

Kernow Home Care Limited

# Kernow Home Care 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 ●

# Summary of findings

## Overall summary

### About the service

Kernow Home Care Limited is a domiciliary care service that provides personal care and support to people living in their own homes. The service normally provides short visits at key times of the day to help people to get up, go to bed and to prepare meals.

At the time of our inspection the service was supporting approximately 30 older people. 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 comfortable with their support staff who they praised for the compassion and care with which they provided support. People comments included, "I must say the carers are very good", "I think I am spoilt really. They are good" and "Kernow Home Care provide excellent care, I have no complaints." Records showed people were normally cared for by staff who visited regularly. Staff normally arrived on time for each visit and stayed for the full duration. When care workers were running late they called people to let them know when they would arrived.

Staff understood their role in ensuring people safety and records showed the service manager had appropriately reported safety concerns to the local authority.

The service used an electronic system to plan care visit and ensure that no visit was missed. This system worked well and no one who used the service, or any staff could recall an occasion when a visit had been missed.

Staff had the skills necessary to meet people support needs and their training was regular updated. Staff new to the care sector completed training in line with the requirements of the care certificate.

People were assisted to have maximum choice and control of their lives. 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 were in control of how their care was provided and staff acted to ensure people's privacy was valued and respected.

Care plans contained enough guidance for staff to enable them to meet peoples individual needs. Risk assessments were completed during the initial care visits and staff were provided with information on how to manage these risks and what support was to be provided during each visit.

The registered manager provided effective leadership to the well-motivated staff team. Staff were proud of the person centred support the service provided and told us, "They are definitely the best company I have

worked for" and "The best thing is walking away at the end of the shift and knowing you have done a good deed for people and helped them stay at home."

There were systems in place for gathering feedback from people who used this service and appropriate procedures in place to ensure any complaints received were investigated and resolved. A survey had been recently completed and people's feedback had been constantly positive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection

The last rating for this service was Good. (Report published 1 August 2017)

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Kernow Home Care 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

The inspection was completed by one inspector and one Expert by Experience with experience of supporting older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Kernow Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in Penzance and St Just in West of Cornwall.

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

This inspection was announced in accordance with our current methodology for the inspection of home care services. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. This included notification about significant event that had occurred. We used this information and the findings of our previous inspection visits to plan this inspection. The service had completed a Provider Information Return shortly before the inspection but was not available to the inspector until after the inspection. The Provider information return 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 information into account as we made the judgements in this report.

#### During the inspection

We visited one person and their relative at home and spoke with a further nine people and two relatives via telephone. We also met and spoke with four members of care staff and the registered manager.

We reviewed a range of records. This included four people's care records. We also looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were reviewed, including policies, procedures, medicines administration records, staff rotas and the service's training matrix.

#### After the inspection

Following the inspection, we spoke with an additional three members of staff by telephone and sought feedback on the service's performance from a health and social care professional. We also reviewed a range of documents that we had requested from the service during the inspection.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe and comfortable with their staff. People's comments included, "I feel very safe. I feel I get the right kind of care", "They feel like friends" and "I feel safe with the carers."
- Staff understood their roles and responsibilities in relation to ensuring people's safety. They were confident any safety concerns they reported to the registered manager would be addressed. Information about how to report safety concerns to the local authority was readily available to staff and had been included in each person's care plan. Staff told us, "People are definitely safe, any problems we are straight on it and make sure it gets sorted."
- The registered manager had completed specific training in their safeguarding responsibilities and had previously made appropriate referrals to the local authority, where concerns had been identified in relation to people safety.
- No one who received support, or any members of staff could recall any occasions where a planned visit had not been provided. People said, "I have never been in the situation where I have been missed." While staff told us, "Everyone gets their visits, I have not heard of a missed visit and "I don't think there has been a missed visit while I have worked here."
- The service used a digital system to plan staff rotas and this information was made available to staff via a password protected mobile phone application. This system was also used by staff to record their arrival and departure time from each care visit. Where changes were made to individual rotas staff were called and informed of these changes and the system updated. This helped minimise the risk of missed visits as the application advised staff which visit was next when they completed each planned visit. We found the service's rotas were logically designed and staff told us, "I think the rota is well run" and "I get the rota a week in advance, sometimes two weeks."
- Staff wore uniforms and identification badges to enable people to confirm the identity of carers during initial care visits. Where the service provided support with shopping there were appropriate system in place to protect people from possible financial abuse.

