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Kinver Care

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?

Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 21 and 22 September 2016. The service provides care to older people in their own homes. The service is available in the South Staffordshire region. At the time of the inspection 21 people were using the service. The service had not been inspected since registering with us in March 2014.

The service had a registered manager in post who was also the sole provider. 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.

The systems that were in place to monitor and improve the quality of the service were not always effective. When concerns were identified action had not been taken to make improvements.

People told us they felt safe and were happy with the way they were treated. When needed concerns had been reported appropriately and staff knew how to recognise and report potential abuse. Risks to people had been identified and staff had the information available to ensure they supported people in a safe way. There were sufficient staff to offer support to people and people did not feel their care was rushed. There were procedures in place to ensure people received their medicines as prescribed.

We found that staff had an understanding of gaining consent from people and when people lacked the capacity to make certain decisions we saw mental capacity assessments had been completed. People were involved with planning and reviewing their care and families also felt involved.

People were happy with the staff and felt they were treated in a caring and kind way. People told us staff knew them well and staff received an induction and training that helped them to support people. People were encouraged to be independent and their privacy and dignity was upheld in their homes. When people needed support with mealtimes or access to health professionals it was provided for them.

The provider sought the opinions of people who used the service and used this information to bring about changes. People were happy with the service they received and knew how to complain if needed. The provider had a system in place for managing complaints. Staff felt listened to and received support through meetings. The registered manager understood their responsibilities around registration with us.

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 felt safe and were happy with the way they were treated. Staff knew how to recognise and report potential abuse. Risks to people were managed in a safe way and staff had information to guide them. There were enough staff available to support people. When needed, there were procedures in place to support people with medicines. The provider ensured staff were suitable to work in people's homes.

Is the service effective?

Good ●

The service was effective.

The principles of the mental Capacity Act 2005 were followed, when needed mental capacity assessment had been completed and best interest decisions were being considered. Staff understood the importance of gaining consent from people. Staff received an induction and training that helped them to support people. People were offered support at mealtimes and were supported to eat and drink enough to maintain good health. People received support from health professionals when needed.

Is the service caring?

Good ●

The service was caring.

People and relatives were complimentary about the staff and people were treated in a kind and caring way. People's privacy and dignity was upheld and they were encouraged to be independent.

Is the service responsive?

Good ●

The service was responsive.

People told us they were happy with the care they received and staff knew people well. People and their relatives were involved with planning and reviewing their care. There were systems in place to manage complaints. People were encouraged to pursue hobbies and interests they enjoyed.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The systems in place were not always effective in ensuring areas for improvements were identified. People spoke positively about the service and felt it was well managed. Staff felt listened to and supported and understood whistle blowing. The provider sought the opinions from people who used the service and used this information to make changes. The registered manager understood their responsibilities around registration with us.

Kinver Care

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 visit took place on the 21 and 22 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. We made telephone calls to five people who used the service and two friends and relatives. We also sent out questionnaires to people who used the service and used this information to make a judgement about the service.

We spoke with three members of care staff, the care coordinator and the registered manager. We looked at care records of four people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People felt safe with the staff and the way they were treated. One person said, "I feel safe when I am with them, they have given me the confidence I have lost". A relative commented, "They treat my relation really well, they ensure they are working within the guidelines they have. My relation is safe with them as they ensure they do things correct. I know this as I have seen them at work". Staff knew how to recognise and report potential abuse to ensure people were protected from harm. One staff member said, "It's if you spot something out of the ordinary, like bruises or marks. It may be a change in their behaviour that would raise the alarm bells". Another staff member told us, "I would report any concerns to the manager and would go to social services if I needed to". We saw there was a safeguarding policy in place advising staff what to do if they had concerns. We saw that when needed, concerns had been raised appropriately by the provider and safeguarding referrals had been made. This was in line with the providers procedures.

Risks to people were managed in a safe way. For example, one person was at risk of falling. Staff gave examples of how they supported this person. One staff member said, "We give them time and don't rush them. They have also got different equipment they use around their home. We make sure that this is working correctly. [Person] also wears a pendant so if they fall when no one is there they can get help. I always check they are wearing it before I leave and give it a quick press to make sure it's working. We have to do a monthly check on it and record this". We looked at records for this person and the care plan confirmed the information the staff member had told us. This demonstrated staff had information to ensure risks to people were managed. The registered manager told us they were revisiting people's care files to ensure the information recorded was more comprehensive.

