

Jewish Care

Kennedy Leigh Home Care Service (Redbridge)

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 22 January 2016 and was announced. The service met legal requirements at our last inspection in December 2013.

Kennedy Leigh Home Care Redbridge provides personal care to over 30 people in the London borough of Redbridge. They provide a bespoke service for older adults of Jewish faith, some of whom may be living with dementia.

There was a registered manager in place. 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.

Summary of findings

People told us they felt safe and trusted the staff who looked after them. They were supported by staff who were aware of the procedures to protect them from abuse. Staff were enabled to support people effectively by means of training, appraisal, regular spot checks and supervision.

Staff were aware of the procedures to follow to ensure that medicines were handled safely. Risks to people and the environment were regularly assessed in order to protect people from avoidable harm.

We found that there were robust recruitment checks that included the necessary criminal checks to ensure that staff were suitable to work in the health and social care environment.

The service ensured that there were enough staff available to cover for emergency, absences and other leave in order to ensure that there were no missed visits.

Staff demonstrated an understanding of how they would obtain consent to care. They had an awareness of how the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards applied in practice.

People told us that they were treated with dignity and respect and that their wishes were respected. They were aware of how to make a complaint and thought that their complaint would be listened to and resolved by the registered manager.

People told us that they were supported to eat and drink sufficient amounts according to their tastes and preferences. Staff were aware of the procedures in place to refer people to other healthcare professionals when required.

The service had a positive culture that was open and inclusive. People and staff thought the management team were approachable and open to suggestions made in order to improve care delivery.

Systems were in place to obtain and act on issues raised by people. Quality checks were completed by the managers in order to monitor and improve the quality of care delivered.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe and could trust staff. When allegations of abuse were made, action was taken in line with procedures to keep people safe.

There were enough staff to meet people's needs. Recruitment procedures were robust and ensured that appropriate checks were completed before staff were employed and allowed to work with people.

Staff were aware of the procedures for handling incidents and medical emergencies. Appropriate risk assessments were for people and their environment were completed and acted upon in order to minimise harm.

People told us they were supported to take their medicine safely.

Good



Is the service effective?

The service was effective. Staff were supported by effective induction training and appraisals process. Refresher training was frequent and mixture of theory and practical to ensure staff were competent to support people effectively.

People told us that staff sought their consent before delivering care. Staff had knowledge about the Mental Capacity Act 2005 and told us they would always seek advice from the appropriate professionals if they thought a person's capacity to make decisions was impaired.

Good



Is the service caring?

The service was caring. People told us they were treated with dignity and respect and that they usually had the same staff for continuity of care.

Staff knew the people they cared for, were aware of their preferences, which enabled them to provide an individualised service.

We found that people were encouraged to maintain their independence.

Good



Is the service responsive?

The service was responsive. People told us they received care that was responsive to their needs. Staff were aware of people's preferences and were innovative about how to deliver care and activities particularly for people living with dementia.

People and their relatives had compliments about the staff. We saw written compliments sent in by people, their relatives and housing managers.

The complaints system ensured complaints were investigated and responded to within defined timescales.

Good



Is the service well-led?

The service was well-led. There was an open and honest culture where staff and people were able to express their concerns without fear of discrimination.

Good



Summary of findings

People told us they could get through to the main office and confirmed staff rang to inform them if they were running late.

There were robust systems to monitor the quality of care delivered. This included obtaining feedback from people and staff and carrying out regular spot checks to ensure care delivered was appropriate.

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Detailed findings

Background to this inspection

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

This inspection took place on 22 January and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in. The inspection team included 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 service.

Before the inspection we reviewed information we held about the service and the provider. We reviewed the

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 also contacted the local commissioners and the local Healthwatch in order to get their perspective of the quality of care provided. Letters were sent to people using the service to inform them of the inspection. Following these were received responses from three relatives about the service provided by Kennedy Leigh Home Care.

