Kernow Home Care Limited

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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

Kernow Home Care Limited provides personal care to people who live in their own homes in West Cornwall. At the time of our inspection the service was providing care and support to 45 predominantly elderly people.

The organisation was led by the registered manager who was based in the service's St Just office. 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 and associated Regulations about how the service is run.

People who received care and support from Kernow Home Care Limited told us they were safe and happy with the service they received. People's comments included, "yes I'm safe, I trust them implicitly", "they are a great bunch of lads and lasses, I couldn't wish for better" and "they look after me very well".

Summary of findings

Care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people's care needs. Risk assessments had been completed and staff were provided with guidance on how to protect people from identified risks, while encouraging people's independence.

The service's visit schedules were well organised and there were a sufficient number of staff available to provide people's care visits in accordance with their preferences.

A call monitoring system was used to record staff arrival and departure time for care visits. This information was monitored by managers in real time and appropriate actions were taken by managers when necessary to ensure care visits were not missed.

We reviewed call monitoring data, daily care records and staff visit schedules and found people routinely received their care visit at the agreed time. People told us, "they have always come on time, sometimes they might be three minutes either way but never more than that" and said their carers stayed for the full length of planned care visits.

Care staff were well motivated and effectively supported by managers. Staff training needs had not been fully met at the time of our inspection. Managers were aware of these issues and necessary training was planned to be provided to staff following our inspection.

The service was in the process of making significant changes to its management structures. Managers had been appropriately supported by the provider and a consultant during these changes, and concerns in relation to manager's workloads had been addressed and resolved.

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?

Good

The service was safe. Recruitment procedures were safe and staff understood both the provider's and local authority's procedures for the reporting of suspected abuse.

There were sufficient staff available to meet people's needs and provide all planned care visits.

The service's emergency and adverse weather procedures were robust.

People were protected from the risks of missed or late visits as the service used a call monitoring system to track staff arrival and departure times. This system was monitored in real time by managers to ensure peoples' safety.

Is the service effective?

Good

The service was effective. There were appropriate procedures in place for the induction of new members of staff.

There were systems in place to manage staff training needs. At the time of our inspection we identified some staff required updated training. Managers were aware of these issues and planned to provide this training after our inspection.

People's choices in relation to the timing of their care visits were respected and staff routinely arrived on time for care visits.

Is the service caring?

Good

The service was caring. Everyone we spoke with was highly complimentary of the care and support provided by staff.

People's privacy and dignity was respected by staff who knew the people they supported well.

Is the service responsive?

Good

The service was responsive. People's care plans were detailed and personalised. These documents contained sufficient information to enable staff to meet their identified care needs.

Care plans included information on people's likes, preferences and the topics of conversation they enjoyed.

People knew how to raise complaints about the service but reported that this had not been necessary.

Is the service well-led?

Good

The service was well led. Staff were well motivated and the registered manager had been provided with an appropriate level of support during changes to the services management structures.

Quality assurance systems were appropriate and accidents and incidents had been effectively investigated.

Kernow Home Care Limited

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 checked 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 30 January and 2 February 2015 and was conducted by one inspector. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The service was previously inspected on 8 November 2013 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with eight people who used the service, eight members of care staff, the registered manager, care manager and the service's quality assurance consultant. We also inspected a range of records. These included four care plans, six staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe with their care staff. People said, "Yes I'm safe, I trust them implicitly", "I know all the faces", "they are very trustworthy" and "they wear a nice uniform and a name badge so you know who they are".

The care staff understood local safeguarding procedures and were able to explain their understanding of what constitutes abuse. Staff told us they would initially report any concerns to the service's managers and if necessary would alert social services. At the time of our inspection staff training records showed that a number of staff required refresher training in the safeguarding of adults. This was discussed with the registered manager during the inspection who told us that staff were due to receive additional refresher training in the weeks following our inspection.

Each person's care plans included risk assessments that had been completed by a senior member of staff during the initial assessment visit to a person's home. These assessments had been completed based on information provided by the person, commissioners of the service and from the observations of staff gathered during the assessment visit. All identified risk had been documented and appropriate information provided to staff on the actions necessary to protect people from identified risks while enabling them to be as independent as possible. Risk assessments were reviewed and updated in response to any incidents identified during the provision of care and during annual care plan review visits.

We inspected the service's visit schedules and individual staff rotas. We found there were sufficient numbers of staff available to meet people's care needs and people were normally supported by small consistent staff teams.

