Karvonettes Limited

KarVonEttes

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced inspection of KarVonEttes was carried out on 24 November 2016.

KarVonEttes provides personal care and support to people in their own homes in Mansfield, Ashfield and the surrounding areas of North Nottinghamshire. On the day of our inspection, 118 people were using the service.

The service did not have a registered manager in place at the time of our visit. The previous registered manager left the service in May 2016. Although a manager was in place at the service, the provider had not submitted an application for them to be registered with CQC at the time of our 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.

People told us they felt safe receiving care in their homes form staff of KarVonEttes and did not have any concerns about the care they received. S we spoke with knew how to protect people from harm. However referrals were made to the appropriate authority when concerns were raised.

Risks to people's safety were identified and managed and assessments carried out to minimise the risk of harm; for example in relation to falls or environmental risks.

People received care and support in a timely way and there were sufficient numbers of suitably qualified and experienced staff employed. Appropriate pre-employment checks were carried out before staff began work at KarVonEttes.

People who required support to do so received assistance from staff to take their prescribed medicines safely. However, safe recording of medicines administered was not always consistent.

People were supported by staff who received training and support to ensure they could meet people's needs. Ongoing training and assessment for care staff was scheduled to help maintain their knowledge.

People provided consent to any care and treatment provided. Where they did not have capacity to offer informed consent their best interests and rights were protected under the Mental Capacity Act (2005). People's wishes regarding their care and treatment were respected by staff.

People were supported by staff to maintain healthy nutrition and hydration. People had access to healthcare professionals when required and staff followed their guidance to ensure people maintained good health.

People were treated with dignity and respect and their privacy was protected. People told us they had positive, caring relationships with staff. Where possible people were involved in making decisions about their care and support.

Staff understood people's support needs and ensured they received personalised responsive care. People knew how to raise a complaint and were confident these would be listened to and acted on.

There was an open and transparent management culture at the service. People, their relatives and staff were encouraged to have their say on their experience of care and their comments were acted on. Quality monitoring systems were in place to identify areas for improvement however these were not implemented consistently across the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Sufficient numbers of skilled and experienced staff were employed to meet people's needs.

People received the support they required to ensure they took their medicines when required. However safe recording and management of medicines was not carried out consistently

People were supported to maintain their safety and risks were assessed and managed to reduce risk of harm

People were protected from risk of harm and abuse as staff had received sufficient training to identify and report concerns

Is the service effective?

Good

The service was effective.

People were supported to maintain healthy nutrition and hydration

People were cared for by staff who received support and training to help them meet their needs.

Where people lacked capacity to make a decision about their care, their rights and best interests were protected.

Peoples health needs were met as care staff involved other health professionals in a timely way

Is the service caring?

Good

The service was caring.

People and their relatives had positive relationships with staff.

People were treated with dignity and respect and their privacy was protected.

Where possible people were involved in the design and review of their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support that was responsive to their needs.

People and their relatives felt able to raise a concern or complaint and were confident it would be acted on.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service did not have a registered manager.

There were quality-monitoring systems in place which were used to drive improvement at the service. However these were not used consistently by all staff.

There was an open and transparent culture at the service.

People who use the service, their relatives and staff were encouraged to give feedback about the service and their feedback was acted on.

KarVonEttes

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 24 November 2016 and was announced.

The inspection was carried out by one Inspector. Prior to the inspection, we reviewed information we held about the provider including reports from commissioners (who fund the care for some people) and notifications we had received. A notification is information about important events which the provider is required to send us by law.

Before the inspection, we asked the provider to complete 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.

During the inspection, we spoke with six people who used the service and three people's relatives. We spoke to seven care workers, the provider, nominated individual and the Human Resources manager. We reviewed five care records, quality audits, records of meetings, medicines administration record (MAR) charts and looked at the recruitment files of six members of staff.

Requires Improvement

Is the service safe?

Our findings

People told us they received their medicines when required and had not experienced any difficulty with this. They told us they either took their own medicines or care staff assisted them by removing the tablets from pre-loaded blister packs supplied by the pharmacy. A staff member told us, "We only prompt. We can only give medicines if they are in the blister pack." People's wishes for managing their own medicines were recorded in their care plans, including a risk assessment and guidance for staff. Training records we saw and members of staff we spoke with showed that staff received training on the management and administration of medicines as part of their induction and further training was offered where required. For example, when people required, ear or eye drops, administration of their medicine, use of continence aids and the correct application of orthotic supports. Staff told us they welcomed this additional training. A staff member said, "We got trained up by the (district) nurses on how to give (person's) medication. It makes it much easier for (person). We saw monthly audits of Medicines Administration Record (MAR) charts were carried out by office staff.

