

Mrs Pamela Gladys Jenkins

Kincare

Inspection report

53 Bartholomew Street
Newbury
Berkshire
RG14 5QA
Tel: 01635 550611

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We undertook an announced inspection of the domiciliary care agency (DCA) Kincare on 25 and 28 November 2014. We told the provider two days before our visit that we would be coming. Kincare provides personal care services to people in their own homes. At the time of our inspection 29 people were receiving a personal care service.

At the last inspection carried out on 13 May 2014 we found the provider was not meeting the regulations in relation to medicines management, requirements relating to workers, supporting workers and assessing and monitoring the quality of the services provided.

Following the inspection the provider sent us an action plan telling us about the improvements they were going to make by 1 October 2014. During this inspection we found the provider had taken action to address the breach of regulation. However, not all improvements were in place and some unacceptable practice remained.

The agency had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We looked at the provider's recruitment processes. It is the legal requirement for providers to obtain full employment history together with a satisfactory written explanation of any gaps in employment. Employment history and gaps were not fully explored or clearly recorded for newly recruited staff. The provider had not addressed any discrepancies that were found at the last inspection.

Management of medicines was improved however we still found some concerns with the accuracy of the records with regards to medicines.

Staff numbers to attend the visits were assessed according to people's needs, the place where they lived and staff skills and experience. People and relatives were complimentary about staff's support. However, some of them were not always informed about the changes to the visit and timings of the visit which had a negative effect on their daily routine.

The systems for ensuring staff had the required training had improved, however some staff had not had all of their training updates. Staff received support from the management that helped them understand and provide good quality care.

The provider had some systems in place to manage risks in a way that would balance people's right to make choices with their right to be safe and independent. Staff were aware of the actions they needed take. However, clear guidance on how to support people to manage those risks and protect their safety, was not always recorded.

People were encouraged to take part in the planning of their care and to actively feedback on the support they received. People felt able to be open and honest with staff and the management team because good relationships had been built between them.

The registered manager had knowledge about the Mental Capacity Act 2005 (MCA). They understood and followed legal requirements regarding making choices and decisions, and making sure people's rights and liberties were protected. Staff were following the principles of MCA when supporting people who lacked the capacity to make specific decisions.

Staff had good knowledge of people's needs and preferences which contributed to the quality of the care and support provided to people. Each person was supported in the way they preferred and staff respected these preferences. People and relatives spoke positively about the service they received and praised the staff. We observed people being treated with kindness and respect. Staff told us they would challenge poor practice if it occurred and were confident it would be addressed by the registered manager. People were appropriately supported to eat and drink. Staff supported people to look after their health and liaised with their GP and other healthcare professionals, as required to meet those needs.

The registered manager had quality assurance systems in place to monitor the quality of the service provided. This was linked to a learning culture where staff and people were encouraged to comment on the running of the service. Any feedback received, incidents and accidents were shared with the team. They were discussed to try to prevent them from happening in the future. Staff told us the registered manager was supportive and approachable. They were confident any issues would be addressed promptly.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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 agency was not always safe. The provider's recruitment process was not always robust and did not follow legal requirements to check staff's employment history. Gaps in staff's employment history were not fully explored.

There were generally sufficient numbers of staff to keep people safe and meet their needs at the right time. However, during staff shortages, not all visits happened with the agreed time period.

Medicines management was not always in line with provider's procedures.

Staff could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. People felt safe and would report any concerns to staff.

Requires Improvement



Is the service effective?

The agency was not always effective. The provider did not always ensure training was updated on time. However, staff felt supported by the management team.

Staff could quickly identify any changes in a person's condition. Staff communicated with relatives and other professionals to make sure people's health was monitored and any issues responded to. People were supported to eat or drink appropriately to maintain their health.

Staff and management acted within the requirements of the Mental Capacity Act 2005. People were protected and supported appropriately when they needed help with making decisions. People's freedom and rights were respected.

Requires Improvement



Is the service caring?

The staff were caring. People were treated with kindness and respect. People told us they were very happy with the staff and support they provided.

People's privacy and dignity was respected. Staff responded well and in a caring way when visiting people. People were encouraged and supported to be as independent as possible.

People were encouraged to express their views about the support they received and any comments regarding the service.

Good



Is the service responsive?