Kernow Home Care Limited used a telephone based call monitoring system to monitor the arrival and departure times of staff at care visits. This information was monitored by staff at the service's office who told us, "we are using it and it is working". On the day of our inspection we observed office staff contacting carers by telephone to check why they had not recorded their arrival at a person's home. The meant people were protected from the risk of missed care visits as managers could identify the possibility of a visit being missed in real time and take appropriate action to help ensure this did not occur. When questioned on the day of our inspection managers were able to provide explanations for all visits that the system had highlighted as of some concern. Staff told us that if they forgot to log in they were phoned by the office and asked where they were.

Staff told us that where two members of care staff were required for a care visit they were never expected to provide this care on their own, "You are never left alone, if someone is ill, someone else always comes in their place" and, "there's always a second carer". Managers explained that the service owned a car that was available for staff to use in the event that their own vehicle broke down to ensure care visits were not missed. People told us, "they have never missed a visit".

We found that accidents and incidents had been recorded and investigated by the registered manager. Where these investigations had identified that changes were required these had been introduced promptly. We noted one person had recently reported to managers they had hurt their back while supporting someone. Information on this incident and guidance on how to avoid similar incidents had been included in the service's regular staff memorandum.

Staff recruitment processes at Kernow Home Care Limited were safe and robust. Disclosure and Baring Service records and references had been checked for all prospective new members of staff before their appointment to the post.

We discussed the service's emergency and adverse weather procedures with managers and staff. Managers explained care staff were located throughout the area covered by the agency and a number of staff were able to complete their visit schedules by walking between visits. During difficult weather the needs of each individual were reviewed and prioritised. Visits were rescheduled according to people's needs and people were informed of the changes to normal service by office staff. Managers explained that by using a combination of visit rescheduling, staff walking to visits, and support from members of the local community with four wheel drive vehicles, they were able to ensure everyone who used the service received the care they required. Staff told us, "we have always managed to get to everyone" and "we have used tractors and all sorts in the past".

Good

Is the service safe?

We found the service's policy was for staff to remind or prompt people to take their own medicines from blister packs prepared by a pharmacist and to assist people to apply creams. Staff were aware of the service's medication policy and described how they supported people with their medicines. Daily care records recorded when people had been prompted to take their medicines and details of when creams had been applied by staff.

Good

Is the service effective?

Our findings

People told us they got on well with their staff who supported them effectively, "they are very good, friendly, helpful and very good at what they do", "I get on very well with them" and "they are a great bunch of lads and lasses, I couldn't wish for better"

We saw there were appropriate procedures in place for the management and supervision of staff employed by Kernow Home Care Limited. The service used a combination of "spot check" observations of the care staff and formal one to one supervision meetings between staff and their managers. We saw that when staff were due supervision or an annual appraisal this was included in the staff member's rota. Supervision meetings provided an opportunity for staff and managers to discuss performance and identify any specific training needs.

The service used a training matrix to monitor and manage the training needs of the staff team. We inspected the training matrix and compared the information recorded in the matrix with training certificates stored within each staff member's file. We found the information recorded in the training matrix was accurate and staff had completed training in a variety of topics including person centred care planning, equality, diversity and human rights, food hygiene, first aid and the role of the care worker. On the day of our inspection the training matrix showed that a number of staff required refresher training in the safeguarding of adults, manual handling procedures and the Mental Capacity Act. We discussed this with the registered manager. The registered manager told us that the service had also identified these issues and was in the process of ensuring appropriate additional training was provided to staff.

The service had a formal induction process for new members of staff. New staff initially spent time in the service's office reviewing policies and procedures before shadowing and observing experienced members of staff providing care. Once new members of staff understood their role and felt confident, they were observed providing care by senior staff before being authorised to provide care independently. One recently employed member of staff told us their induction was "absolutely brilliant, very thorough". Staff training records showed that new members of staff then completed the Common Induction Standards training within their 12 week probationary period. The CIS is a national tool used to enable care workers to demonstrate their understanding of high quality care in a health and social care setting. The service's Care Manager explained that all established staff were currently in the process of re-doing the CIS training in order to refresh their knowledge.

Managers we spoke with had an understanding of the requirements of the Mental Capacity Act (MCA) and there were systems available within the service for recording and documenting best interest decision making. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Care staff were unclear in their understanding of the MCA but recognised the importance of enabling people to make choices about how their care was provided.

Each of the care plans we inspected included a clearly identified objective for the care provided. These objectives had been discussed and agreed between the service and person during the development and subsequent review of care plans. The objective within the care plans inspected were highly personalised and reflected the individuals aim for the care they received. For example the objective of one care plan was, "for (the person) to receive the assistance they feel they need in order to become self-sufficient and rebuild their strength". Each of the care plans we inspected had been signed by the individual to formally record their consent to the care as described in the care plan. In addition people's consent and agreement to any changes to care plans, identified during care plan review meetings, had also been documented.