During the inspection we visited and spoke with two people in their home with their consent. We spoke with 12 people who used the service over the telephone, three relatives, the registered manager, and two care staff. We looked at five people's care records, six staff files and records relating to the management of the service. After the inspection we spoke with two other staff and health care professionals.

Is the service safe?

Our findings

People told us they felt safe and reassured by staff that came to care for them. They told us that their care was delivered in a consistent, reliable and punctual way, which enabled them to feel safe, and confident. One person said, "I won't normally wait more than a quarter of an hour and they'll ring if they're delayed, that gives me peace of mind." Another person told us, "I get myself right ready for [staff], because I know [staff] be on time. I wait in the bathroom for her." Others confirmed this, with no complaints being made about punctuality levels. Several people told us that they felt staff would notice if they were unwell, as they understood their health needs well. One person said, "Oh yes, I think they'd know if I was poorly, and I think they'd take the right action – they wouldn't just leave me." People felt safe and trusted staff who supported them to care for them safely.

The provider ensured people were protected from avoidable harm or abuse. Staff underwent training to ensure they understood their responsibility to prevent harm and discrimination during induction and supervision. Staff members told us they had attended safeguarding adults training and were able to recognise potential signs of abuse. We saw evidence that staff were up to date with safeguarding and equality and diversity training. They had a good understanding of their duty to report and notify in accordance with safeguarding policies and procedures. We also saw reviewed safeguarding reported in 2015 and found appropriate procedures had been followed to keep people safe. Therefore procedures were in place to protect people from abuse.

People told us they were supported by the same staff most of the time for continuity of care. One person said, "I have three regular girls – they've all been very good to me." Staff we spoke with and a rota we reviewed confirmed that people received care from a regular set of staff and people were contacted if any changes were required.

People, staff and relatives told us there were enough staff to meet people's needs. There were seven missed visits in the last few months and only a few of the visits were outside of the visit times. However, people said they always received a call if staff were running late and where possible

a suitable alternative time was agreed. The registered manager had a plan to try and ensure that there were always enough staff to meet people's needs and to cover for sickness and any other absences.

Recruitment practices were comprehensive as necessary checks were carried out, so that only people deemed suitable for working with people in their homes were employed. These checks included but were not limited to proof of identity, work history, references, health checks, disclosure and barring checks (checks made to ensure staff were suitable to work in the care industry) and right to work in the UK.

Most people told us that they took responsibility for their own medicine. However two people told us staff helped them to some extent with their medicine. One person said, "They [staff] supervise, they check I've done it right, and they keep a very good record of it all. It's all done very professionally." Medicines were appropriately managed. Staff told us they received training on medicine administration. They were aware of the procedure to follow if a person was refusing medicine or if they found any medicine errors. A medicine assessment took place before staff members were deemed competent to administer medicines. We looked at staff files and saw that staff who gave medicine had received training and were aware of the procedure to follow if they found any discrepancies.

Staff were aware of the procedures to follow in an emergency in order to get help for people and had signed to say they had read the "No Reply Policy" (policy with the procedure staff were to follow in an emergency). They told us that the office would provide cover for the rest of the visits to enable staff to stay with people until an ambulance came and next of kin was notified. Incidents and accidents were reviewed regularly and appropriate remedial action was taken. Staff were aware of when to fill these in and told us they would call the office as soon as possible. Accident and incident reports were reviewed by the management team and appropriate referrals were made where people required support from other professionals in order to protect them from avoidable harm.

We saw that risks to people's home environment were assessed and updated when people's conditions changed or deteriorated. Safety checks were completed on wheelchairs, hoist slings, pressure relieving mattresses and hoists to ensure they were working properly before use in order to ensure safe care was delivered. Other risks such as

Is the service safe?

behaviours that challenged, reduced mobility, falls, and skin integrity were also assessed and reviewed and made known to staff when they started to care for the person to ensure that the necessary precautions were taken to

minimise harm. Body charts were used to indicate any skin breaks. Staff gave examples of strategies they used to effectively manage behaviours that challenged such as distraction and engagement in meaningful activities.

Is the service effective?