Staffing and recruitment

- The service's recruitment practices were safe. Necessary disclosure and barring service checks had been completed and references reviewed to ensure staff were suitable for employment in the care sector.
- At the time of our inspection the service had enough staff to provide all planned care visits and all visits scheduled during the week of our inspection had been allocated to individual members of staff. A small number of staff had recently left the service and staff told us, "It would nice to have more members of staff" and "They have new staff coming." The registered manager was actively recruiting additional staff members at the time of our inspection to address and resolve this issue.
- We found, and records demonstrated that staff routinely arrived on time and stayed for the full duration of

planned visits. People told us, "The Carers are nearly always on time" and relatives said, "They are always on time."

- The service's visit schedules included reasonable amounts of travel time between care visits and staff told us, " We are normally on time" "The rota is ok, there is travel time", "There is definitely enough travel time " and "There is travel time between each visit. It can be a struggle in the summer because of the traffic but travel time is perfectly adequately". When staff were running more than 15 minutes late they called people to apologise and provide an updated arrival time.

#### Assessing risk, safety monitoring and management

- Risks had been identified and assessed. People's care plans included guidance for staff on how to protect people and themselves from identified risks both while accessing properties and providing support.
- There were procedures in place to ensure all lifting and other necessary equipment was regularly checked and serviced to ensure it was safe for use.
- The service had procedures in place to ensure people's needs were met during periods of adverse weather and travel disruption. Most staff lived within walking distance of the people they supported and during previous weather events the service had offered support and assistance to other agencies to ensure people's safety.

#### Learning lessons when things go wrong

- There were system in place to ensure all incidents and accidents that occurred were reported the registered manager. All reported incidents were reviewed to identify any areas of learning, patterns or changes that could be made to prevent similar events reoccurring.

#### Using medicines safely

- Most people who used the service managed their own medicines or were supported by their relatives to manage their medicines. Where the service provided support with medicines this was detailed in the person's care plan. People told us, "They prompt me to take my medication and put gels on for me" and "They check I've had my medication and have my meals."
- Where staff provided support with medicines this was documented using Medicines Administration Records (MAR) that had been appropriately completed. Staff told us, "The MAR sheets detail what to do and you record what has happened."

#### Preventing and controlling infection

- Staff had received appropriate training in infection control. Personal protective equipment was available from the services offices and used appropriately during the care visit we observed.



# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives told us the care staff were well trained and consistently provided good care. Their comments included, "They are trained in humanity, that goes a long way. We have a laugh and a joke, it makes me feel human", "[The carers] are cheerful and know what they are doing. [My relative] has never had a bed sore, any mark is treated" and "There is a group (of carers) of four or five and there is no difference in what they do. We are really pleased."
- Records showed staff received regular training updates to ensure they had the skills and knowledge necessary to meet people support needs. Staff told us this training was useful and their comments included, "The training is brilliant, there is always training to be done" and "The training is really good. Through the company I have finished my level two and three [diplomas]." Professionals told us, "Their staff appear competent and well trained."
- All staff new to the care sector were supported to complete induction training in line with national guidelines. This included a combination of classroom and independent learning and a period of supervised working to develop their skills before being permitted to provide support independently. One recently appointed staff member told us, "I did a couple of weeks shadowing until I felt confident."
- Staff told us they were well supported by their managers and records showed supervision meetings had been held regularly to support staff and identify learning and development goals. Staff told us, "I have just recently had a supervision", "We do get super vision and spot checks" and "I have had supervision and an appraisal."

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

- Initial care visits were completed by the service's deputy manager or senior carer. During these visits risk assessments were completed, and people's initial care plans were developed. These documents were developed using information provided by care commissioner's, the person and their relatives. Staff told us, "[The senior] does the assessments before the package starts so we know what people like before our first visit."
- Care plans were reviewed each month and updated as staff gained a more detailed understanding of the person's individual needs. People commented in relation to the care planning process, "They find out what we need."