However, we reviewed five separate MAR charts and found all five were completed contrary to the provider's guidance and agreed best practice. None included the detail required to indicate what medicine should be given and when. This would expose people to the risk of not receiving their medicines as they were prescribed. Additionally all five were completed in different ways which meant consistency of information to enable auditing would be difficult. The provider and nominated individual acknowledged the failings and informed us of steps they would take to address the issue. Following our inspection we received an action plan which included details of further training for all staff, streamlining of documentation and improved auditing procedure.

The providers training records showed that all staff had completed safeguarding training and staff told us they found this useful. One staff member said, "We've had the training at induction." The majority of staff we spoke with demonstrated a good understanding of safeguarding procedures including signs and types of abuse and their role in raising a concern. Records showed that staff had taken appropriate action in response to previous concerns and made referrals to the local safeguarding team as required. One member of staff described how they had recently had concerns about the welfare of a person who used the service and they had reported it immediately to the office who had contacted the local authority safeguarding team. However a number of staff members did not have such a sound understanding and were not aware of what would be classed as abuse or how they should raise a concern. The providers training manager informed us they had booked additional safeguarding training for all staff which was due to commence in the weeks following our inspection. We saw evidence to confirm this. All of the staff we spoke with were aware of the services' whistleblowing policy and told us they could raise an issue without fear of reprimand.

People told us they felt safe receiving care and support in their home from staff at KarVonEttes and did not have any concerns about the care they received. One person told us; "I feel safe with these (care staff). A lot of them are local so I know them." A second person said, "Oh yes, I feel safe with them all." Relatives we spoke with told us they felt their relations were safe using the service. Staff we spoke with told us that maintaining people's safety was a priority for them.

Care plans contained information about how staff should support people to keep them safe. For example, where staff let themselves into someone's home there was information about how they should enter the home and also clear information about securing the property when leaving. Information about how to reduce risk of injury and harm was also available in people's care plans. We saw that the provider had completed assessments to identify and manage risk for a number of areas including, fire safety, medicines, trips and falls, and the environment. The assessments include information for staff on how to manage risk and were reviewed annually or when a person's needs changed. For example, we saw an environmental risk assessment for a person's home which identified boxes and clutter as trip and injury hazards. The assessment showed that prior to starting to support the person staff removed the obstructions to reduce risk of injury and fall for the person and staff. Care staff we spoke with were aware of people's needs and the support they required to reduce risk. They told us that, although people were generally independent, they had enough equipment and resources to meet their needs. One staff member told us, "If the person needs a hoist or a stand aid, they get a hoist or a stand aid." A second staff member told us, "The equipment is already in people's homes before we start. We get training for all that (equipment) and moving and handling."

All of the people we spoke with said they felt enough staff were employed to meet their needs. One person told us, "One is enough for me. I know for some people they need to 'double up' on calls, but for me it's alright. " A second person said, "I'm alright at the moment. I used to have somebody four times a day but your life's not your own. This suits me. I have an hour's cleaning they help with a shower and breakfast and its fine". This opinion was echoed by staff members. One member of staff told us, "I can't say we struggle. All of the managers and admin staff will go out and cover shifts if needed." A second staff member said, "We have two runs, (the term staff used to describe the number of calls they make). One has two staff for a double and one is for single handers, it works really well. I've never had to do something on my own when I should have had someone else with me."

The provider used a system to assess the number of staff required to meet people's needs safely based on the number of hours of care the person was allocated and the level of assistance they required.

The provider had robust processes in place to ensure staff employed were of good character and had the necessary skills and experience to meet people's needs. We looked at staff recruitment files and saw that all contained evidence that the provider had carried out appropriate pre-employment checks including references from previous employers, proof of identity and a current DBS Check. A Disclosure and Barring Service (DBS) check allows employers to make safe recruitment choices.

Good

Is the service effective?

