

Kentish Homecare Agency Limited

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Inspection report

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Date of inspection visit:
27 February 2020
28 February 2020

Date of publication:
06 April 2020

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:

Kentish Homecare Agency Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection 63 people were receiving personal care.

People's experience of using this service:

People and their relatives gave us positive feedback about their safety and told us staff treated them well. Staff administered prescribed medicines to people safely and people were protected from the risk of infection. People were supported by effectively deployed staff and their visits were monitored. The provider carried out comprehensive background checks of staff before they started work. The provider had a system to manage accidents and incidents.

Staff received support through training, supervision and appraisal to ensure they could meet people's needs. Staff told us they felt supported and could approach the registered manager at any time for support. The registered manager worked within the principles of Mental Capacity Act (MCA). Staff asked for people's consent, where they had the capacity to consent to their care. 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.

An assessment of people's needs had been completed to ensure these could be met by staff. The registered manager and staff worked with other external professionals to ensure people were supported to maintain good health. People and their relatives were involved in making decisions about their care and support. People were treated with dignity, and their privacy was respected, and supported to be as independent in their care as possible.

People's care plans reflected their current needs. Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. People knew how to make a complaint. The registered manager knew what to do if someone required end-of life care.

Systems and processes to assess, monitor and improve the quality and safety of the service were in place. There was a management structure at the service and staff were aware of the roles of the management team. They told us the registered manager was approachable. The registered manager and staff worked as a team and in partnership with a range of professionals and acted on their advice.

Rating at last inspection and update

The last rating for this service was good (published 02 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Please see the action we have told the provider to take at the end of this report.

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.

Kentish Homecare Agency 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

One inspector visited the service on 27 and 28 February 2020. Two experts by experience made phone calls to people to seek their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is in older people and a family carer.

Service and service type

Kentish Homecare Agency Limited is a domiciliary care agency. It provides personal care and support to people living in own homes and flats. It mainly supports older people.

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 48 hours' notice of the inspection visit because the manager was often out of the office supporting staff. We needed to be sure that they would be in.

What we did before the inspection

We looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about

important events that the service is required to send us by law. 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 also contacted the commissioners and the local authority safeguarding team for their feedback about the service.

During the inspection

We spoke with the registered manager, 10 staff members, 10 people and six relatives to seek their views about the service. We looked at seven people's care records, six staff records, and records related to the management of the service, such as the complaints, accidents and incidents, medicines management, safeguarding, call monitoring and policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Senior staff completed risk assessments for every person. These included risks around manual handling, falls, eating and drinking, catheter care and about skin integrity. This meant that risks were mitigated to help keep people safe. One person told us, "They [staff] noted, I am at risk of falling but this has never happened while the carers have been here."
- Risk assessments were up to date with guidance for staff on how to reduce individual risks. For example, where one person's skin had been identified to be at risk of pressure sores, control measures were in place which included the use of pressure relieving equipment.
- Staff received first aid and fire awareness training so they could support people safely in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "I feel very safe with the carers who come to me. They are all very good." Another person said, "I have always been completely satisfied with all the carers coming to care for me and not felt unsafe with any of them." A relative commented, "Yes, I do think my [loved one] is safe with the carers that attend to [name] needs."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included reporting their concerns to the registered manager and the local authority safeguarding team. Staff had completed safeguarding training.
- Staff knew the procedure for whistle-blowing and said they would use it if they needed to.
- The registered manager-maintained records of safeguarding alerts and monitored their progress.□

Staffing and recruitment

- People were supported by effectively deployed staff. Staff had enough time to travel between calls and stayed the full time with people. One person told us, "I have usually had carers arrive on time but if a problem arises, they [office staff] always send others." Another person said, "They [staff] will at times rush me but generally I get my full time. Some [staff] leave early with my permission."
- They confirmed with us, there had been no missed calls to them. One relative said, "So far timings have been good. Not had any missed calls."
- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment. Employment references, and criminal record checks and proof of identification had also been sought. This reduced the risk of unsuitable staff working with people who used the service.

