Authentic Kare Company Limited

8 Wyndham Close

Inspection report

8 Wyndham Close
Oadby
Leicester
Leicestershire
LE2 4HR

Tel: 01162927274

Date of inspection visit:
05 January 2017

Date of publication:
21 February 2017

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

We carried out the inspection on 5 January 2017. 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 available.

The service was last inspected on 17 February 2016. During the last inspection the provider was found not to be meeting a regulation. This was in relation to how the service was run and the quality of how the service was monitored. We asked the provider to implement changes to ensure that they met the regulations. At this inspection we found that the necessary action had been completed and improvements had been made.

The service is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection19 people used the service. The service is also registered to provide accommodation and personal care at 8 Wyndham Close and treatment for disease, disorder or injury (TDDI). Since its registration in January 2015 the service has not provided TDDI or accommodation and personal care to people at 8 Wyndham Close. Therefore we did not inspect these aspects of the service.

The service had a registered manager. However they had not been active in the service for some time. The provider had informed us of this via a statutory notification and had ensured suitable management cover was in place. At the time of our inspection the nominated individual was in the process of applying to become the registered manager. A registered manager is a person who has 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.

People were protected from harm. People told us they felt safe and that staff met their needs. There was a recruitment policy in place which the provider followed. We found that all the required pre-employment checks were being carried out before staff commenced work at the service.

Risks associated with people's care were assessed and managed to protect people from harm. Staff had received training to meet the needs of the people who used the service. People received their medicines as required. Medicines were administered safely by staff who were appropriately trained and competent to do so.

Staff had received training and supervision to meet the needs of the people who used the service. Staff told us that they felt supported. Their competence to do their role was regularly assessed.

People made decisions about the care and the support they received. People's consent was sought and respected. The provider understood their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutrition and hydration needs were assessed and met. People's health needs were met and when

necessary, outside health professionals were contacted for support.

People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion. Dignity and respect for people was promoted.

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people who used the service. People contributed to the planning and reviewing of their care.

People could be assured that staff would arrive at agreed times to provide their care and support. The provider monitored call times to ensure that people received their care when they should.

People were supported to pursue their interests and access the community.

Complaints were addressed in line with the provider's policy. People were encouraged to give feedback about the service they received.

People and staff felt that the provider was approachable and action would be taken to address any concerns they may have.

Systems were in place to measure the quality and care delivered so that required improvements could be identified and addressed.

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.

People and their relatives felt safe. Risks were assessed and managed to protect people from harm.

Staff had been recruited in line with safe recruitment practices. They understood how to keep people safe and report concerns if necessary.

People could be assured that staff would arrive at agreed times to provide their care and support.

People received their medicines as required and these were administered safely.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to meet the needs of the people who used the service.

People were supported to maintain their health and their nutritional and hydration needs were assessed and met.

People's consent was sought. People were supported in line with the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People were usually supported by people that they knew.

People were provided with information about the service and the care that they should expect to receive.

Dignity and respect for people was promoted. People were supported to maintain their independence people were

encouraged to make choices and feel involved.

Is the service responsive?

Good

The service was responsive.

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people as individuals.

The care that people received had been regularly reviewed to ensure that it continued to meet their needs. People received their care at times that suited them.

Complaints were addressed in line with the provider's policy. People were encouraged to give feedback about the service they received.

Is the service well-led?

Good

The service was well led.

People and staff felt that the provider was approachable and action would be taken to address any concerns they may have.

Systems were in place to monitor the quality and drive improvements to the service being provided.

8 Wyndham Close

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.

We carried out the inspection on 5 January 2017. 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 available.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information that we held about the service to inform and plan our inspection. This included information that we had received about the service as well as statutory notifications that the provider had sent to us. A statutory notification contains important information about certain events that they must notify us of. We contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service. We contacted the local health commissioners who had funding responsibility for some of the people who were using the service.

We spoke with four people who used the service and four relatives of people who used the service over the telephone. We spoke with the nominated individual and three care workers. A nominated individual is someone who has been designated by the provider to speak on behalf of the service. The nominated individual had been taking overall management responsibility of the service in the registered manager's absence. We looked at the care records of four people who used the service and other documentation about how the service was managed. This included policies and procedures, staff records, training records and records associated with quality assurance processes.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "Both my wife and I have carers coming in, it works well for us both, I feel safe at all times with them." Staff that we spoke with understood how to keep people safe and ensure that their care needs were met.