The agency was responsive. Staff supported people with their needs and wishes. Staff were knowledgeable about people's daily needs and how to provide support. Support plans recorded people's likes, dislikes and preferences.

Good



Summary of findings

People knew how to make a complaint if they wanted to. They were able to share any concerns and were confident they would be listened to. There was an appropriate complaints system.

Is the service well-led?

The agency was not always well-led. The service had some systems to monitor the quality of the service and make improvements however these were not always effective.

There was a positive and open culture at Kincare. Staff were working to ensure people were comfortable and happy. Staff felt well supported and able to challenge poor practice. The agency was interested and committed to listen to all people's comments that would help improve the quality of the service.

Requires Improvement



Kincare

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 25 and 28 November 2014 and was announced.

We gave 48 hours notice of the inspection because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

One inspector undertook the inspection. An expert by experience made telephone calls to interview people and staff. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the visit to the agency we looked at previous inspection reports and notifications that we had received. A notification is information about important events which

the service is required to send us by law. We reviewed the Provider Information Record (PIR) The PIR was information given to us by the provider prior to the inspection. 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. This enabled us to ensure we were addressing potential areas of concern and identifying areas of good practice.

We spoke with six people, nine relatives and five members of staff over the telephone, about their experiences. We visited four people and two relatives in their homes. We spoke with the registered manager and personal assistant to the provider. During our inspection we observed how staff interacted with people and how they were supported. We reviewed a range of care records for seven people and records about how the service was managed. These included four recruitment files, supervision notes, staff meeting notes, quality assurance records, communication books, training records and staffing rotas.

Following our visit we sought feedback from commissioners of the service to obtain their views of the service provided to people.

Is the service safe?

Our findings

At our inspection in May 2014, we were concerned about the recruitment process and selection. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements. At this inspection we found improvements had been made. The provider had reviewed the recruitment policy and procedure and a new check list was in place. The provider would cross check the information about staff to ensure policy and procedure were followed. However, we found there were still some concerns remaining.

We reviewed the files of staff recruited since May 2014. Three new staff had started with the agency. The provider carried out checks including criminal record check, conduct in previous employment and staff's fitness to be able to work at the agency. We found some gaps in employment history ranging from one to 20 years. Two staff records only had years recorded and no months. We could not accurately judge if the employment history was complete. There was no written explanation of gaps provided. In the second file there was a photograph of the staff but no proof of their identity.

The provider did not always follow an effective recruitment process and selection procedures to ensure at all times people were not placed at risk of being cared for by unfit and inappropriate staff.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our inspection in May 2014, we were concerned about the management of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements. At this inspection, we found the provider had introduced new booklets to record administration of medicines and care provided. When completed the booklets were returned to the office. The registered manager then carried out an audit to ensure medicine administration had been accurately recorded and gaps explained and recorded. However, on this inspection we found there were still some concerns remaining.

People were supported with medicines by staff prompting them or administering to people. Staff were aware of the support people needed to help them take their medicines. There was a medicine policy to ensure medicine administration was carried out safely and staff fully understood how to provide assistance with medicines. Staff did not administer medicines to people unless they were trained to do so. However staff did not always follow the arrangements in place for the recording of medicine. We looked at four Medication Administration Records (MAR) sheets and found inconsistent records. For example, staff recorded in the daily notes that the person had received medicines but this was not indicated on the MAR sheet, despite the MAR sheet being attached to the daily log. Staff had not always recorded the reason for not administering medicine, for example if the person had refused. The registered manager had identified some discrepancies and had discussed these with staff to improve the accuracy of medicines records.

There were generally sufficient numbers of staff available to carry out visits and keep people safe. Staffing levels were determined by the number of people using the service, their needs and the experience of staff. The duty roster was arranged according to the times of the visits and routes for staff. However, when staff could not attend the visits for different reasons like sickness, holidays or training, the provider did not always manage this effectively. They did not always inform people when staff would be late or not able to visit at all. Some people said: "I think they are generally on time but if they have an emergency elsewhere, I do not know if they let us know", "One time they said someone was coming early but no one arrived and no one let me know and to me that is bad administration" and "They cannot get the times right and I never know when to expect them".