Using medicines safely

- Staff administered prescribed medicines to people safely. People told us they were happy with the administration of medicines.
- One person told us, "My medication is in dosset box and they give it for me from there and write up exactly what they have given me." A relative said, "They [staff] have organised dosset boxes for my [loved one's] medication. This has helped as my [loved one] was forgetting to take medication. The carers always record what my [loved one] has been given."
- The provider trained and assessed the competency of staff authorised to administer medicines. MARs were up to date and clear records were kept of the medicines administered.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely.
- Regular medicines checks were carried out and if any areas of improvement identified, these were discussed with staff.

Preventing and controlling infection

- People were protected from the risk of infection. Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing of waste appropriately, to protect people and themselves from infection and cross-contamination.
- One person told us, "They [staff] do wear gloves and aprons when doing my personal care and they wash hands before preparing my breakfast." A relative said, "The staff do wear aprons and gloves. They come in uniform and always wash their hands before doing my [relatives] meals and medication."
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Learning lessons when things go wrong

- The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again. These included action staff took to minimise future risks, and who they notified, such as a relative or healthcare professional.
- The registered manager monitored these events to identify possible learning and discussed them with staff.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs were assessed to ensure these could be met by the service. This looked at people's medical conditions, likes and dislikes, physical and mental health; mobility, and nutrition.
- Where appropriate, relatives were involved in this assessment and the information was used as a basis for developing personalised care plans to meet each person's needs.

Staff support: induction, training, skills and experience

- The provider trained staff to support people and meet their needs. One person told us, "I think they [staff] are trained well enough to meet my needs but if I was unhappy, I would tell the agency. They [staff] never rush me." A relative said, "Yes, I think they [staff] are well trained, friendly and easy going."
- Staff told us they completed comprehensive induction training and a brief period of shadowing experienced staff, when they started work.
- The registered manager told us all staff completed training required to do their jobs. Staff training records confirmed this. The training covered areas such as basic food hygiene, health and safety, moving and handling, administration of medicines, infection control and safeguarding adults.
- Staff told us the training programmes enabled them to deliver the care and support people needed.
- The registered manager supported staff through regular supervision and appraisal. Staff told us they felt supported and could approach the registered manager at any time.

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

- Most people catered for themselves or had family to prepare their meals. When people required this support, staff ensured them to ate and drink enough to meet their needs.
- One person told us, "They [staff] always ask what I want for my breakfast and we discuss what I would like for lunch. They always make sure I have plenty to drink including water." One relative said, "They [staff] ensure that my [loved one] has eaten lunch and if not, they will offer them something else. They also leave bottles of water nearby and give hot drinks when they come in."
- People's care plans included a section on their diet and nutritional needs. Staff told us people made choices about what food they wanted to eat, and their preferences were met.

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

- The service worked with other external professionals to ensure people were supported to maintain good health. People's health needs were recorded in their care plans along with any support required from staff in relation to this need.

- Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed.
- Staff told us they would notify the office if people's needs changed and if they required the input of a health professional such as a district nurse or GP appointment.

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's capacity to consent to their care and support was documented. People and their relatives, where relevant, were involved in making decisions about their care. People and their relatives confirmed that staff obtained consent from them before delivering care to them.
- One person told us, "Yes, they [staff] do ask me for example, can I help you to dress yourself. Is there anything else you would like me to do?" A relative said, "They [staff] always ask my [relative] before doing anything. For example, before changing their pads they will ask if my [loved one] would like to go to the toilet."
- Staff had received MCA training and understood people's rights under this legislation. The registered manager and staff understood their responsibilities under the MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff treated people with kindness and respect. People and their relatives told us they were happy with the service and staff.
- One person told us, "Oh yes, they [staff] are all that and more." Another person said, "I have not any issues with this. I was asked if I would prefer male or female carers but told them I was not worried with having either. I have had a male carer today for example and he is very good." A relative commented, "They [staff] are very caring and friendly towards me and my [loved one]."
- Staff showed an understanding of equality and diversity. People's care plans included details about their ethnicity, faith and culture.
- The service was non-discriminatory, and staff supported people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