Our findings

People told us they generally felt care staff had the skills and competency to meet their needs and that they appeared well supported. One person told us, "They do know what they are doing yes." Another person added, "They've always seemed alright to me". However one person told us, "Occasionally I have had to say to them what they are meant to do. But usually they know and when I've told them they remember it for the next time". This was echoed by a relative who said, "Sometimes they send people out with too little training initially. What they do for (my relative) is ok but people who have more critical needs might need more trained staff. But they are pretty good on the whole."

We found that people were cared for effectively as staff were supported to undertake training that helped them meet people's needs. Records showed that all staff were either in the process of or had successfully completed the care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standard that should be covered as part of induction training of new care workers. Staff we spoke with told us they welcomed the training they received and felt it helped them to support people and understand their requirements. A staff member told us, "We definitely have enough training to do the job, I've lost count of the number of certificates I've got. We had one person who had dementia and the training we got has really helped me to understand what she was going through and how to support her."

Records showed that staff had access to a range training sessions to help them meet people's needs, beyond that identified as mandatory by the provider. Staff told us they could access training they identified they needed and felt their induction period helped them to meet people's needs. One member of staff said "You do get enough (training). They give you two days (induction) training and if you aren't confident they give you more training. I asked for extra and I got it." A further staff member said, "The training is really good here. The moving and handling was the best. We learn how to use hoists and rotundas (a mobility aid) so we know what to do" The provider had an in-house training facility set up as a person's bedroom, including equipment for moving and handling such as slings and hoists, this enabled them to provide 'hands on' training and conduct observations of staff competency. Staff we spoke with felt competent and were knowledgeable about systems and processes in the service and about aspects of safe care delivery. A third staff member said, "If you are stuck they ask if you need more training if you do you can go back in and they will sort it out for you."
Staff training files we reviewed showed that if staff did not complete their induction training satisfactorily, their probationary period of employment was extended until staff had demonstrated they had the necessary skills and competence to meet people's needs safely.

Staff told us they felt supported by the manager and management team and were able to talk with them and discuss any issues. A staff member said, "They (managers) have been really good with my hours and childcare needs. They really look after you, I could go to them with anything." A second staff member told us, "Management are lovely here, it's like a family. You can come in and have a chat and a cup of tea and get things off your chest." We saw that all staff received a regular face-to-face supervision meeting with their manager. Staff told us they valued these meetings and felt able to be open and honest.

Care plans we saw showed that people had signed to indicate their consent to their care package when they began using the service. They were aware of any changes and reviews and their wishes were respected. One person told us, "Somebody came when we first started and told us when they were coming and what they were going to do". A second person told us, "It (the care plan) was approved by me, they let me know if anything changes." This was confirmed by people's relatives who told us, "They've included things I've asked (for) like making sure (name) cleans their teeth properly and they do that. I was involved in that when they first set up and me and (name) read through it with the office worker".

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The 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. We found that although care records did not specifically reference the MCA, an assessment of people's usual capacity to make decisions was recorded. The provider showed us how they would update the care plan to better reflect the MCA assessment carried out. Additionally, staff we spoke with displayed an understanding of the MCA and we saw they had received training in its application. A staff member told us, "If they (People) can't make a decision for themselves, if they are confused you try and explain in a way they'd understand. There's sheets in the care plan to say if they can or can't make their own decisions about different things." We saw that the service worked with other healthcare providers and support agencies to ensure that decisions relating to people's mental capacity were taken in accordance with their best interests.

People were provided with support to ensure they could maintain a healthy nutrition and hydration. People told us staff helped them prepare food as required. Staff had received training in food hygiene and those we spoke with understood their role in supporting people to access adequate food and drink and had a good knowledge of people's dietary requirements. A staff member told us how they had received training to enable them to support a person with special dietary requirements safely, "We got training on how to support (person) with food. We know what they need and what they like".

People had access to health professionals when required and the service was proactive in making referrals and requesting input when required. We saw numerous examples of staff using their understanding of people's personality and the relationship they had developed to ensure people accessed healthcare when required. A staff member told us, "We see them every day so we get to know them, what they are usually like. One person won't have the GP, but I convinced them they needed to get treatment. Now they have seen the GP and it's getting better". A second carer worker told us, "If anything is wrong we phone the GP, then the family, then the office. People's care records showed regular appointments with the optician, dentist, chiropodist and district nurse.

Care records showed that staff followed the guidance of health professionals where possible if the person gave consent. For example, staff noted that one person had developed a skin complaint. Staff made a referral to the GP, collected the person's prescription and assisted them to apply the treatment that resulted in an improvement.