Staff knew the people they cared for well and were able to quickly identify any changes to people's medical condition which they reported to their manager. Where appropriate information was shared with people's GPs or other health professionals to ensure their health needs were met.

People's care plans included guidance for staff on the support required at meal times and information on individual's normal meal time routines. People told us, "They help make my lunch and sit with me while I'm eating it" and, "they always wash up and leave the kitchen tidy".

We compared information available within people's care plans on their preferences in relation to the timing of their care visits with the services visit schedule, call management system and daily care records. We found that

Good

Is the service effective?

people consistently received their care visit at the agreed times. People told us, “they have only ever been five or ten minutes later”, “they have always come on time, sometimes they might be three minutes either way but never more than that” and “oh yes they are always on time, I don’t think they have ever been late”. We saw that where staff were running late this was identified by office staff from the call monitoring information. Office staff then contacted the late running member of staff to discuss their situation. If the staff member was likely to be late for subsequent care visits, office staff contacted the person concerned to explain that their staff would be late. People told us, “If they are running late they give me a ring”.

Staff care visit schedules included dedicated travel time between consecutive care visits and staff told us, “the rota works really well” and “it’s not too bad but traffic can be an issue in Penzance in the summer”. Staff reported they received their rota a week in advanced and changes were normally only necessary when new people joined the service. Call monitoring records demonstrated staff stayed for the full length of each planned care visit and people told us, “they stay as long as it takes”.

Good

Is the service caring?

Our findings

Everyone we spoke with was highly complimentary of the care and support provided by staff from Kernow Home Care limited. People told us, “Absolutely first class, I couldn’t complain about anything. I couldn’t even pick out the best of them they are all great”, “They are a very good crowd of girls” and “they look after me very well”.

Staff we spoke with were proud of the service they provided and told us how they took time to laugh, chat and really get to know people during care visits. Staff told us, “I don’t do this for the money, I do It because I enjoy it” and, “I think I am very fortunate to be working with some wonderful people”. During our conversations staff demonstrated a detailed understanding of people’s specific care needs and a good awareness of people’s likes and preferences. Staff told us, “you have your regulars who you get to know really well” and, “all our clients are happy, we have a laugh and what not. I think they are impressed with us”. People spoke of how they looked forward to seeing and chatting with their carers who enjoyed a “good laugh together”.

People told us all of the staff provided by Kernow Home Care Limited were consistently kind, caring and respectful. One person said, **“**we have just had a bit of a change (of staff) and the new one is just as good as the old one”.

The care plan included information for staff on topics of conversation people enjoyed, and their hobbies and interests, to facilitate the relationship building process between staff and the people they cared for. Staff rotas demonstrated the majority of staff worked for fixed periods each week and provided support to the same people regularly. People told us, “I know all the faces” and “I see the same five or six carers all the time”. Staff said, “you get to know people really well” and, “you get to know people, I see the same people every week as the rota is always roughly the same.”

Staff told us about one person who normally required support from two staff in order to use a hoist to transfer into and out of bed. Sometimes this person wished to try to mobilise with limited support from staff. Staff told us this took significantly longer but recognised and valued the benefits to the individual of doing this, when they were successful.

Staff protected people’s privacy and dignity by always ensuring curtains and doors were closed when they supported people with personal care. Staff told us they always checked people were comfortable and safe at the end of each care visit and people said, “They always offer to do extra things and ask if they can do anything else” and, “they always ask, every one of them, is there anything else I can do?”

Good

Is the service responsive?

Our findings

The care plans used by Kernow Home Care Limited were detailed and informative. They included records of the initial care assessment and information provided by Cornwall Council social services in relation to people's needs.

Each care plan explained the care and support the person required and described the person's normal abilities in relation to each task. For example, one care plan describing the support a person required with washing, "(The person) is able to wash their own face, hands and neck but will need assistance with the rest of the body". Staff were also provided with guidance on how to support and encourage people to be as independent as possible by ensuring people were given sufficient time to complete tasks independently. One care plan informed staff, "(The person) will be slow but allow time for (the person) to be as independent as possible"

In addition to details of people's medical histories the care plans included information for staff on people's life history and background. This information helped staff to understand how people's background effected who they are today. Staff told us, "care plans are well written now, a lot better", "they have enough information" and, "they are good because all the information is there, I can see what is needed for each visit". People said their carers referred to the care plan regularly and always wrote in it. People told us, "all the girls do the same thing", "they all know what they have to do" and, "the book (care plan) has enough information, it has just been updated".

All of the care plans we inspected were up to date and the registered manager explained that formal annual care plan reviews were completed during face to face meetings with people. People said they saw managers regularly and were involved in the process of reviewing and updating their care plans.