There was a recruitment policy in place which the provider followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at three recruitment files. We found that the required pre-employment checks had been carried out before staff commenced work. These included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and if necessary with external bodies. They told us that they felt able to report any concerns. One staff member told us, "Call the office, if they don't take action call Northamptonshire county council or CQC." Another staff member told us, "I am not a person to keep quiet, we have a duty of care." They told us that they had followed the providers whistle blowing policy in the past when they had been concerned about something. The provider was aware of their duty to report and respond to safeguarding concerns. We found an example of when the provider had reported a concern, having first ensured that the person was made safe and received the medical attention that they required. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns. This aided people to be protected from harm and abuse.

People could be assured that staff would arrive at agreed times to provide care. People told us that they received their care calls when they should and that if staff were running late they would be informed. Staff confirmed this. One staff member said, "We make sure we go at the right time." Another staff member said, "This is something we emphasise, to get there on time." The provider had an effective system for monitoring call times and ensuring that people received the care that they needed to remain safe. The provider told us that they checked daily, staff's whereabouts to ensure that they were meeting people's care calls at the agreed times. We checked call time records and found that they matched with agreed call times.

People were protected from risks relating to their conditions. We found that risk assessments had been completed on areas such as moving and handling, nutrition and skin care. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these. Most of the risk assessments seen had been reviewed regularly to monitor any changes in people's conditions that may have occurred. The provider told us that they would review those that we identified as being in need of review. Where people's condition or behaviours might put them at risk, we saw that proactive strategies had been put in place in order to minimise restrictions on them. For example we saw that one person might become confused and be at risk of becoming lost if they felt they needed to purchase an item for their home. Staff were required to monitor the stock of this item and ensure that the person was supported to purchase this item regularly. Consideration had also been given to the risks associated with

their home environment.

People were supported to receive their medicines as prescribed by their doctor. One person said, "I get my tablets when I am supposed to every day." Another person told us, "Yes I get my tablets from the carers on time each day." The service had a policy in place which covered the administration and recording of medicines. We saw that Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. A staff member said, "Meds are on the MAR chart." They were able to explain the circumstances under which they could support a person with their medicines and when they could not. Staff had completed training and were also assessed to make sure that they were competent to administer medicines. One staff member told us, "The manager goes out to see how we do it."

Good

Is the service effective?

Our findings

People were supported by staff who were suitably trained and supported to meet their needs. One person told us, "I couldn't ask for anything better from my carers." The relatives we spoke with were very satisfied with the care that their relatives received. They stated that they felt the carers were well trained. Staff told us that they received training when they started working at the service and this enabled them to understand and meet people's needs. This included manual handling and health and safety training. One staff member said, "When I started work I was inducted for a week. I was inducted so I could know the clients and what was expected." People using the service commented that new members of staff were given plenty of support when they were first employed by the service. They noted that staff shadowed more experienced staff and only after they had visited a few times, did they complete care calls on their own. Staff confirmed that they had completed manual handling training and shadowed more experienced staff members before they had been allowed to support people on their own. We saw training records that confirmed this. New staff were required to complete induction workbooks to show their understanding of the providers policies and procedures.

The staff training records showed that staff received regular refresher training and ongoing learning. One staff member told us, "We have had the training. We have mandatory training every year." Staff told us that they had attended courses such as, moving and handling and safeguarding. We saw that the provider had identified that some staff required further training particularly if English was not their first language. They had arranged for staff to attend English language lessons to help them communicate effectively with people and complete the required records.

Staff had access to senior support at all times via the on call telephone number. Staff confirmed this, one staff said, "Any problems I call the office." Staff received regular supervision and spot checks were carried out to ensure that they were competent to fulfil their role. One staff member told us, "We discuss the job we are doing and any concerns." Records showed that during supervision meetings, staff were asked to review their performance and any issues regarding the support of people using the service were discussed. Staff knowledge around safeguarding policies and procedures was also checked during their supervision meetings.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The provider understood their responsibility to ensure that the service met the requirements of MCA. The service had a policy in place to guide staff and staff had received basic training on the subject. Staff were able to demonstrate that they understood that they could only provide care with people's consent and that

people had the right to refuse their support.

We found that people's ability to make decisions and consent to receiving care had been considered. We saw that there was reference to people's ability to make decisions and understand information within their care plans. We saw that where people were able to make decisions for themselves, this had been recorded. Where people required some support or reassurance around making decisions, this was clear on their care plan.

We saw that one person was suspected of lacking the capacity to be able to make informed decisions for themselves. A formal assessment of their capacity had not been undertaken. Records showed that the person's relatives or social workers had been consulted to make decisions on their behalf without ascertaining if they had the legal right to do so. This meant that there was a risk that the person's human rights would not be upheld. The provider told us that they had requested support from the person's social worker to ensure that a formal assessment of the person's capacity was made. They told us that if necessary they would support the person with making best interest decisions regarding the care that was provided. They had ensured that the day to day support that the person received was consented to by them. They confirmed that they would ensure the relevant assessments took place for this person.