Good

Is the service caring?

Our findings

People told us they had a good relationship with care staff and felt they treated them with care, respect and compassion. One person told us, "They are so kind and helpful, ever so friendly. They are quite efficient." A second person told us, "You can have a good laugh with them I get on with them alright." A relative said, "They are pretty good on the whole. The one that comes regular is a little darling." All the staff members we spoke with told us how much they enjoyed working at the service and how it gave them tremendous job satisfaction. Comments included, "I'm happy in my job, I love it, I do really enjoy it." And, "I love my job, I love the people I look after, I enjoy everything." And, "I love it here, I love helping people."

People received a comprehensive assessment when they first started using the service including recording of their preferences for male or female carer, support needs, treatment plans, capacity and dietary requirements. Staff we spoke with demonstrated a good understanding of people's characters and treated everyone as individuals. They were aware of people's likes and dislikes and how this would affect the care they provided. People's religious and cultural needs were identified and staff endeavoured to respect and meet these where possible.

Care plans we viewed were person centred and focused on giving staff an understanding of the person as well as their care and support needs. Staff told us they found these useful and we found that they gave a good understanding of the person, their needs and personality. A staff member told us, "If you're unsure what do they tell you everything that you need to do and more, that's a good thing" They went on to say, "If it's not right, it goes straight to the office to be reassessed but they are always up to date and everything." A second staff member said, "It tells you word for word what you need to do. How they like things done, what they like to eat, how they like things in the morning."

During our visit we saw evidence in care records that staff encouraged people to be as involved as possible in making choices and decisions. A staff member told us how they supported a person with limited verbal communication ability to make choices. They said "Every morning they pick their own clothes." The staff member told us they used visual prompts and their understanding of the person's needs to help them make a decision. They went on to say, "If anything has changed we will write it down to help them understand."

The office manager informed us that a number of people using the service had access to an advocate although none of these were arranged by the service. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. Staff we spoke with told us they regularly phoned the office to share concerns about people and flag up when they may need additional support.

People told us they were treated with dignity and respect and their privacy was protected. One person told us, "Oh yes they are very respectful". People told us that staff were polite and respectful when speaking with them and always called them by their preferred name. Staff told us they always ensured people's privacy and dignity were protected when delivering personal care. One staff member said, "If the blinds are open we close the blinds, we use modesty towels. We have a lady who will have a male carer but he leaves the room

when she asks". A further staff member told us, "If we are helping with personal care we always make sure they are covered with a towel to maintain their dignity as much as possible." There was guidance in people's care plans to ensure people's privacy and dignity was protected at all times.

Staff offered people support where required but told us how important it was for them to encourage people to be independent where they could. For example a staff member told us most of the people they supported were independent. They said, "One person's care plan tells you to make a drink and a toastie but when you are with them, they want to do it themselves so we always let them try and then if they struggle we step in." the staff member told us the person felt better undertaking as much for themselves with support when needed from staff. A second staff member said, "If you know they can do something we encourage them to do it themselves. If they are stuck we help. It all depends on what their capabilities are. We find ways to help them".

Good

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs. One person told us, "Yes, they do everything well, I'm not disappointed in any way." A relative told us, "As regards the care that they give I am happy enough with it."

People were cared for by staff who had a good understanding of their care needs and ensured that the care was provided at the right time. The majority of people we spoke with told us staff arrived on time and stayed for the time allocated. People told us they would be informed if staff were running late but were understanding of difficulties such as traffic or other delays. One person told us, "Mostly they are on time, they ring in if they are going to be late." A relative added, "When they are here they are here for the time they should be and sign it off to say it." Further people using the service told us, "They are usually pretty good. Not often do we know they are going to be late. They are more on time than not, its half an hour each way".

Rotas we saw showed that staff were allocated sufficient time for their call and travel between calls. A staff member told us, "They (office) ask how long it takes to walk between calls, so you've got enough. They assess that at the beginning and decide how long the call will take and it is always the right time. You can say if someone needs more time and the office will come out and reassess".

