. The on-site training included various moving and handling equipment, such as a universal mobile hoist, slide sheets, and moving belts. There was a hospital bed, a full life sized model that had a tracheotomy fitted, catheter, and colostomy for practical training, there was also a wheelchair, walking frame and various continence aids for staff to practice with their use. This meant staff had an opportunity to practice using specialist equipment and techniques so that they had sufficient skills to support people safely.

In addition to the on-site and external training courses delivered, staff had access to e-learning training. One member of staff told us, e-learning is really good and I can access this from home which I find useful.

Senior staff told us that they carried out spot check observations in people’s homes which focused on staff skills to ensure that staff understood the training they had received and were carrying this out in practice and ensuring people were treated with dignity, respect and compassion. We saw evidence and a record of visits that had been carried out.

We saw staff received one to one supervision meetings with senior staff. We saw staff received four sessions per annum followed by an end of year appraisal. These sessions gave staff the opportunity to review their understanding of their role and responsibilities to ensure they were adequately supporting people who used the service. Supervision sessions also gave staff the opportunity to raise any concerns they had about the people they were supporting

One member of staff told us “ I have worked for the service for 15 years, supervisions gives me an opportunity to discuss any concerns and any training I would like to do; I have always found the provider and the registered manager to be very supportive.”

Another support worker told us, “I have worked here for five years and the management team are approachable and proactive they listen to suggestions. For example, one person that we support prefers for staff not to wear their uniform when escorting them on shopping trips to places like the Metro Centre. This was agreed as long as we wore our ID badge.”

This showed us that the provider responded to people’s individual wishes and preferences.

## Is the service effective?

People's care records showed us that people's capacity to make decisions was always considered and if able to, they had signed their care plans to indicate they were happy with their planned care. For those people unable to do so, the plans were signed on their behalf by a person that mattered to them or by people's care managers.

Although regulations relating to Mental Capacity Act and DoLS are not applicable to domiciliary care services. We saw staff had received Mental Capacity Act and DoLS training as part of the Care Certificate induction training that was provided by an accredited external organisation.

The registered manager told us they offered dietary support in preparing or providing meals when needed.

They said staff were very good at reporting to the manager or a family member if they had concerns about a person's loss of appetite. The registered manager told us if needed, they had food and fluid charts in place to monitor people's intake, and if necessary professional advice would be sought.

The registered manager told us they had good working relationships with local GP's, district nursing services and occupational therapists. We saw examples in people's care records where staff had liaised and sought assistance with health care professionals.



# Is the service caring?

## Our findings

People who used the service were consistently happy with the staff and they got on well with them. Comments included, “The staff are so kind and they always have time to do things properly.” “I am never rushed, they take their time and they are very caring people.”

A relative of a person who used the service told us, “The staff really do care about my relative’s wellbeing and my relative looks forward to seeing them every day.”

The registered manager told us the majority of people who received personal care from Kelly Park had capacity to make their own decisions about the care and support needs. At the time of our inspection, those funding the service through direct payments had made the choice to use the service and had a contract in place outlining the expectations of both parties. We saw how the service invoiced people for their care and support, the invoice clearly itemised the visit times, including the total number of hours charged for. This meant people knew exactly what they were paying for.

People using the service told us they were involved in developing their care and support plans and identifying what support they required from the service and how this was to be carried out. One person using the service told us, “They do what I want them to do. We’ve got a really good routine going.” This showed us that the service was caring and responded to people’s care treatment and support requests.

People received care, as much as possible, from the same care workers. When the care package started people were introduced to two staff, so when cover was required due to

sickness or leave the person knew the replacement staff member coming to support them. One person told us, “It’s usually the same carers which is what I like.” People told us staff were respectful of their privacy and maintained their dignity. This indicated that people were receiving care from a core team of staff that they knew and trusted.

One staff told us, “I popped into the office today to get some cash for a person so I can do their shopping. I ask them what they want and we draw up a shopping list. If they want something special I go and get it for them. When they are happy, I am.”

We discussed these financial arrangements with the registered manager. They told us that seven people who they provided support to have their finances managed by the local authority’s financial protection team. Money was made available to the service to enable support workers to purchase provisions, other personal and household items on their behalf. We saw very detailed records were kept of every transaction and receipts for all purchases were kept. We were told that the financial protection team audited people’s records regularly. This meant the service was helping to care and protect people from the risk of financial abuse.

The 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 in the information guide given to people who used the service. The registered manager told us no one was currently using an advocate, but some had in the past.

# Is the service responsive?

## Our findings

Staff were 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. One person told us, "I recently required some additional support and this was arranged as soon as I requested it."

Staff supported people to access the community and minimise the risk of them becoming socially isolated. The registered manager said many of the people they supported in and around the Consett area attended a local day service that was ran by volunteers three days a week, lunch was provided and various activities were available.