People were supported to maintain their physical health and have access to healthcare professionals. Two of people we spoke with told us that the care staff had been involved in making GP appointments when they had felt un-well. In some cases staff had accompanied people to their local surgery in order for them to receive medical care. Staff confirmed that they understood their responsibility to help people maintain their health. One staff member told us that they would call a person's GP if required or in case of an emergency, call for an ambulance. Records showed that staff had supported people to maintain their physical health. For example we saw that a urine sample had been taken when a person's GP had requested it.

People were supported to have enough to eat and drink. One person told us, "My carer and I plan on a daily basis what I am going to eat." Staff confirmed that they supported people to have meals and drinks. People's care plans guided staff to ensure that people's nutritional and hydration needs were met. For example we saw that staff were required to leave one person a fresh jug of water after each care visit. Where people required adapted equipment to enable them to take their drinks safely, staff were given guidance on this. Staff were guided on peoples preferences regarding food and drink. For example how a person preferred their tea to be prepared. This was important as the person was more likely to drink their tea if prepared in this manner.

Good

Is the service caring?

Our findings

People told us that they were treated with kindness. One person said, "My girls have hearts of gold." Another person told us, "I couldn't be treated any better by anyone." And a third person described their care staff as, "Smashing girls." Relatives we spoke with told us that they felt that care staff were kind and caring towards their relatives. A staff member explained to us, "I have a responsibility to the client." They went on to tell us, "You have to have the heart to do it. I do it as if it was for my own family."

People were supported by staff that knew them well and understood their needs and preferences. One person told us, "We have a real laugh and a joke together every time the carer comes." Relatives we spoke with told us that the care staff really had got to know their relatives as they visited them on a regular basis. Staff confirmed that they supported the same people regularly. One staff member said, "Normally we go and do the same things and see the same people." Staff were provided with information about things that were important to people in order to ensure they were comfortable and reassured. For example if one person was becoming anxious, staff were instructed to encourage them to focus on their pets because this was calming for them.

The relatives of people using the service told us that their relatives were treated with respect at all times. Care staff that we spoke with were able to demonstrate ways in which they treated people with respect. One staff member told us how they understood the ways that people preferred to be supported including being referred to by their preferred name. Another staff member was able to explain to us how they ensured that people's dignity was upheld when they were receiving personal care.

People were supported to maintain their independence. Staff understood that people required time to complete tasks themselves and that this was important to them. People's care plans gave staff guidance on how to support them to remain independent and what things they were able to do for themselves. For example for one person, we saw that staff were required to leave some washing up in the bowl to be done by them to help them maintain their independence.

People's confidentiality was respected. One staff member told us, "It's about keeping their confidentiality." We saw records that demonstrated that the provider had acted on a person's request to pursue a change to their care package without their relative's knowledge. The person had expressly asked that this not be shared with their family. This was respected. Staff were given the providers confidentiality policy when they started working for the service.

People were provided with information about the service that they could expect to receive. When people began using the service they received a service user guide which contained information about the organisation, how to raise a complaint and what sort of service they should expect to receive. The provider visited people regularly to check with them that they were satisfied with the service they received.

Good

Is the service responsive?

Our findings

People were supported by staff who provided personalised care and were responsive to their needs. One person said, "If I ever have to change my call times there is never a problem." The provider told us that due to them being a small service they are able to offer a flexible level of service to meet people's needs. They told us that if a person was unwell and unable to attend their day centre, the carers call times would be changed to accommodate their increased needs on that day.

Staff understood people's individual needs. People's care plans included information that guided staff on the activities and level of support people required for each task in their daily routine. One staff member told us, "The care plan is quite wide. It includes specific needs of people, what people prefer and don't prefer, how to speak to them, how to handle a client. Any equipment they need." We saw that the level of detail in the care plans was sufficient so that staff had all the information they needed to provide care as people wished. We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. Care plans contained information about people's preferences and usual routines. This included information about what was important to each person, their health and details of their life history.

The support that people required was assessed before they started receiving care. The provider told us that they contacted people before they conducted an initial assessment of their needs. This was to check that they were happy for the assessment to go ahead and if they wished for a family member or friend to be present during the assessment. One relative told us, "When mum started having the carers we sat down together and decided a plan of action for how her care would work, I think it works very well." The provider told us they contacted the person after a week or two of them starting to receive care to ensure that they were happy with the service being provided.