Our findings

People told us that staff were attentive and understood their needs. They said staff knew what to do and that they were kept informed of visit times on a weekly basis. Staff were repeatedly described as 'well-trained', 'competent', and 'professional'. One person said they always had the same staff, who understood and encouraged them to be as independent as possible. They told us "[Staff] was off today, so the office rang me earlier in the week, and asked if I'd like someone else instead, or would I like to change my day. I changed, and [staff] came to me yesterday instead of today. They're always so helpful." People were cared for by staff who understood their needs and were able to respond appropriately.

People told us that staff know what to do, and how to best support them. They also told us how they were supported effectively particularly when they were blind or hard of hearing. One person told us they valued the staff's understanding of the importance of care being delivered in a consistent way, so that they know where things have been placed. They said staff "will always double-check before leaving that all things are in the right place."

We asked people whether their care ever changed dependent on which staff visits them. People told us that their care was consistent, and reliable. One person said "If my regular is off for any reason, they'll find someone else to come. It's never a problem, and it always works." Another person said "Yesterday my carer had a migraine. They rang me to warn me that a different staff member would come, so I didn't worry. I didn't have to wait long." Another person told us, "They are 100% reliable and punctual – they would never be more than just a few minutes late, and they'd ring if they were going to be delayed for any reason."

Staff told us they were supported by the management team and were enabled to continue learning. We found that most staff either had a level two or a level three qualification in social care or were studying to gain more knowledge and understanding of the support needs of people under their care. In addition a training session entitled "The Jewish way of life" was mandatory for all staff to enable them to understand the cultural and religious specific needs for people of Jewish origin.

Staff told us they had received a comprehensive induction including shadowing more experienced staff until they

were confident and assessed as competent to deliver care independently. Supervision (discussions with staff to check how they were getting on in their role) and spot checks were regular and used as an opportunity to reflect on practice. Staff told us that the supervisions and spot checks were completed in a supportive manner and that both positive and areas of development were highlighted to enable them to improve people's experience.

Annual appraisals were carried out and up to date with the exception of two staff giving staff the opportunity to identify strengths and areas they wanted to develop. For the two outstanding staff appraisals plans were in place for an appraisal in 2016.

Staff training records showed the new Care Certificate standards were incorporated within the training and induction programme. Training consisted of practical and theoretical training and which included but was not limited to food hygiene; health and safety; effective communication; infection control and equality and diversity. Staff told us they were happy with the training and felt it gave them enough knowledge to effectively support people.

People were supported to maintain a healthy lifestyle where this was part of the care plan. Referrals were made to dietitians, speech and language therapist and the GP when staff noticed any concerns relating to nutritional intake. People told us that staff supported them with heating up their meals and with planning their menus. One person said, "I choose what I want, and they cook it for me – it's great. They always do it well, and they clean up after themselves with no fuss." Staff were aware of people's likes and dislikes. They were aware of people on special diets such as diabetic, puree and kosher and could tell us the steps they would take to ensure that people's cultural specific dietary requirements were met such as adhering to strict separations of food items in the kitchen according to people's cultural specific preferences.

People told us that staff always asked for their consent before care and support was delivered. Staff told us and gave us examples of how they sought people consent before delivering personal care. They were aware of the Mental Capacity Act 2005 (MCA) and how they applied it in their daily practice. They told us that capacity could be variable and were aware of the need to involve other health care professionals where best interests decisions were required in order to ensure people's human and legal rights

Is the service effective?

were respected. The 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.

Is the service caring?

Our findings

People told us staff behaved in a caring, compassionate and appropriate manner. One person told us “They’re respectful, kind and very friendly always.” A second person said “They’re all very very nice girls – from the manager down I’d say they’re very good, and I’ve got no complaints whatsoever.” Another person said, “They are all so very good to me, I’m so grateful to them for the way in which they look after me.” They went on to say they could not think of any way in which the service could improve their care, as, were “...thoroughly satisfied.”