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

- Staff supported and encouraged people to eat and drink regularly. At the end of each visit they ensured people were able to access drinks and snacks.

- Where staff identified concerns in relation to people's food intake prompt and appropriate referrals for support were made to relatives and professionals.

Supporting people to live healthier lives, access healthcare services and support

- Staff encouraged and supported people to access health services promptly when changes to their needs and conditions were identified. Where concerns were identified information had also been appropriately shared with people's relative to enable them to provide additional support.

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.

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

- The registered manager and staff team had a good understanding of this legislation. Training in this area was regularly updated and one staff member told us, "I am in the middle of doing the MCA training."
- Staff acted to ensure people's decision and choices were respected. They told us, "We are just there to give people a helping hand. It is their choice what we do. If they don't want to do something then we don't do it" and "We have a few people who don't have capacity, we make choices smaller and offer options, so it is easier for people to pick."
- Where people lacked capacity to make specific decisions the service worked with relatives and professionals to ensure all decisions were made in the person's best interest.

# 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 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 constantly praised their care staff for the kindness and compassion with which they provided support. People's comments included "I must say the carers are very good", "I think I am spoilt really. They are good", "I look forward to their visits" and "They are a very thoughtful group of girls."
- Relatives were also highly complementary of the staff team and told us, "The staff are lovely and feel like family" and "[The staff] are caring people, no one has been derogatory or rude."
- Staff knew people well and records showed people were normally supported by small groups of staff who visited regularly. Staff told us, "I absolutely adore my clients", "The clients are really nice", "The clients are really nice" and "My little group are quite happy to see you. I love it, it's great. I have time to spend with people I don't need to rush."
- Staff had received Equality and Diversity training and acted to ensure people were protected from all forms of discrimination.

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

- People were in control during care visits. They were able to decide how their support was provided and to decline planned care interventions. People told us, "I choose what support is provided" and "I choose how long they come for and when they come. I'm in charge."
- Staff recognised the importance of respecting people's decisions and describe their role in supporting people's independence. They told us, "It is all down to the service user they make their own decisions. We are there to help people stay in their own homes", "We always ask the clients what they want. They can choose, they are fully in charge of what we do" and "We try to give people as much choice as possible it is completely up to them. We can't force [people] to do things they don't want to do. If they say no, no means no. You try to encourage people to accept support, but it is up to them."
- Where people had expressed preferences in relation to the gender of their care staff, these preferences were respected.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to maintain and develop their independence. Care plans included guidance on the tasks people required support with and what they were normally able to do independently. People told us, "[My carer] platted up my hair today. She was prepared to do the things I want", "They respect my dignity when they help me shower or wash" and "They do anything you ask. They go at your pace. They listen to me."
- Staff made sure people's privacy was respected when they were providing personal care. People told us,

"They respect my privacy. They don't go into my private life" and "[The staff] do chores well without being too personal. They are not intrusive."

- Records were stored securely, and confidential information protected.

# 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 now remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were aware of their care plan and had contributed to its development. These documents provided staff with details of people's preferred routines as well guidance on the specific tasks to be completed during each planned care visit. This included information on how to support people to maintain their oral hygiene.
- Staff told us care plans were accurate and reflected people's current support needs. Their comments included, "The care plans are all up to date", "There are a care plan in every house they are all pretty on it. [The Care plans] are pretty accurate" and "[The care plan's] let you know people's histories and what they want done during visits".
- Care plans included background information about the person's life history, interests, likes and dislikes. This information helped staff gain an understanding of what was important to people and identify topics of conversation they were likely to enjoy. This helped build rapport during initial care visits. Staff told us, "I think there is enough information in the care plan. There is a bit of background information, so you can have a chat and get to know people a bit better" and "[The Care plans] are person centred and have information so if you did not know someone, you would know what they like".
- Daily records were maintained detailing the support provided during each care visits and staff observation in relation to the persons health and well-being. People told us, "[The care staff] write everything down so it can be handed over to the other carers". These records were returned to the office and reviewed each month. This ensured managers were aware of any changes in people's support needs of significant events that had occurred.