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

- Staff involved people in making decisions about their care. People and their relatives told us they were involved in making decisions about their care and support, including in the assessment, planning and review of their care.
- One person told us, "I was involved with the setting up of my care plan and knew what was expected of the carers. I have a copy of my plan in the folder here, it also contains details of my next of kin etc."
- One relative said, "My [loved one] and I were involved in the setting up of my [loved one's] care plan. They [staff] were good as they talked to my [loved one] more than me and if I tried to interrupt my [loved one] they would ask me to wait until my [loved one] had finished and then ask if I had anything else to say. We have a copy in the house and carers always record exactly what they have done."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. One person told us, "I have no issues relating to my privacy and dignity. They [staff] never make me feel exposed, they are very professional." A relative said, "Yes, they [staff] make sure my [loved one] is covered when they use the commode or provide a bed bath."
- People were supported to be as independent in their care as possible. One person said, "The carers do encourage me to do what I can do myself especially when it comes to showering or washing." Another person said, "They [staff] do encourage me to be as independent as possible. It is done with extreme kindness and they don't force me, we have just the right balance."
- Staff told us they would encourage people to complete tasks for themselves as much as they were able to.

For example, with washing, eating and walking with mobility aids.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves. A relative told us, "Yes, they [staff] have made changes to update the care provision and have accommodated everything."
- Staff told us, before they went to people's homes, they looked at their care plans to know how to support them.
- Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plans.

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.

- Staff communicated with people in the way they understood. The registered manager told us if people required information in different formats, they would make this available in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy. The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives. People told us they knew how to make a complaint and would do so if necessary.
- One person told us, "I would call the central team or management. No, I have never made a complaint." Another person said, "I have made a complaint and the issue was resolved to my satisfaction."
- The provider maintained a complaints log which showed when concerns had been raised the registered manager had investigated and responded to any complaints in a timely manner. Where necessary they held meetings with the complainant to resolve their concerns.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. The registered manager

and staff were aware of what to do if someone required end-of life care to ensure people's end of life needs were met.

- Staff received training to support people if they required end-of life support.
- People received appropriate end-of-life support. People's end-of-life preferences had been discussed with them, and additional care plans developed to ensure their preferences in this area were met.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management structure at the service. Staff were aware of the roles of the management team.
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.
- Systems and processes for assessing, monitoring and improving the quality and safety of the services were in place.
- Audits were carried out for care plans, medicines management, daily care logs and staff punctuality to ensure people's needs were being met.
- There was an electronic system in place to monitor calls, to ensure people received the care they needed at appropriate times.

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

- The service had a registered manager in post. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- There was a duty of candour policy and the registered manager understood their roles and responsibilities. Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

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

- We saw the registered managers and staff worked as a good team.
- Staff told us the registered manager was approachable. We saw the registered manager interact with staff in a positive and supportive manner.
- Staff described the leadership at the service positively. One member of staff said, "The manager is very good, if you ask for something, she will do it, for example if I ask for additional shifts to do or change the time of a shift they do that for me. I do not cancel my shifts." Another member of staff said, "Manager is very nice, in this job I feel like I am included, they care for me, they gave me an alarm, as I work in the night, this is really good."
- People and their relatives commented positively about staff and the registered manager. One person told us, "It is very easy to get hold of the office, they listen and deal with whatever issues you have raised." A

relative said, "It is easy to get through and if appropriate they [office staff] will put you through to the manager straight away. Our questions have always been answered to our satisfaction."

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

- The provider sought people's views using satisfaction surveys. We found most of the responses were good and staff had acted to make improvements where people had made suggestions. For example, in relation change of visit times.
- Staff meetings were held to discuss any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, and any changes or developments within the service.

Working in partnership with others

- The registered manager had worked in partnership with a range of professionals as and when required. For example, they worked with commissioners, GPs, and district nursing.
- The registered manager remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.