People and their family members made positive comments about the staff. One person said “They always make sure I’m ok before they go – they always ask if there’s anything else I need first.” Another person said, “They’ve never refused to do anything I’ve asked them to do.”

A relative when asked about the staff said, “They’re very helpful indeed – nothing is too much trouble for them.” Another relative told us, “In general, my mother finds that the carers [staff] are friendly, responsive and professional in the way they provide care.”

People told us they were treated with dignity and respect and that their wishes were respected. They told us staff took time to listen and respected their wishes. In addition 100% of respondents in a satisfaction survey dated April 2015 felt they were treated with dignity and respect. Staff had attended dignity training and told us that they always put the people’s wishes first and avoided overexposing people during personal care. They gave examples of how they would leave people if it was safe to do so in the bathroom and stay by the door until they needed assistance.

Staff were aware of the need to remember they were working in people’s own homes and were mindful of the use and storage of documentation to ensure people’s records were kept safely and their confidentiality maintained. They demonstrated an understanding of how to protect people’s confidentiality by not volunteering information to third parties without people’s consent.

People were supported to maintain their independence. One person said, “They know I’ve got limited mobility . . . they understand all my needs, and although I take my own medication they’ll help me if necessary.” Another person said, “I do most of my own shower, but I know I’d be unsafe if they weren’t there. I can get a bit dizzy when I close my eyes if water goes on my face. . . They’re a support to me, and I feel safe and secure with them.”

Support plans we reviewed demonstrated involvement of people and their relatives. There was a space allocated to the persons own assessment of what their support needs were and these were reviewed regularly via telephone monitoring and at care reviews. In addition we saw several emails between people and the service relating to discussions about the support needs required and where people had requested changes to the staff supporting them and how this was honoured.

Staff were able to tell us how they supported people living with dementia, people who may be confused and people who spoke other languages. Staff spoke about the people they supported with affection and could quote several examples of how people’s wellbeing had improved since they started to use the service. They spoke about people positively and focused on their strengths and the importance of letting people stay in their own home for as long as it was their wish and it was safe to do so. Staff recognised that support could also impact upon the family and friends of people who used the service. They gave us examples of how they had worked with relatives to come up with a package that suited people and sometimes assisting relatives to find suitable care services when it was no longer safe for people to stay in their own home.

People who used the service were provided with a copy of the service user’s guide which held detailed information about the services offered. This meant that people who used the service, and where appropriate, their relatives, knew what to expect from the service and who to contact for further information.

Is the service responsive?

Our findings

People received a reliable bespoke service from staff who knew and understood their needs. Five people told us that staff do not come in and “take over”, but rather they support people to be as independent as possible. One person told us, “My carer [staff] washes my back and my feet, which I can't reach, but I do the rest. Then she always leaves me to dry my top half. I try to be as independent as I can, it means a lot to me.” A relative told us how after a long stay in hospital, the care package had been reinstated efficiently. They said, “It's all worked very well so far, it seems an efficient service, and we hope it will continue in the same way.” Staff could describe how the care they provided was tailored to individuals needs and was always being adapted as the individual support needs changed.

People were supported to live a meaningful life and pursue and engage in activities of their choice. We saw examples of how people's well-being had improved as a result of persistent encouragement and engagement in order to identify interest and build confidence. One person told us staff took them out once a week, which stopped them feeling isolated and alone. They told me, “I'm bad on my legs now, so I don't go out alone. They take me out, and look after me well. I feel very safe with them, they know how to help me.” Another person told us, “I had to go to hospital recently, and they provided an escort to come with me. It worked very well – they didn't rush me.” Another person was now participating in gardening and going out regularly whilst another person was now participating indoor sports. People told us that staff helped them gain their confidence and gave them a sense of purpose.