We addressed this with the registered manager and asked them how the missed or late visits were managed. They explained all the changes to the visits were recorded in a comment book. If staff could not attend, other available staff would be called to cover or the registered manager would carry out a visit themselves. They also said sometimes they had to cancel the visits due to staff shortage. If this was the case they explained they would always call the person to check if they could manage themselves or ask if they could accept a much later visit to ensure their needs were met. Five people and relatives told us this was not always happening and it affected their daily

Is the service safe?

routine. There was a clear system to manage and monitor late or missed visits effectively so that people were not affected. However, the provider did not always follow it through.

Risks to people's safety were assessed and reviewed. However, we noted to the registered manager some risk assessment management plans were not recorded clearly. The hazards and risks were identified but there was no detailed risk management plan described. For example, one person needed assistance when transferring out of bed. There were no guidelines describing how best to support the person so they and staff remained safe. Each risk assessment included information about people's needs and skills. But it did not always guide staff on how the person was to make a decision about the risk and what support was needed, there was a risk that there would not be adequate guidance to provide appropriate support. If staff they noticed any changes or new risks were identified, this was reported to the office. Staff were also aware of their responsibility to report any concerns to the manager, senior management or to other healthcare professionals to ensure these were managed and people were safe.

People were positive about staff and there were some positive comments about the timing of visits. "Staff are very reliable" and "They are reliable and good at time keeping, I have no complaints". The registered manager arranged visits so the same staff would attend people, whenever possible, to maintain continuity of care and support. People appreciated the continuity and felt this had a positive effect on them or their relative. One person said: "Generally I have the same staff, and I am very much at

ease with them and like them coming round" and another said: "The staff are mostly regular ones and they are nice people". Staff told us they thought there were enough staff to carry out their roles. They also said they felt they were able to care for people properly. . However, some members of the team felt staff shortages, especially at the weekends, affected their work. They said some visits were carried out much later or they were not informed in time so they would have enough time to travel and cover other staff's absences.

People felt safe in their homes and liked the staff who supported them. People could speak with staff if they were worried. Comments included: "I know [name] feels very safe with all the staff", "I am very safe, and the care staff are excellent" and "We both feel relaxed and at ease with staff when they come". Staff could explain how they would recognise and report abuse. Most of the staff were familiar with the service's whistleblowing procedures. They told us they would be comfortable to raise concerns. There was a safeguarding policy and procedure to follow to report and address any allegations of abuse or concerns raised. Safety and how to raise concerns were discussed in staff meetings, daily communications or during supervision sessions to make sure staff retained their awareness of when to raise concerns. Staff encouraged people to always report any issues they had. People felt supported and well looked after by staff. They told us: "I feel completely safe with staff and the agency is ok with me" and "We have always felt safe and at ease with the staff, and I can always get in touch with the office."

Is the service effective?

Our findings

At our inspection in May 2014, we were concerned about the arrangements for staff's support and training that would enable them to care for people safely and effectively. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked the provider to send us an action plan outlining how they would make improvements. At this inspection, we found the provider had made a training schedule and new training dates were booked. A new training matrix had been made with a traffic light system to enable clear visual reminders and prioritise requirements and book future training. However, some concerns were still remaining.

The most current training records showed not all staff had completed the necessary training. For example, out of 22 staff, five did not have moving and handling update, five did not have medicine update, 11 staff did not have safeguarding update and all staff needed to update first aid training and health and safety. Eight staff were booked for some of this training but not all. The provider was working with the local authority and arranging training to ensure all staff were up to date. They were also looking at other training providers to improve training availability and frequency. The provider told us they regularly reviewed which staff could work with people with specific needs due to training updates in order to minimise the risk of people receiving inadequate care. In addition to the care training required, staff received further training specific to the needs of the people where needed.

Staff had an appropriate induction to help them with their role, responsibilities and work supporting people. The training records allowed the registered manager to identify any professional development needs and address these. Training was reviewed in the meetings and supervisions. Staff felt competent and could ask for additional training when they needed it. They felt support was always available from the senior staff and they could share any concerns or ideas to improve the service with them. New staff were introduced to people and worked along experienced colleagues to ensure they would build the skills and experience.

