

Kepnoch Care Service Limited

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Inspection report

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Date of inspection visit:
15 August 2016

Date of publication:
08 September 2016

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

We carried out an announced inspection on 15 August 2016. This was the first inspection of this service.

Kepnoch Care Services provides personalised domiciliary care services for people with personal care needs in their own homes. People needing support may include people with a learning disability, older adults or younger people.

On the day of this inspection there was one person using the service. This meant that although we were able to carry out an inspection we could not rate the quality of the service as we had insufficient evidence on which to do so.

A registered manager was in place at the time of the inspection. 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 service provided person centred care and support and staff promoted choice and independence.

Staff could explain how they would recognise and report abuse and received the appropriate training in safeguarding adults. Policies and procedures were in place for safeguarding adults and children.

Person centred risk assessments had been undertaken. Plans were put in place to minimise any risks identified for people and staff to ensure they were safe from harm.

Staffing arrangements were adequate to meet people's needs. There were appropriate procedures in place for the safe recruitment of staff and to ensure all relevant checks had been carried out.

Staff were up to date with their mandatory training which included safeguarding adults, first aid, fire safety, moving and handling, health and safety and basic life support.

Staff received regular supervision. The content of supervision sessions recorded was relevant to individuals' roles.

The registered manager and the staff had a good understanding of the principles of the Mental Capacity Act (MCA). Staff understood the process to follow if people lacked the mental capacity to make decisions about their care and support.

Staff were very clear that treating people with dignity and respect was a fundamental expectation of the service. They had a good understanding of equality and diversity and understood the need to treat people as individuals.

Care plans were detailed and personal and provided good information for staff to follow.

A complaints policy and procedure was in place and structures were also in place to address complaints effectively.

The culture at the service was open and transparent and the registered manager was approachable.

Regular spot checks on staff performance and were undertaken to ensure a high quality service was provided.

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. Staff knew how to report concerns or allegations of abuse and appropriate procedures were in place for them to follow.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks of harm.

There was sufficient staff available to meet people's needs.

Inspected but not rated

Is the service effective?

The service was effective. Staff received induction training and relevant mandatory training.

Regular supervision was provided to support staff to fulfil their roles and responsibilities.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Inspected but not rated

Is the service caring?

The service was caring. Staff understood people's individual needs and ensured dignity and respect when providing care and support.

Staff listened to people and their family members and respected their choices and decisions.

Staff focused on promoting independence and wellbeing for people and supported people to pursue the activities they enjoyed.

Inspected but not rated

Is the service responsive?

The service was responsive. People and their relatives were supported to actively express their views as well as being involved in making decisions about their care and treatment.

Care plans and risk assessments were person centred and reviewed regularly.

Inspected but not rated

The service had a complaints policy in place and people and their relatives knew how to use it.

Is the service well-led?

The service was well-led. The service was open and transparent and people received person centred care and support that met their individual needs.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work.

There was regular feedback from people using the service and their relatives and this was used to ensure a high quality service was being delivered.

Inspected but not rated

Kepnoch Care Service 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 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 15 August 2016. 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 in the office. The inspection team included one inspector.

Before the inspection, we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

We spoke with two staff including the registered manager and the nominated individual. We gained feedback from one relative and we also gained feedback from health and social care professionals who were involved with the service.

We reviewed one care record, one staff file as well as policies and procedures relating to the service.

Is the service safe?

Our findings

A relative told us people were well treated by staff and that they felt their family member was safe.

Staff could explain how they would recognise and report abuse. Records we saw confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. The registered manager understood the process for dealing with safeguarding concerns appropriately, including working with the local authority safeguarding team if need be. Policies and procedures were in place for safeguarding children and adults and they were available to guide staff in their roles.

We saw that assessments were undertaken by the registered manager before a service was offered to people. This assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that person centred risk assessments had been undertaken in relation to supporting people to access the community as well as possible stranger abuse that might occur for people with a learning disability. Plans were put in place to reduce the risks identified for people as well as empowering people to keep safe.

Staffing arrangements were adequate to meet people's needs. Staff told us that they had enough time to carry out the tasks required and that they would inform the registered manager if they felt they needed more time to complete any additional tasks.

Recruitment checks were carried out before staff started working with people using the service. Each staff member had employment references, identity checks and a Disclosure and Barring Service certificate (DBS).

At the time of our inspection the service was not providing support to people with medicine management, however there was an up to date medicine policy in place and the registered manager confirmed that staff would undertake medicine awareness training before assisting people with medicine management.

Is the service effective?

Our findings

Relatives told us they thought the service was effective and their needs were being met. One relative said, "They are trained very well. I have no complaints."

Staff files we looked at confirmed that staff were up to date with their mandatory training which included safeguarding adults, first aid, fire safety, moving and handling, health and safety and basic life support. Staff told us that the training they received assisted them to support and care for people appropriately as well as understanding the different policies and procedures. One staff member had completed a level five diploma in health and social care. The service provided in house training for vocational qualifications as well as the new care certificate. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support.

We spoke with staff and looked at staff records to assess how staff were supported to fulfil their roles and responsibilities. Records indicated that staff had received one to one supervision regularly as well as annual appraisals that focused on performance and development. The content of supervision sessions recorded were relevant to individuals' roles and included topics such as service user issues and development needs. Staff confirmed that one to one supervision meetings took place regularly and they found them useful and supportive.

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.