Care plans were working documents and were adjusted, as people's needs changed, with the involvement of any relevant family and professionals. A person told us that when care was first put in place, they felt that staff took over, and they found this difficult. They said, “They stopped

me from doing things at first, but I had a word with them. Now they let me do what I can do, and it's much better.” Another person told us, “At the beginning I felt rushed, but I misunderstood and let them do it all. Of course, they did it quick!” They continued, “Once I told them I could do things (and wanted to) for myself it all changed. Now they go at my pace.” Another person told us, “My morning visit used to be too late for me. My son complained, as it was upsetting me, and as a result they changed my time. They now come regularly between 9.00-9.30am and that's just fine for me.” We saw evidence in care records that when health needs fluctuated support plans were amended accordingly in order to safely support people. For example support packages were increased following a hospital admission or a fall until people were confident to go back to their usual routines.

People told us that staff listened to them, and gave them time to express their views and preferences about the way care is delivered. Nobody felt rushed by staff. Staff according to people we spoke with always stayed for the required time and would not leave until people were satisfied. People appreciated this and told us that staff always asked if anything else was needed before leaving. One person told us, “It makes such a difference to be able to ask for little jobs to be done – I have nobody else to ask.”

People were aware of how to make a complaint. When their care package began, they were given a “service user's guide”, which outlined how the service operates and how to make a comment or complaint. When asked if they had ever needed to make a complaint people replied “Yes I can call the office at any time and the manager will resolve any issues.” We reviewed recent complaints and found they were acknowledged, investigated and responded to within timeframes outlined in the company's policy. Therefore people were supported and encouraged to raise any issues that they were not happy about.

Is the service well-led?

Our findings

People told us that the service was well managed and that the quality of service they received was monitored in person and via telephone to ensure on the care provided was meeting their expectations. A relative said “The management team are approachable and interested in ensuring that a good quality and effective home care service is provided.” People and staff told us the service was well-run and that any issues they took to management were listened to and acted upon.

People told us that they would recommend the service based on their positive experience from management and staff. Two people told us that they had spoken to friends and recommended the service. The registered manager and staff confirmed that most of the people had started using the service based on recommendations from friends and family. One person said, “All the carers [staff] seem to stay for a long time – I mean several years! I always think that’s a good sign.”

People told us that staff seemed happy working for the service, and that they rarely moaned about their job, or management. A person said, “If I ever had any concerns I would report it, and I’m sure it would be taken seriously. That makes me feel secure with them.” Staff were aware of the values and vision of the organisation which included enabling people to live meaningful lives looking at each person as an individual and treating them with dignity and respect. They said they were proud to work at the service.

There were clear management structures in place with staff being aware of their roles and responsibilities. The registered manager received support from the service manager. In addition the provider also had a team of multiprofessionals such as social workers and, physiotherapists and a disabilities and dementia team which the homecare service sourced advice and information when required. The registered manager notified us of all incidents that they were required by law.

On call management cover was available out of hours and enabled care packages to be accepted at weekends. A 24 hour support line was available for people and staff to enable them to get assistance at any time. Staff told us they were supported by management and that they were enabled to do their job.

We saw and were told by staff that senior management had an open door policy where all staff were encouraged to contact them at any time. Staff thought there was an open, honest supporting culture where learning was encouraged among staff. For example several staff told us they had initiated several activities based on peoples preferences and had used tools such as the internet to gain access to resources and activities provided within the community in order to improve the quality of people’s lives. Staff felt confident to challenge colleagues when they observed poor practice as open communication was encouraged in order to improve people and staff experience. Quality of cared delivered was monitored. This included regular monitoring checks by senior management to ensure that people’s care records, staff records, training supervision and appraisal were up to date.

People told us about their experiences of having a regular review, saying that they feel that their feedback is valued, and acted upon. One person said, “Staff come sometimes to ask if I’m happy with things, just like you’re doing. They’re very good like that.” Another person confirmed this, saying, “If I had an issue I’d ring up the office. I feel I’d be listened to.” In addition in the annual feedback survey dated April 2015 based on 22 responses showed 90.5% of people felt they made decisions about the help they received. 95.5% of respondents felt they were getting the service they wanted.

Staff told us they felt valued and that they attended meetings and gave feedback during spot-checks, appraisals and supervision. People and staff were asked for feedback on how the quality of the service could be improved and this was taken into account.