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 were provided with information on people's specific communication needs and care plans included information on the use of any aids or devices to facilitate communication. This included guidance on how to present information to enable people to make meaningful decisions.

Improving care quality in response to complaints or concerns

- There were systems in place to ensure any complaints received investigated and resolved.
- People and their relatives knew how to report complaints but said this had not been necessary. Their comments included, "It's so good I can't complain."
- The service regularly received compliments and thank you cards from people and their relatives. One recently received card read, 'I would like to give a big thanks for the wonderful care [my relative] has had and

also myself. They are a lovely lot of carers.' Feedback received was shared with staff during regular team meetings.

#### End of life care and support

- The service was able to provide support to people at the end of their lives and there were procedures in place to enable people's wishes and preferences to be recorded and respected.

# 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 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

- People and their relative were consistently complementary of the service and the quality of care and support it provided. They told us, "Kernow Home Care provide excellent care, I have no complaints" and "I think they are doing marvellous job."
- Staff were well motivated and proud of the quality of support they provide. Their comments included, "it is a lovey company to work for, I have flourished with them", "They are definitely the best company I have worked for" and "It is a really good place to work. They are supportive and boost your confidence". One staff member told us, "The best thing is walking away at the end of the shift and knowing you have done a good deed for people and helped them stay at home."
- For some people it was important they received support from a small group of care workers. Staff rotas were designed to ensure people received support from consistent small team of staff who visited regularly.

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

- The service was led by a registered manager who was office based and supported by a deputy manager and senior carer both of whom split their time evenly between office duties and providing care visits. Office roles and responsibilities were clearly defined and understood by the staff team.
- Staff were well supported by their managers who were approachable and responsive. Staff told us, "The registered manager] is a really good girl, she holds us together", "The communication works well between staff and the office", "The manager really is great, nothing is too much trouble" and "The managers are brilliant. [The registered manager] is very fair, she helps everyone the best she can".
- The registered manager told us, "I've got a good team around me." She recognised and valued the commitment of the staff team who were clearly focused on providing person centred care.
- The service's visit schedules were logical, well organised and included reasonable travel time between consecutive care visits. A mobile phone application was used to ensure staff understood their rotas and quickly alert managers if a planned visit was not provided. In addition, people were able to request copies of their visit schedules, so they knew in advance which staff were due to provide each care visit. People told us, "We get a sheet telling us who is coming."
- The service's quality assurance systems were effective, and people's feedback was valued and acted upon. Audits were completed regular to ensure the quality and accuracy of records and senior manager completed unannounced spot checks to monitor and assess the quality of support provided by staff. People told us, "The managers are very good and do check up on the staff" and "I can't think of anything

that could be improved. Someone comes from the office to check from time to 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

- The registered manager was aware of the duty of candour and was keen to work with people and staff openly and with transparency. Staff told us, "Nothing is brushed under the carpet, anything we report is dealt with."

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

- People's feedback on the service's performance was valued and acted upon. Surveys were completed regularly, and people told us, "We have had a questionnaire" and "From time to time a more senior one will carry out a survey to see if there is a different way of giving the care I want."
- Responses to the most recent survey, completed in October 2019, were highly complementary. People and their relative's comments included, "Thank you for your patience", "I love my carers they are a good team" and "I congratulate you on having such a wonderful team of carers."
- Staff meetings were held regularly and planned to enable as many staff as possible to attend. They provided opportunities for learning to be shared, for changes in people's needs to be reviewed and for staff to be updated on any changes within the service.
- Equality issues were well understood and people were protected from all forms of discrimination. The registered manager supported and facilitated flexible working arrangements and staff told us this impacted positively on their wellbeing.

Continuous learning and improving care

- The service had processes in place to enable staff to share learning and all incidents were fully investigated to prevent similar events reoccurring. This helped drive improvement to the quality of care provided.
- The registered manager attended various local events and workshops to help keep up to date with any developments in the sector.

Working in partnership with others

- The service worked in partnership with other agencies to help ensure good and effective service provision. Professionals told us the service communicated effectively and responded appropriately to suggestions made.