Staff met with the registered manager to receive support and guidance about their work and to discuss any topics important to them. Records of these meetings showed staff

had an opportunity to communicate any issues they wished to discuss and suggest ideas for the agency's work. There was a balance between focusing on the member of staff, the work of the staff team and the needs of the people staff supported. Staff told us: "I have had my supervision sessions and the senior staff are very approachable about any issues" and "Yes, we do have supervisions and you just phone the office and they will help".

People were supported well by staff and had their needs met. Staff found out what had happened since the last visit and made sure any concerns or outstanding actions were followed up and addressed in a timely manner. People and relatives said staff were professional and well trained.

Staff were aware of their responsibilities concerning the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions themselves. Staff explained it was important to communicate with the person and ensure they always had a choice and right to make decisions about their care and support. The registered manager explained the process to go through in regards to person's capacity and ensure they could make their own decisions. If there was a situation where someone became unable to make decisions for themselves or their safety was in danger, the registered manager was aware of actions to take. They would contact appropriate professionals, the person's doctor, or relatives, to make sure the person remained safe appropriately restricting their rights and freedom where necessary.

Some people needed support with eating and drinking as part of their care package. The level of support each person needed to eat and drink was identified in their support plan. For example, if someone needed encouragement with drinking and having a balanced diet, there was guidance available for staff. During home visits we observed how staff supported people to make sure they had their meals and maintained good diet and hydration.

Staff monitored people's physical and psychological wellbeing and addressed their changing needs with health or social care professionals and the registered manager. Each person had individual needs assessments identifying their health and care needs, and how to maintain them. People were supported by staff if people felt unwell: "I was not well, staff called the GP and they came to see me; staff look after you, it is nice when you are unwell" and "Staff keep an eye on [name] and they actually alerted us to what

Is the service effective?

turned out to be a serious illness". People and relatives told us staff helped them to stay well by reminding them to take their tablets or supporting them during routine appointments. People and relatives said: "Staff alert me if I need a doctor" and "Our [relative] alerts us to any problems they have but I feel staff kept an eye on them". The provider

communicated with and involved GPs, social services, physiotherapists, and district nurses for guidance and support. Staff arranged for out of hours on-call or medical support when required.

Staff made sure people's health and care needs were met in a consistent way. They communicated with each other and the senior staff reporting any changes or issues.

Is the service caring?

Our findings

People told us staff were kind and they felt well cared for. Comments from people and relatives included: “They are very good care staff, they are smashing”, “Staff do as we have requested, it is very personal and not a basic standard” and “Yes, the staff are very kind and caring”. Relatives were positive about the service provided: “Staff are nice natured, I know my [relative] feels safe with them and they are quite friendly” and “Staff are very good, they are efficient, pleasant and easy to get on with”. People and staff had built good relationships and communication with each other. There were friendly interactions and respectful support provided to people during our home visits.

The provider delivered care and support that was caring and person-centred that had a positive effect on people. The interactions we saw between people and staff were caring, respectful and professional. People enjoyed staff’s company and the chats they were having, as well as, the support provided as part of the visit. People and staff knew each other well and had well established relationships. Staff demonstrated they had a detailed knowledge of the people they supported. They responded to their requests effectively. They made sure people were comfortable and relaxed in their own homes and able to share any concerns with staff should they have needed to. People and relatives told us staff knew them well and provided good support: “Staff keep an eye on me but they respect the way I mostly choose to look after myself” and “Staff are very considerate in the house and respectful, to the whole family”.

People were listened to, valued and consulted about aspects of their life. Staff involved people and their relatives as much as possible in making choices and decisions. People told us they were able to choose things they wanted to do or places to go. People told us staff did not stop them doing anything they wanted to do: “I can get up and get ready myself but staff help me wash and do meals, they are always careful” and “I have no problems, very happy with the girls, I can wash, dry and dress myself and then they help me to the lounge”.

Staff were aware of people’s needs, preferences and wishes. They were aware it was important to ensure people made their own choices and decisions, and support them when necessary. A member of staff said: “You get to know people, help them to do things and ensure they have a choice” and “I ask them what they want and what I can do

for them”. Staff’s support and attention made people feel they were important and showed concern for people’s wellbeing. Staff understood their visits were a valuable time for people. They recognised the importance of spending time with someone and just having a chat ensuring they did not feel isolated or unhappy. Any concerns or changes about people’s care and support were reported to the office.