There were enough staff available to meet people's needs. People and relatives told us staff came at the set times and had enough time to deliver the care they needed. One person said, "They never don't turn up and they are always on time". Another person told us, "I like using this service as they have always got time, nothing is rushed". A relative commented, "It's quite a small agency which is something I like. So we know all the staff that come, they send us the rota out each week and that tells us which person will be coming each day. It rarely changes". Staff confirmed that there were enough of them to meet people's needs.

There were procedures in place to ensure people had their medicines as prescribed. Staff told us they had undertaken medicine training and were then shadowed by more experienced staff before they could administer medicines independently. One staff member said, "I worked closely with the registered manager and the care coordinator with medicines, I shadowed them and when I felt confident, I started to do them independently. They helped and guided me to start with to ensure I was doing them right". A relative told us, "They have charts that they have to sign when they have given the medicines, they always do this. They are patient and kind when they support my relation to have their tablets". The care coordinator told us that as part of the spot checks they carried out they reviewed medicine administration records within the home to ensure people had their medicines as prescribed.

There were recruitment processes in place. One member of staff who had recently started working at the service told us, "The registered manager had to get my police check and references before I could start

working here". We looked at four staff files and we saw pre-employment checks were completed before staff were able to start working in people's homes. This demonstrated the provider ensured staff were suitable to work with people who used the service.

Is the service effective?

Our findings

Staff had an induction and training that helped them to support people. One staff member told us about their recent induction. They said, "I have completed the care certificate as part of my induction. I also shadowed other staff. I found this really useful as it breaks the ice with people. Even though I have experience with another company it just builds your trust with people before you go in independently". The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Staff told us about the training they received. One staff member said, "We have recently had the fire training; it's good it raises your awareness". Another staff member told us the training was, "Of very good quality". We spoke with the registered manager who told us they had identified areas where specific training was required, for example dysphasia training. This training supports staff on how to support people who have swallowing difficulties and they were arranging this training for staff. This demonstrated that staff were provided with an induction and training that was relevant to meeting people's needs.

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 or 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.

We looked to see if the provider was working within the principles of MCA. We saw that when required, mental capacity assessments were in place. We were told by the registered manager and records confirmed that best interest decisions, where required, were also being considered. Staff we spoke with demonstrated an understanding of the Act and used the knowledge they had to assess people's capacity and gain consent. Staff gave examples how they gained consent from people. One staff member said, "We always ask people if we can, we don't assume they are ready. We ask, so we may say are you ready for your wash? If they're not we wait. I guess we are getting permission from them". Another staff member told us, "Sometimes it's a wink or a smile that people are consenting, not everyone consents by talking". This demonstrated people knew the importance of gaining consent from people.

People who were supported with eating and drinking told us staff offered them choices. One person said, "They are very good with my food, they know what I like and check what I have in. They shout out and I choose what to have. They prepare it for me too, the way I like, its lovely". Staff told us that some people needed specialist diets and they ensured they had their meals as required. One staff member said, "[Person] has a pureed diet, it is delivered that way, but I always have a quick look when preparing it to make sure it is ok for them to have". We saw that the person's dietary needs had been assessed and staff had recorded their food and drink intake each day to ensure they were receiving the correct amount. This showed people were supported to eat and drink enough to maintain good health.

People were responsible for managing their own healthcare needs however staff told us they would offer support to people if they requested it. For example, a staff member told us if a person was unwell they would contact their GP for them if they requested them to. Records showed us that when needed staff had contacted health professionals and made referrals on people's behalfs.

Is the service caring?

Our findings

People and their relatives were complimentary about the staff. One person said, "They're like my friends I can ask them anything". They went on to say, "They make sure I'm happy and comfortable before they leave. I'm sure they would stay with me if I asked them. They are just so kind to me". A relative told us, "We are very happy with the staff. The care my relation receives is second to none, nothing is too much to ask". This showed us people were cared for in a kind and caring way.

People told us their privacy and dignity was upheld. One person said, "Sometimes when they get here I have opened my curtains, when they are helping me they always make sure they shut them, so the neighbours can't see me". Another person said, "I hear them knock and call out before they come in. I say you don't need to do that, but they still do, it's polite". Staff gave examples how they promote people's privacy and dignity. One staff member said, "In every way we can, we close curtains, knock doors and just generally be respectful of people homes. When people are using the bathroom I leave them and tell them to give me a call when they are ready".