People's care plans were reviewed regularly to ensure that they continued to reflect their care needs and that people were happy with the care that they received. One person told us, "My care plan is reviewed about every six months." We saw that people's care plans had been updated to reflect changes in their care needs. For example one person had changed how they used their living space, which in turn affected the care tasks that staff were required to completed.

Staff were required to record the support that they provided in daily notes. We saw that these records were detailed and reflected the support that people had requested. Where staff were required to monitor aspects of people's health and wellbeing, we saw that they had done so and recorded this in the daily notes. The provider monitored the records to ensure that they were kept up to date and accurate.

People received their care at the time that they wanted. We checked call times against the agreed times in peoples care plans and found that they matched. Some people we spoke with told us that at times staff seemed to be rushed and did not always stay for the agreed amount of time that they should. One person said, "The staff are brilliant but they are always rushing, I feel they could do with a few more staff then they would have more time." People's relatives shared this concern that staff rushed in and out and not really

having time to spend talking with people. Staff told us that they understood that people did not want to be rushed. One staff member said. "I have to listen first. To put myself to their level. I have to give them time to answer, give them a chance." The provider told us that they monitored peoples call times to ensure that they received their full allocation of care time. We saw that during staff spot checks the provider had checked that staff had stayed for their allotted time and that they did not rush people. We shared the feedback that people had given about staff not staying for their allotted time or rushing with the provider. They assured us that they would monitor staff times and ask for further feedback from people using the service.

People were supported to access the community and follow their interests. People's care plans offered information regarding the activities that people enjoyed. We saw that one person was supported regularly to meet with other people in her local community. The provider told us that where possible they encouraged people to access the community and attend services that enabled them to socialise with other people. We saw that people's care times were planned to ensure that they received their support to enable them to access day services.

People told us that they would feel comfortable making a complaint and that the concern would be dealt with. One person said, "I had a problem when I had the carers at the beginning, I rang the office and it was sorted straight away." A person's relative said, "I know how to complain but I have never had a reason too." When people started using the service they received a copy of the service user guide which told people how to make a complaint if they needed to. People using the service and staff confirmed that the guide was available to people in their own homes. Records showed that where concerns or complaints had been received, these had been addressed in line with the providers policy.

The provider told us that they were in the process of conducting surveys with people who used the service and their relatives. This was to establish their views on whether they were happy with the support provided by their carers and what things could be improved. They told us that they had sent surveys to people two weeks prior to our inspection though had not yet had many returned. Once they received the responses, they told us that they would share the outcome with people who use the service.

Good

Is the service well-led?

Our findings

During our previous inspection we saw that the provider had not properly assessed or monitored the quality of the service provided to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. As part of this inspection we saw that the provider had made the necessary changes and implemented systems to ensure the smooth running of the service. We saw that the provider checked records to ensure that people had received the care that they should have. Were a concern had been raised as a result of these checks, we saw that the provider had taken action to address the concern. For example they had identified that a person's daily notes had not been completed by staff. We saw that they had investigated to assure themselves that the person had received the care call. They had. The staff member responsible for not having completed the record was identified and was supported to ensure that a similar incident would not happen again. In these ways people could be sure that systems were in place to measure the quality and care delivered and so that required improvements could be identified and addressed.

People told us that they thought that the service was well led. They told us that they could make contact with someone from the service if they needed to. One person said, "The office staff always ring back if they can't get to the phone if I call." A relative said, "No I never have a problem getting in touch with the staff in the office, they are always so helpful." The staff we spoke with told us that the service was well led. One staff member said, "They listen to our concerns."

Staff felt supported. One staff member said, "The manager supports us quite a lot. If we are having problems we can call them and they take action immediately." Another staff member said, "Any problems we sit down, they are quite helpful. Always available to us." We were able to see from staff supervision and spot check records that they had received support and had opportunities to feedback about the service and any concerns that they may have.

At the time of our inspection the registered manager had been absent from the service. The provider was taking an active role in the day to day running of the service. The provider was in the process of applying to become the registered manager. The provider was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The provider had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.

Staff had access to policies and procedures and understood how to follow them. The provider had ensured all staff had received the employee hand book. This was to make sure that staff were clear on their role and the expectation on them. It included the staff code of conduct and the confidentiality policy. Staff that we spoke with demonstrated that they understood the provider's aims and objectives. These were to offer skilled care to people to enable people supported by the service to achieve their optimum state of health and well-being.

We saw that the provider had addressed practice issues with staff when these had been identified as a

concern. For example we saw that a staff member was invited to a formal disciplinary meeting when they had not followed the provider's policy regarding reporting accidents or incidents. Where necessary staff had been managed in line with the provider's disciplinary policy and provided with additional support.