Some people required help to express their views and preferences and were supported by their family to do this. No one had an advocate at the time of our inspection. The registered manager told us should anyone need this service then this would be referred to supporting charities or to the local authority’s adult social care team to arrange it.

People were encouraged to be as independent as possible. People felt they mattered and were supported to live an independent life as much as possible. They told us: “Staff take time to do care and support, they never rush it” and “Staff seem very respectful and give many choices to [relative] and check with them as they do things”. Staff understood this was an important aspect of people’s lives. People and staff carried out some tasks together but people did a lot for themselves to maintain their independence. Staff were there to help if someone needed assistance. Staff said: “I ask them what can I do but I do not want to take away their independence, just guide them” and “Seeing them and helping them to do things, I know I have helped someone to live their day to day life”. We received complimentary comments from people and relatives about the support valued most: “It is very good, the staff are regular and I can rely on them”, “It is very good, I cannot fault them and staff make sure I am safe after each visit, ask me if there is anything else they could do” and “We felt at ease with staff and they are never moody or irritable”.

People and relatives told us staff respected their privacy, dignity and choices. Comments included: “Staff respect my [relative’s] house when they arrive or are in here”, “As far as I can tell, the care is very much done with dignity and respect” and “Staff help my [relative] to get washed and dressed, and it is done with dignity and respect”. The staff ensured the privacy and dignity of people was upheld. They were positive and courteous about the people they supported and explained how they supported people in respectful way. For example, making sure doors were

Is the service caring?

closed when support was provided to preserve dignity during personal care and asking for permission to do things in people's homes. Any private and confidential

information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office. Staff were aware of how to manage information confidentially.

Is the service responsive?

Our findings

People's needs were continually checked and monitored to ensure people received the right support. People and relatives could share their issues or concerns with staff or call the office. They felt all staff were approachable, polite and supportive when they spoke to the office. Health and social care professionals were involved as necessary. The care and support provided at each visit was recorded. There was information about people's physical health, emotional wellbeing and how they spent their day. Staff monitored people's health needs and nutrition in order to keep them safe and well, responding to any changes and enabling them to make timely referrals to appropriate professionals.

People and their relatives were involved in the care planning process. People's needs had been assessed and care plans were in place. Relatives were encouraged to support people to plan their care if needed. The registered manager and staff were responsive to requests and suggestions. Relatives felt supported and involved in the lives of their family members. Staff were responsive to people's needs and wishes. Each person had a support plan reflecting their needs and preferences. Support plans included practical information on maintaining the person's health and wellbeing, emotional support, their daily routines and communication needs. Staff used these plans as an important source of information to make sure support they provided was personalised to each individual. People and relatives said staff knew them well and support was always guided by people.

Regular newsletters were sent out to all the staff informing them about changes or updates regarding people and their care, the agency, the team and daily practice. They ensured important events were not missed and any actions identified were completed or followed up on time. The registered manager and staff sought feedback about the support and service from people. They asked people during visits and encouraged people to contact the office if people wanted more support or to raise any concerns. Feedback about the quality of care and support was given informally to staff. People told us staff always checked they were alright and comfortable: "Staff always make a note in the book of what they have done and how my [relative] is that day", "The manager calls to check up how is it going" and "The staff are helping me, it is vital for me and they sort things out, no complaints".

The provider had a complaints procedure to ensure there was a process to follow if needed. People and relatives were aware if they had complaints or concerns, they could contact the office or tell the staff. We reviewed the complaints information and saw two complaints had been made since our last inspection in May 2014. These were appropriately responded to. However, there was no clear record of what the outcome was and had it been resolved to the satisfaction of the complainant. Staff knew how to respond to any complaints and issues, and report to the senior staff so it was addressed in a timely manner. We also looked at compliments the agency received from people, relatives and professionals. The provider always shared positive feedback with staff and informed them their work was appreciated.

Is the service well-led?

Our findings

At our inspection in May 2014, we were concerned about the effectiveness of the systems in place to assess and monitor the quality of the service. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements. At this inspection, we found the provider had a quality assurance policy and had devised an audit system to help them identify any discrepancies or improvements needed. They had reviewed the complaints policy and procedure, and included it into the audit system. However some concerns were still remaining.

