

Authentic Kare Company Limited

# Authentic Kare Kettering

## 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 ●

# Summary of findings

## Overall summary

This inspection took place on 11 and 12 September 2018 and was announced. This was the first time we have inspected this service since it was registered with the Care Quality Commission.

Authentic Kare Kettering is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection, 21 people were using the service, all of which were receiving personal care.

The service had a registered manager. 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.'

People told us they felt safe, and staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to cover any risks that were present within their lives. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager.

Staffing levels were adequate to meet people's current needs. People told us that staff mostly arrived on time, and calls were not missed.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required.

Staff attended induction training where they completed mandatory training courses and were able to shadow more experienced staff giving care. All new staff were taking part in the Care Certificate which teaches the fundamental standards within care. Ongoing training was offered to staff and mandatory areas of training were kept up to date.

Staff supported people with the administration of medicines, and were trained to do so. The people we spoke with were happy with the support they received.

Staff were trained in infection control, and told us they had the appropriate personal protective equipment to perform their roles safely. We saw that staff had reported any concerns they had around infection control within people's homes to management, who had then acted appropriately.

Staff were well supported by the registered manager and senior team, and had one to one meetings, spot checks and observations.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act

2005 were met. Consent forms were signed and within people's files.

People were able to choose the food and drink they wanted and staff supported people with this, and people could be supported to access health appointments when necessary.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and provided their care in a respectful and dignified manner.

People were involved in their own care planning and were able to contribute to the way in which they were supported. Care planning was personalised and mentioned people's likes and dislikes, so that staff understood their needs fully. People told us they felt in control of their care and were listened to by staff.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required.

## 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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Staff were trained in infection control, and people were protected from the spread of infection.

### Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions, spot checks and observations.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Consent was gained before carrying out any care.

### Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### **Is the service responsive?**

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

**Good** ●

### **Is the service well-led?**

The service was well led.

People knew the registered manager , and were able to see them when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

**Good** ●

# Authentic Kare Kettering

## 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 11 and 12 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that senior staff would be at the office and information would be made available for us to inspect.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the local authority who commission packages of care for people, for any information they held on the service.

We spoke with five people who used the service, two relative's of people that used the service, three support workers, the care co-ordinator, and the registered manager who was also the provider. We reviewed four people's care records to ensure they were reflective of their needs, four staff files, and other documents relating to the management of the service such as training records and quality audits.

## Is the service safe?

### Our findings

The people we spoke with all felt safe when receiving care from the staff. One person said, "I always feel safe." A relative told us, "[Name] is supported safely by the staff, they are all very competent." Other people we spoke with made similar comments. The staff we spoke with understood the safeguarding procedures and policy put in place by the provider. The staff all told us they were confident in reporting concerns when they found them, and had faith in the registered manager to follow up concerns promptly.

Personalised risk assessments were in place to ensure that each person was cared for in the safest manner possible. Detailed instruction was given to staff about how to perform all care tasks for a person, which included personal care, manual handling, use of equipment, food and drink and the physical environment that care was to be delivered in. For example, there was an assessment in place for one person who smoked, and the associated risks including passive smoking of staff. Care tasks were described with any associated hazards and risks, and the control measures that were in place to reduce those risks. Staff we spoke with were confident that they could support people safely. All risk assessments were reviewed and updated regularly.

There were enough staff employed by the service. One person said, "I have never had a missed call. I always get a call if they are going to be late, which isn't too often." People told us their care was usually provided by the same carers. The service used an electronic log in and out system to monitor the carers and the times that the visits took place, and how long they stayed for. We saw rotas which showed that calls were consistent, and that alerts would be raised when required to tell the registered manager if a staff member was running late or not able to attend a call.

Only staff that were suitable to be working in care, were employed by the service. We looked at staff files which showed that all staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work with people.

People's medicines were managed safely. People we spoke with told us that medicines were administered safely and on time. Staff told us, and records showed they received training in the safe handling and administration of medicines. Observations took place on the staff to ensure they were able to administer medicines safely. Records showed the medication administration records (MAR) were mostly completed accurately by staff after giving people their medicines, although some entries did not always use the codes that were set out by the pharmacy. The care co-ordinator told us this would be addressed with the staff team.

Staff had completed training in health and safety matters to ensure they were up to date with the most recent guidance to keep people safe. Observations took place, to ensure staff followed infection control practices, for example, when preparing and handling food, and providing personal care. The staff we spoke with told us they always had access to personal protective equipment such as gloves and aprons, to ensure that infection control was managed appropriately.

All staff understood their responsibilities to record any accidents and incidents that may occur. We saw that there was a clear path for information to be shared and used to make improvements when necessary. We saw that team meetings were used to ensure that lessons were learnt from any mistakes made. For example, discussions were had around the need to improve record keeping, after audits of notes taken by staff found that more detail was required.

## Is the service effective?

### Our findings

People received pre- assessments before receiving any care. The registered manager told us they would complete assessments with people and their family when required, to make sure that the staff were able to provide the correct care and fully understood their needs. This process ensured that the service only supported people with needs they were able to meet.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. All staff received an induction training package before starting work which included the care certificate. The care certificate covers the basic standards required for care. Further training was available for staff which was personalised to the needs of the people they were working with, for example, catheter care, continence management, and supporting challenging behaviours. Records confirmed that training was kept up to date. All staff received regular supervision in the form of one to one discussions with management, observations and spot checks, which ensured their competency in delivering care was checked.

Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts. All staff had a good knowledge of the preferences and requirements people had with food and drink. We saw that people's food and drink preferences were recorded in detail within their files. For example, one person's routines included the specific things they needed help with when preparing for breakfast, lunch and dinner, and where each item was to be found within their kitchen. The staff we spoke with had a good knowledge of what people liked, and were confident with supporting people in this area.

The service worked and communicated with other agencies and staff to enable effective care and support. We saw that when a concern had been raised about a person health, the service had communicated appropriately with professionals outside of the organisation to coordinate care and ensure that the correct support was in place. This required staff at all levels, making sure their communication was clear, guidelines and procedures were followed, and accurate records were kept.

People were supported to access health care professionals as required. Some people using the service had complex health care requirements, which staff understood well and were proactive in seeking medical assistance as required. One person told us, "My family support me with making appointments, but the staff do remind me and can help me if I need it." Records showed that people's health requirements were documented in detail and updated as needed. For example, people at risk of developing pressure sores had monitoring in place, and staff knew how and when to gain assistance from the appropriate healthcare professionals if a person needed them.

The Mental Capacity Act (MCA) 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The service worked in line with the principles of the MCA 2015, and had carried out capacity assessments appropriately for people that required them. We saw one person had conflicting information regarding their mental capacity within their file. The care co-ordinator told us this was due to forms not being updated correctly, and would be dealt with immediately.

## Is the service caring?

### Our findings

People felt that staff were kind, caring and respectful towards them at all times. One person said, "This company are the best we have ever had. They are very receptive, they always call if they are going to be late, and we have never had any problems at all." We saw the service had received written feedback from a relative of a person which said, 'Thank you to all the staff at Authentic Kare Kettering for being so kind and caring to (person's name). The staff are friendly and approachable, questions are always answered, and respect is always shown.'

Staff we spoke with felt they were able to develop positive relationships with people. One staff member told us, "I know the clients and they know me. Every client is different and it is important to respect that." Another staff member said, "I usually see the same people, which is good because I get to know them and they are comfortable with me."

People were able to express their views and be involved in their own care as much as they were able to, and family or advocacy services were involved for people that required them. One person told us, "I've had a review of my care. They listen to me and involve me. They know me well." We saw that people's care was regularly reviewed and that changes were made to people's care when their needs changed, and also when their preferences changed.

People and their relatives felt that staff were always respectful of their privacy and dignity. One person said, "The staff are always respectful of my dignity. I feel comfortable when they are with me." All the staff we spoke with were aware of the need to make sure people's privacy was respected when personal care was being carried out.

People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

## Is the service responsive?

### Our findings

People received care that was personalised to their needs. We saw that care plans outlined what people's likes, dislikes and preferences were. We saw that detailed care plans were in place which documented people's personal, social and family history. People told us that staff knew them well. One person said, "We have a laugh and a joke, they [staff] know me well and understand my sense of humour."

The registered manager told us that the service matched up staff to people wherever possible, making sure that people were happy with the staff they were receiving support from. The registered manager said, "We take in to consideration any gender preference a person has for their staff, and what their personal interests are. It is very important that people are happy."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. When complaints were made, we saw that the service followed a complaints policy and recorded and responded to each complaint promptly. For example, we saw a complaint from a person about their personal care routines not being completed in the way they would like. We saw that the registered manager had responded to the person, and set about making improvements with the staff member to improve their communication with people. Information from complaints was fed-back to staff when required, so that learning and development could take place.

At the time of inspection, nobody was receiving end of life care. People could be supported to make and record decisions about the care they receive at the end of their life if required.

## Is the service well-led?

### Our findings

A registered manager was in post. 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 was open and honest, and promoted a positive culture throughout. The staff we spoke with told us that the management of the service was good, and they got the support they needed to confidently perform their roles. One staff member said, "The registered manager is great, he is very supportive and we are supervised well."

People, relatives and staff all confirmed they had confidence in the management of the service. The registered manager was aware of their responsibilities; they had a good insight into the needs of people using the service. People said the registered manager, senior staff and the provider were very approachable. The registered manager told us, "It is important to me that I know all of our clients, and they know me. I have visited our clients many times. Our staff team are all very caring."

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. Staff told us that they were able to feedback through a variety of forums including team meetings, supervisions, observations and spot checks, as well as informally should they wish. We saw minutes of meeting held, and staff we spoke with confirmed they took place.

Established quality assurance systems were in place to continually assess, monitor and evaluate the quality of people's care. Records on people's care, staffing, medication and policies and procedures held within the agency office were organised and up to date. The audits we saw were effective, and discovered errors when they were made. For example, a regular medication record audit found a gap where a signature had not been given. This omission was investigated and the faults found led to actions for improvement.

People had the opportunity to feedback on the quality of the service. We saw that quality questionnaires had been sent out to people and their families to comment on the quality of care they received, and people we spoke with confirmed they had received them. The information collated from the questionnaires was analysed by management to identify where improvements could be made. Feedback we saw was positive.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals.

The service worked positively with outside agencies. This included quality monitoring meetings with the local authority. We saw that the registered manager had taken on board the feedback from the action plans that had been set and made improvements in the required areas.

