

Kells Domiciliary Care Ltd

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Inspection report

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22 September 2020
23 September 2020
28 September 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Kells Domiciliary Care Ltd is a domiciliary care agency providing the regulated activity of personal care to people living in their own homes. At the time of the inspection the service was supporting four people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The service had implemented the required improvements since the last inspection.

Recruitment checks were complete and adequately assessed staff suitability to work with vulnerable adults.

People received their medicines safely and as prescribed by care staff who had been trained and assessed as competent to administer medicines.

Risk assessments and management plans had been compiled to ensure people were supported to remain safe and free from harm. However, the service had not always fully assessed and recorded certain specific individualised risks associated with people's health and medical needs. This was addressed immediately following the inspection.

One person and relatives told us they felt safe and confident with the care and support that they received from their care worker. Care staff had received training on how to recognise abuse and the processes to follow to report their concerns.

Care staff had access to the required personal protective equipment (PPE), information and guidance to prevent and control the spread of infection.

One person and relatives spoke positively about the management of the service, the quality of care delivery and the registered manager who they found to be responsive and accommodating.

Care staff felt supported and valued in their role.

The overall management oversight of the service had improved since the last inspection. The nominated individual and the registered manager had implemented audits and checks to monitor the quality of care and ensure where issues were identified these were addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 May 2019). There was a breach of regulation 17 (Good Governance) and two recommendations relating to staff recruitment and medicines management. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements and recommendations.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kells Domiciliary Care Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kells Domiciliary Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service short notice of the inspection as we were mindful of the impact and added pressures of the COVID-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

Inspection activity started on 22 September 2020 and ended on 28 September 2020. We visited the office location on 22 September 2020. The other days were spent reviewing records, speaking to staff, people and their relatives who used the service.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed the provider's action plan as well as information we had received about the service since the last inspection. This information helps support our inspections.

During the inspection

We spoke with the nominated individual, the registered manager and the administrator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care and medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one person using the service and three relatives of people using the service. We also spoke with three care staff. We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended that the provider follows current best practice guidance and carry out checks to ensure that all employment records meet the required standards. The provider had made improvements.

- People were supported by care staff that had been assessed as safe to work with vulnerable adults.
- No new staff had been recruited since the last inspection, but the registered manager had reviewed and checked all current staff files to ensure that the required documentation was in place which adequately assessed staff suitability to work.
- Staff files contained criminal record checks, references confirming performance in previous employments and proof of identity.
- Sufficient staff were available to safely meet people's needs. One person and relatives confirmed they were supported by a team of regular care staff that they felt safe and comfortable with.

Using medicines safely

At our last inspection we recommended that the registered manager follows current best practice guidance to ensure safe medicine management. The registered manager had made improvements.

- People received their medicines safely and as prescribed. Processes in place supported this.
- Medicine administration and management records were complete and there were no omissions in recording.
- Whilst care staff knew the people they supported well and knew when to appropriately administer as and when required medicines (PRN), we did find that written PRN protocols and guidance were not in place on how and when to administer these medicines, PRN medicines can be administered to help with pain relief or anxiety. Following our feedback, the registered manager sent completed PRN protocols where required.
- Monthly checks and audits were completed to ensure people received their medicines on time and as prescribed. Where issues were identified these were recorded and addressed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to protect and safeguard people from the risk of abuse were known and understood by all staff.
- One person and relatives told us that they felt safe and reassured with the support that they received from

their allocated care worker. One person stated, "I feel very safe." One relative told us, "Safe, yes absolutely 100%."

- Care staff confirmed that they had received safeguarding training which was refreshed annually.
- Care staff clearly explained the different types of abuse, how they would recognise possible signs of abuse and the actions they would take to report their concerns.
- The registered manager demonstrated a good understanding of safeguarding and the actions to take to report their concerns.

Assessing risk, safety monitoring and management

- Risks identified with people's health, medical, social and environmental needs had been assessed or recorded as part of their care plan.
- Identification and recording of certain risks such as manual handling swallowing difficulties, wandering and medicines administration was very detailed and provided clear guidance to staff on how to support people with their identified risk and how to minimise risk of harm. However, records regarding other significant risks, such as use of a percutaneous endoscopic gastrostomy feed which is a feeding tube placed through the stomach, stoma bag care and other specific health conditions were not always clear.
- When we spoke with one person and relatives, they confirmed that their allocated care staff knew exactly what to do to support them safely. One person told us, "They [care staff] know what they are doing and yes they pick up any concerns." Care staff also confirmed that they were very clear on how to support people safely and the actions they would take to minimise and mitigate risk. Care staff had also received specialised training on specific areas of care.
- We provided feedback to the nominated individual and the registered manager about the gaps identified during the inspection, who following the inspection sent to us examples of completed detailed risk assessments and care plans where required.

Preventing and controlling infection

- This inspection took place during the COVID-19 pandemic. The registered manager and nominated individual told us and explained the steps they had taken to ensure people and staff remained safe and protected from infection.
- Staff were provided with the required personal protective equipment which included gloves, aprons and masks. Care staff told us that information and guidance on infection control and the correct use of PPE was exchanged with them regularly including all relevant updates.

Learning lessons when things go wrong

- The service had not had any reported accidents or incidents since the last inspection.
- However, systems and process were in place to report, record, investigate and implement the required improvements to mitigate risks when an accident or incident was reported.
- The registered manager explained that learning lessons was important and that all accidents, incident, safeguarding concerns or complaints would be investigated so that policies could be reviewed and updated and where required review care staff training needs so that future re-occurrences could be prevented.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to effectively assess, monitor, record and improve the quality of service to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the registered manager had introduced systems to assess, monitor and improve the quality and safety of the care and support people received.
- The registered manager had implemented a variety of audits and checks which included unannounced spot checks, medicine and daily record audits and care plan audits.
- Whilst we identified some minor issues around assessing and recording risk and PRN protocols, the registered manager and nominated individual were eager to learn and address the issues identified. Following the inspection, the registered manager sent records to us evidencing the improvements they had made.
- The nominated individual and the registered manager understood their regulatory responsibilities and were keen to ensure that these were adhered to and people received safe and good quality care.
- Care staff understood their role and responsibilities and knew they could approach management at any time with their issues or concerns. Care staff spoke positively about the registered manager, their work ethics and the way in which they were supported.
- The nominated individual and registered manager need to make sure that going forward complete contemporaneous records are kept ensuring people receive safe care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives spoke highly of the registered manager and told us that they were always available to speak with and addressed their concerns and issues immediately. One relative stated, "We had the original consultation with the registered manager and the person who was delivering the care. They took time to understand my father's needs."

- During the COVID-19 pandemic one person and relatives confirmed that the registered manager had maintained regular contact with them, checking how they were and giving them updates.
- Care staff were supported through regular training, supervisions, appraisals and staff meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- One person and relatives told us that they were fully engaged and involved in the care planning process and reviews.
- People and relatives had been asked to complete satisfaction surveys in December 2019. Feedback had been positive. Where issues had been noted these had been acted upon to make the required improvements.
- Care staff were also engaged and involved with the running of the service through staff meetings and the completion of staff surveys. Care staff felt able to express their views and ideas and these were listened to and valued.
- The service worked in partnership with a variety of other agencies and community facilities to support people's care and wellbeing. This included healthcare professionals, district nurses, GP's and the local authority.