The provider carried out care reviews of each person, quality assurance questionnaires and telephone calls, and audits. The registered manager and senior staff carried out spot checks. It included checking the quality of service where they observed staff carrying out their duties and supporting people. The registered manager also received feedback on the quality of support during supervisions, shadowing shifts and meetings, and communicating with other professionals on a regular basis.

During this inspection, we looked at the quality assurance policy and systems in place to help the provider monitor and assess their services. The provider had compiled a new audit that reviewed all the aspects of care and support for each person. This included records, daily notes, complaints, monitoring visits and staff training. One audit had been completed for one person for trialling purposes. As the system was not fully operational we could not judge if it was effective. We saw some audits of MAR sheets had been carried out. The registered manager had discussions with staff to ensure records of medicine administration were kept accurately. However, the registered manager did not review all MAR sheets to pick up discrepancies and identify the reasons for inaccurate recordings so they could share and address it with staff.

Spot checks should be carried out every three months according to provider's policy. However, most of the staff had not had any spot checks carried out since our last inspection. We looked at telephone calls and visits to people. But the phone calls were being made on an irregular basis. For example, staff would phone people to get their views and check if they had any problems.

However If there was no answer, staff would not always ring back later or another day to obtain their feedback. When people raised concerns, they were written down and passed onto the registered manager. The manager was able to explain to us how they had been addressed and if the complainant was satisfied with the outcome.

The registered manager reviewed all reported incidents and accidents related to falls, health and any errors made when providing care. All the information was recorded in communication book and actions taken to address it. They also monitored numbers of missed or late visits, cancellations and the reasons why this had occurred. However, the actions to address the issues with late and missed calls, and communication between staff, people and the office were not always effective.

The agency's stated their aim and objectives were to provide people with person centred, high quality support and care. The registered manager and staff said people, and what was important to them, was at the centre of their work. We saw people were respected, consulted and involved as required in line with the aims and objectives of the service. Comments were: "I have to say, it is easier for me now having the help staff provide, and it was all checked with us" and "I do feel respected and listened to, and I if I want to talk about my care, I can talk".

Quality assurance systems involved people, their relatives and staff. Staff and the management were committed to listening to people's views and making changes to the service in line with the feedback received. Staff spent time observing people and listened to what they had to say staff told us: "We make sure the manager and family know people are safe and we look around to check things are in place" and "We talk to them, reassure them, build relationships, and take our time - it is like a family".

The provider sought feedback from people and their relatives from questionnaires to help them monitor the quality of service they provide and pick up any issues or prevent incidents. People and relatives added comments about improvements that could be made. The annual questionnaire has just been sent out to people and relatives.

We asked the registered manager about the current challenges. Training management and availability was the main challenge for the agency. However, it did not always happen due to daily tasks and ensuring the provision of

Is the service well-led?

good care. The registered manager was looking into various training providers. They were looking at classroom based training as they did not think e-learning sessions were as effective.

The registered manager told us about improvements and achievements they had made. The agency was using new booklets to record daily support which worked well and tied in with the new quality assurance audit format. The provider said it helped them ensure the information necessary for reviewing their services would always be returned to the office. Information in the booklets was well written and easy to use. The work to improve the forms to assist with the quality checks was continuing. Staff were involved in helping identify things that worked and did not work to pick up issues or necessary changes.

We looked at staff meeting minutes and records. The staff team discussed various topics related to the agency and ensured people were supported appropriately and the team worked well together. This included information

about people, their wellbeing and health, support, daily work and any issues or concerns. The registered manager and staff were interested and motivated to make sure people were well looked after, and able to live their lives the way they chose to. Staff's behaviour towards each other, people and their relatives reflected the service's values.

Staff were positive about the management of Kincare and the support they received to do their jobs. Staff said there were plenty of opportunities to discuss issues or ask for advice. Senior staff were helpful and approachable which was very important to staff as they could report any issues, raise a concern and this would be addressed in a timely manner. Staff said: "They are generally a very good firm and I really want to stay with them" and "Kincare is special to me, they really do try to care and I have recommended them." The registered manager encouraged open and transparent communication in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>Provider did not operate effective recruitment procedures to ensure people were supported by appropriate staff. Not all information specified in Schedule 3 was available.</p>