The registered manager and the staff we spoke with had a good understanding of the principles of the MCA. We saw evidence of signed consent to care and treatment and service contract forms signed by a relative of a person under sixteen years old. Staff understood the process to follow if people lacked the mental capacity to make decisions about their care and support.

Although people were not being supported to eat and drink, staff understood the importance of supporting people to eat a balanced diet.

People were registered with their local GP and had access to other health services to ensure they were able to maintain good health. Relevant information regarding the outcomes from appointments were shared with staff and the registered manager and this was recorded in their care records to ensure the person was supported appropriately.

Is the service caring?

Our findings

Relatives told us that staff supported people in a caring way with kindness. They also told us, and we saw from care records that staff focused on promoting independence. They encouraged people to pursue the activities they liked and reach their full potential. One relative told us, "They are very brilliant and excellent in the way they care."

Staff provided care and support to promote and enhance quality of life and wellbeing for people. We saw how staff were continually seeking ways of communicating and understanding people effectively and one example was the use of a 'life picture'. This was information written in the form of a flow chart and it mapped out the important people in a person's life, including health and social care professionals. It also gave a clear picture of the activities people were involved in at home and in the community. This was particularly useful for a person being supported with a learning disability as it helped staff to know who to contact or refer too if the need arose. Relatives told us that staff listened to people and their family members and respected their choices and decisions. They also confirmed they were involved in the planning of their care and support. Care plans were reflective of this approach.

Staff we spoke with were very clear that treating people with dignity and respect was a fundamental expectation of the service. They told us they gave people privacy and respected the need for them to express themselves in ways that they wished. We saw that care plans included areas like relationship and sexual needs, managing emotions, cultural and spiritual needs.

Staff had a good understanding of equality and diversity and understood the need to treat people as individuals. There were equality and diversity policies and procedures in place and there were clear explanations of the Equalities Act 2010 to ensure staff understood their responsibilities when supporting people.

Staff were aware that homophobia, racism, ageism and other forms of discrimination against specific groups of people were forms of abuse and confirmed if they had concerns regarding this it would be reported immediately to the appropriate manager.

People and their relative's views were taken into account and we saw that staff had assisted people and their relatives to seek independent guidance and advice through support groups and other services.

Is the service responsive?

Our findings

Relatives told us that their family members received care and support that was responsive and met their needs. A relative said about the carer, "He's very happy with [carer's name] and sees them as part of the family." They went on to say how much the person being supported had improved since they had been receiving a service for Kepnoch Care Services and that their verbal communication had improved greatly.

We looked at the care records of people currently using the service. Care plans were detailed and personal and provided good information for staff to follow. We saw evidence of assessments for physical, psychological, mental health needs as well as managing emotions. Other areas highlighted on the plan included community presence and participation, employment, recreation, relaxation, culture and spirituality. This provided good information for staff to follow and the registered manager told us that it was an evolving plan that changed when needed and reviewed regularly. We saw this from the documentation we viewed. Details of professionals to contact in the event of any issues or concerns arising were also included.

There were detailed activity plans on care files that we saw. Some of the activities included, visiting markets, going to restaurants, assisting and encouraging a person to visit the local shops independently as well as using public transport. A relative told us they had been very much involved in planning the support their family member had received. They also confirmed that the registered manager contacted them regularly by telephone and also visited them at home.

Staff we spoke with told us that the focus on encouraging people to pursue the activities they enjoyed was a big part of engaging people and promoting independence. They talked about the improvements they had seen in the wellbeing of people as well as positive changes in their behaviour, particularly for people with a learning disability. We saw a detailed list of likes and dislikes in the care records, including what people liked to eat and drink, music, television, radio and sport preferences.

Relatives told us that they had no complaints about the service and were clear about the steps to take should concerns arise. We saw that a complaints policy was in place. No complaints had been made at the time of our inspection but there were structures in place to address complaints effectively. This included recording actions taken to address the complaint and the outcome desired by the complainant. The registered manager told us that complaints would be used for learning and to improve the support for people using the service.

Staff knew how to support people to raise issues or make a complaint. The registered manager told us that they worked closely with people, their relatives and carers to ensure any issues raised were resolved promptly and encouraged feedback in order to improve the service.

Is the service well-led?

Our findings

Relatives we spoke with were very positive about the registered manager and staff that supported their family members. One relative we spoke with said, "The managers are very good." They told us they felt listened too and able to approach the registered manager and other staff about any concerns they may have. They said there was an open and transparent culture at the service. The service provided was person centred and met the needs of the people they supported.

We heard from the registered manager that the service had access to the organisations registered training centre and that all new staff would be expected to work towards a vocational qualification. They went on to say that they believed in investing in their staff to ensure a good quality service was being delivered.

Regular spot checks of staff practice were undertaken by the registered manager that looked at how staff were working practically with people as well as monitoring their performance. Quality assurance feedback was also undertaken on a regular basis with people using the service and their relatives. This was used to audit the quality of the service provided as well as learning from feedback and making improvements where needed.

The registered manager told us that due to currently only supporting one person, they had not put systems in place to check and audit the work undertaken at the service. They had templates that could be used for auditing and checking purposes but at the time of inspection they were checking care records during care plan reviews. However, we did see that they were in the process of implementing care plans in an accessible format, using pictures and symbols. This was to be used to improve accessibility for people with a learning disability.

We saw policies and procedures in place that covered all aspects of the work undertaken at the service and this provided good support and guidance to staff regarding processes and good practice related to their work.