People told us they were encouraged to be independent. One person said, "They don't take over, they let me do what I can. They are just a backup, an extra pair of hands". Staff gave examples of how they encouraged people to be independent. One staff member told us how a person had a walking aid. They said, "I just stand behind and offer reassurance, I can see when they are getting tired so I start encouraging them, verbally, they thank me for it and say I would stop walking if you didn't keep encouraging me. Its important we don't want people to lose their skills".

Is the service responsive?

Our findings

People were happy with the care they received. One person said, "It's always how I like it". Another person told us, "The staff know me very well so I'm happy with the way they do things". They went on to say, "If somethings happened or changed they jot it down in my notes. That's the first thing every one of them does when they get here, read my notes." We spoke with a member of staff who told us that after each visit they would document all actions on 'the significant events' sheet. They said, "It's a handover really" They commented, "We read back to our last visit to make sure we haven't missed anything". This demonstrated staff shared information about people.

People and relatives told us they were involved with reviewing their care. One person said, "They came out and did an assessment. I sign my file. I'm happy with what they do". A relative told us, "Initially we had a home visit, my relation wanted me there so I was involved. They listened to us and took on board what we said, which is reassuring." We looked at records and saw people were involved with planning and reviewing their care. When possible people had signed their care plans. The registered manager told us, "Initially we go out and complete a full assessment. We leave it up to the person to invite relatives, if they come to the meeting we agree with the person that it's ok for them to be updated and involved".

People were supported to follow their hobbies and interests and take part in activities that interested them. Staff told us how they supported people to go shopping and one person to walk their dog. Staff gave examples of how they encouraged people to pursue their hobbies and interests. For example, one staff member said, "Before I leave I always make sure they are doing something they enjoy. It might be reading the newspaper or watching something they like on the television". Another staff member told us how a person had told them they had previously enjoyed cross stitch. They told us they supported the person to purchase a new pack and a staff member offered them support with this. They said, "They really enjoy it".

People knew how to complain and felt happy to do so. One person said, "I would just ring the office, I have never had to complain but I'm confident they would listen to me". A relative confirmed they knew how to complain. We saw the provider had a complaints policy in place. When complaints had been made the provider had responded to these in line with their policy.

Is the service well-led?

Our findings

There were some systems in place to monitor the quality of the service. However, we did not see how this information had been used to bring about changes or make improvements to the service. For example, the registered manager told us they worked within people's homes. During this time they checked medicines administration records and other paperwork within the home to ensure that this was completed accurately. They went on to tell us when areas of improvement were needed they would action this. They could not provide any evidence these checks were taking place. The senior staff and registered manager also completed spot checks on staff within people's home. Staff told us and we saw records to confirm these were taking place. When concerns were identified we did not see any action had been taken. This meant when improvements were needed no action was taken to ensure the required improvements were made. We spoke with the registered manager who confirmed that this was an area that they were developing. They understood what audits and actions needed to be implemented and told us this was something they would implement.

People spoke positively about the service and the registered manager. One person said, "They are all so good it's a wonderful service and the registered manager is great". A relative told us, "I have used other agencies so I know the difference between good and not. This is very good". Another relative said the provider and registered manager were, "Very approachable, helpful and nothing is an issue". The registered manager understood their responsibilities around registration with us and notified us of significant events that had occurred at the service. This meant we could check the provider had taken appropriate action.

Staff told us about the support they received from the provider who was also the registered manager. One staff member said, "I have very accessible bosses, any concerns I have no matter how big or small they have never been pushed aside. I feel I am taken seriously and my concerns are too". Staff told us they received supervision on a regular basis either through one to one meetings or as a team meeting. They told us they also received spot checks on their work by senior staff members to ensure they were carrying out tasks as they should.

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "It's if something's not right with a member of staff and people are at risk. I would report them if needed". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and appropriate action would be taken.

People had the opportunity to complete questionnaires on the service. One person said, "I have had questionnaires in the past, I put I am happy and return them". We saw the survey that had been completed in August 2016. The results showed that 'some people requested to have a copy of call times and the carer that was allocated to them'. We spoke with the registered manager they told us following this they had implemented a new rota which had this information on. They showed us a copy of this. This demonstrated the provider sought the opinions from people who used the service and used this information to make improvements for them.