We inspected the daily records of care for each of the people whose care plans we reviewed. The records were detailed, informative and included records of the arrival and departure times of staff. Details of the care provided, food and fluid consumed, person's mood and any activities people had engaged with during care visits, were also recorded. All daily care records had been signed by staff.

Staff provided us with examples of incidences where people's care packages had been increased by the local authority as a result of feedback they had provided. Staff described occasions where changes to people's care needs had resulted in their care visits regularly over running. This information had been reported to managers who, with support from the data from the services care monitoring system, had been able to demonstrate to the local authority the need for extended care visits.

Staff and managers were involved in a number of local community groups, including community bus projects and exercise groups, designed to help people in receipt of care avoid social isolation. In addition the service was in the process of developing a service user forum and planned to organise a number of community events for people who used the service.

People told us they knew how to raise complaints about the service but explained they had not had a reason to make a complaint. A recent survey conducted by the service found that 81% of people knew how to raise complaints with the service and people told us, "(the manager) is always available on the end of the phone". The service's complaints log showed that no complaints had been received in the 12 months before our inspection.

The service regularly received letters of thanks and cards from people and their relatives. Recently received compliments included, "we are so lucky to have such an organised care unit in this area" and, "thank you for all the kindness you have shown to me". People told us it's, "a very good service, I can't compliment them enough".

Good

Is the service well-led?

Our findings

At the time of our inspection significant changes to the management of the service were underway. Previously the service had been led by a general manager with the registered manager responsible for administration and compliance with the Regulations. Service care managers provided day to day leadership for staff. The general manager had recently left the service and the provider had taken the opportunity to re-design the services management structures. The provider had employed a consultant to support managers through the transition to the new structure and provide leadership for the service's quality assurance processes. Under the service's new structure the registered manager had overall responsibility for leadership of the service.

We discussed the ongoing management changes with managers and staff, who reported they had been well supported by the provider and consultant during the transition. Staff told us there have been, "a lot of changes recently, it does seem a lot more structured" and, "it's a good company to work for".

Senior staff told us they had previously raised concerns over their work load, to both the provider and registered manager. These staff explained that some of the ongoing managerial changes were designed to address and resolve their concerns.

Care staff we spoke with were well motivated and told us, "I haven't got anything bad to say, things are good here" and the office staff are always there for back up if you need them". Staff said that although they were a close knit team that got on very well together, there were clear lines between people's friendships and work relationships.

People told us the service's managers regularly visited them to provide care visits or review care plans. Peoples' comments included, "we do see (the manager) quite often, she calls in to check we are happy", "the manager comes to see us and talks about anything that has changed" and "(the manager) even comes to look after me sometimes". This meant managers remained in touch with people which helped them to understand how the service operated on a day to day basis.

The service's policy documentation was in the process of being reviewed and updated by the service's care manager with support from the consultant, to ensure they accurately reflected current practices in the services. We inspected nine recently reviewed and updated policy documents and found they provided appropriate guidance for managers and staff.

Kernow Home Care Limited is a small service that provides care and support to people in the far west of Cornwall. The service's philosophy was said to be "Locals caring for locals" and staff told us they had known many of the people they cared for all their lives.

Managers monitored the quality of care provided using a combination of regular spot checks of staff performance and annual surveys of people's experiences. The results of the recently completed annual survey were complimentary with 86% of respondents indicating they were very positive about the quality of service provided. Records of spot checks showed staff had been questioned and were appropriately challenged by their supervisors to help ensure the care provided met people's needs.

The registered manager reported that she was well supported in her role and was a member of a number of peer support groups. Formal supervision for the registered manager was provided by the service's consultant who was an experienced health and social care professional.

We saw daily care records were returned to the service's office each month. All daily care records were reviewed by managers and any issues identified in relation to the quality or content of daily records were discussed with relevant members of staff at their next supervision meeting. All of the daily care records we reviewed included a summary of the results of these reviews and details of what actions managers had taken where issues in relation to the quality and content of daily care notes had been identified. We found as a result of these reviews individual staff members had been provided with additional specific guidance and memo's to all staff had been used to remind them of the service's requirements for daily care notes.

We saw the consultant had completed a number of detailed audits of processes used by the service. Where issues had been identified during audits, managers had developed detailed action plans describing the actions necessary to address the areas of concern and setting detailed timescales for when actions would be completed. We reviewed the results of a number of quality assurance audits and found that issues identified had been appropriately resolved. For example an audit of

Good

Is the service well-led?

recruitment processes had identified three incidences where a second reference had not been received for new members of staff. In response to this finding, managers had re-requested references and by the time of our inspection copies of these references were present in staff files.

Kernow Home Care Limited's quality assurance processes were robust and we saw evidence that demonstrated these processes had been instrumental in delivering improvements to the quality of care the service provided.