We looked at six care records in the office and with people's permission, a further two when we visited people in their own homes. We saw assessments were undertaken to identify people's support needs and care plans were developed to inform staff how these needs were to be met. We found the care plans to be personalised, for example, "I would like carers to support me with -----." "I prefer to be supported by having -----." When we spoke with staff they told us they always reported any changes to people's health immediately so people's care plans could be up-dated. They told us they were kept fully informed the support new people required. The registered manager told us, if any changes occurred they would immediately update the person's care plan to reflect their current needs.

One person who used the service told us the office staff were quite obliging and responsive in changing the times of

their visits. Staff told us the office staff always lets them know if they needed to visit people at different times. One staff said, "I'm very flexible, I usually have every week-end off but if needed, I sometimes work on a Sunday morning. "It's all about team work so I don't mind." Another staff told us, "It was supposed to be my day off today, but when I heard that one of the people who I regularly support needed a sitting service today, I volunteered to do this."

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. For example, one person's care plan stated, "I need a little assistance when cooking as I am a little unsteady on my feet. Because I enjoy cooking, I prefer to do as much as I can my own."

People using the service and their relatives told us they were aware of the formal complaint procedure, they told us they knew the manager and other staff in the office and felt comfortable ringing them if they had any concerns. We saw the service's complaints procedure was included with information given to people when they started using the service. During the last 12 months the service had received five minor concerns which had been resolved quickly, with one formal complaint that was on-going.

People who used the service told us they felt there was good communication with the staff at Kelly Park and there were opportunities for them to feedback about the service they received. People were given contact details for the office and who to call out of hours so they always had access to senior staff if they had any concerns.

# Is the service well-led?

## Our findings

Kelly Park is a medium sized family ran service. The Owner Director and his wife had managed the service for over 20 years. Both partners have an active role in the management of the service.

At the time of our inspection the service had a registered manager who has been in post for six years. A registered manager is a person who had registered with CQC to manage the service.

The registered manager was a qualified registered nurse and had the required qualifications and experience and was competent to run the service. When we spoke with the registered manager they had a clear understanding of the key principles and focus of the service.

Staff received regular support and advice from the registered manager and care coordinators via phone calls, texts and face to face meetings. Staff felt the registered manager was available if they had any concerns. Staff told us they felt communication between managers and other senior staff was good and one to one supervisions worked well.

We saw in people's personal care records that these were regularly reviewed and up-dated when required. This meant that people's care, treatment and support needs were up-dated to reflect people's changing needs. This was confirmed by two young adults when we visited them at home.

One young person said, "I get on well with the registered manager and the other office staff. Whenever I ring the office they are all very nice, but I prefer to talk with the registered manager as she always sorts things out for me personally. I helped to write my care plans and they include everything that I want and need."

The service had an electronic quality assurance system in place. This system included electronic care plans that showed us people using the service had been involved in their own care planning. Any missed or late calls triggered an automatic alert on the system. For example, if a support worker failed to turn up after 15 minutes of their due visit time. We also saw there was a system in place to audit all prescribed medicines on a daily basis and with a more thorough audit each month. Completing these audits helped identify any shortfalls which could then be rectified

in a timely manner. The system also audited staff recruitment processes, supervision and appraisals, and accidents and incident reporting. These systems and processes helped to monitor the service and drive forward improvements.

The registered manager and other senior support workers also completed spot checks in people's homes to make sure they were happy with the care provided and to monitor staff practice. The registered manager told us if any issues were identified during these spot checks and it not serious, extra staff training and support would be provided. One person who used the service told us, "The senior staff come out and do check up's on staff and to see if everything is going well and they always have a chat with me to make sure that I am satisfied with the support I receive, and I am, the girls are a smashing lot." And another person said, "I get regular visits and phone calls to make sure everything is ok."

We saw a number of policies and procedures to support the effective running of the service. These were updated in accordance with 'best practice' and current legislation. The registered manager told us the medication policy had been up-dated in line with NICE guidelines.

Staff told us a number of policies were discussed at staff induction and through their on-going learning. They were also included in the staff handbook which each member of staff had a copy. Staff also had access to the organisations website where they could access any new policies and procedures.

We saw all staff wore a uniform with a 'Kelly Park' logo and an ID badge. This meant people who used the service could be assured that staff supporting them in their own homes were genuine employees of the service.

The registered manager and staff we spoke with told us there was a culture of learning from incidents, complaints and mistakes and using that learning to improve the service.

Although very few accidents and incidents occurred, none during the last 12 months, all had previously been recorded and had been reviewed to help to minimise re-occurrence.

Legal obligations, including conditions of registration and those placed on them by other organisations such as Commissioners of services were understood and met. This

## Is the service well-led?

meant the service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. They strived for excellence through consultation and reflective practice.

We found record keeping was to a consistently high standard. All records held in the office were kept securely,

up to date and in good order, and maintained and used in accordance with the Data Protection Act. People who used the service had access to their records in their own homes and we saw evidence that they contributed to them.