People gave us mixed feedback about whether they knew which member of staff would be calling or were informed if a different person was calling. Some people told us they had a regular staff member and received a weekly rota of who would be calling. We saw records of occasions were the provider had hand delivered rotas to people to offer reassurance for who would call. One person said, "I usually do except for when it's their days off. There's never any strangers coming." A second added, "Yeah, they've got a key to the door. They tell me who is coming." However a number of people told us they did not receive a rota and were not aware who would call. A second person said, "They don't tell you. Sometimes we ask and they tell us but not always. It would be helpful if they provided a list of who we we're getting. There is no consistency." We informed the provider of this and they told us rotas were offered to all people using the service but that not everyone had wanted one. They told us they would contact all people using the service to ensure their wishes regarding rotas were recorded.

Staff we spoke with had a good understanding of people's needs. There was an effective system in place to ensure that staff were informed of changes to people's planned care; this included a written handover of information between shifts and paper and text message updates from the office. One person told us, "They let me know if anything changes".

Staff we spoke with told us they aimed to provide person centred care that was responsive to people's needs and they respected the choices people made. For example staff identified that one person was struggling to get their shopping done and couldn't get support from their family. The provider redesigned the care package taking time off the afternoon call where it wasn't always required and allowing care workers to do the shopping for them. A second person struggled with social isolation and wanted a pet. The provider arranged for the person to attend local football matches free of charge and supported them to

purchase a Dog. The provider and staff visited the person's home and fixed their fence so the dog was secure and added additional time to the allotted call time to help them care for the pet. Care records showed the person had benefitted from this and felt less isolated. An additional staff member told us of a time they had responded to a person's changing care need. "I saw that one person was struggling to stand up and needed a stand aid (mobility aid) to get up. The family were struggling to get through to the GP to make a referral so I've raised it with the office and now they have got it sorted and everyone is happier".

People told us they would be happy to raise an issue or complaint at the service and were confident they would be listened to. The provider had identified that people may not always feel comfortable raising a complaint directly with a staff member so all care plans included a stamped addressed envelope for people to raise a complaint directly with senior staff. Records we looked at showed that complaints were responded to in line with the provider's policy and in a timely manner. People and staff were kept informed of progress of complaints and investigations were open and honest. One person said, "I've never had to make a complaint really. I would if I've got to. If I wasn't happy with something I'd tell them". A second person said, "I've not complained. I've got no real complaints about them at all." Staff were aware of the complaints and whistleblowing policy and knew how to advise people to make a complaint.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager in place contrary to the requirements of their registration with CQC. The previous registered manager left their post in May 2016 and although the provider had management staff in place an application for someone to be the registered manager had not been submitted.

There was an open and transparent culture within KarVonEttes and people felt able to have their say on the running and development of the service. People we spoke with told us they felt they were encouraged to give their feedback about the home. Throughout our visit, people told us they were comfortable speaking with care staff and office staff.

Staff we spoke with felt there was an open culture at the service and would feel comfortable in raising any issues with or asking for support from, their line manager or the office staff. One staff member said, "The thing I like about here is the communication between everyone. You know if you ring up with a problem you know they will deal with it. Everyone looks out for each other".

We saw records of meetings for office staff for the months preceding our visit. These showed that issues including, training, rotas, developments at the service and support for people were discussed. Notes of the meetings showed discussions were very open, staff had the opportunity to contribute to the meeting and raise issues and these were followed up by the manager. Staff told us they found these meetings useful and they were able to have their say. One member of staff told us, "Everybody gets to voice their opinion if they are happy or unhappy with something."

The manager told us that due to the nature of the service regular meetings for care staff were not held. They told us that information was shared via text message or memo. Staff we spoke with confirmed this and told us they felt informed of any developments and able to have their say. A staff member said, "We don't have meetings but I feel supported. I've got quite a few numbers for other carers so there is always someone to call."

People, their relatives and health care professionals had the opportunity to give feedback about the quality of the service they received. The provider had a number of ways of gathering feedback including, an annual satisfaction survey as well as regular questionnaires and visits to people's homes. Feedback from the surveys showed the majority of people were happy with the care and support they received from KarVonEttes. People we spoke with told us they found the survey and visits helpful, they were happy to make suggestions and felt they were listened to.

People their relatives and staff we spoke with knew who the managers were and felt they were always available. A staff member said, "If I've got any problems I go straight to the manager." Clear decision-making processes were in place and all staff were aware of their roles and responsibilities. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to

notify us of certain events in the service.

The quality of service people received was assessed by the management team through regular auditing of areas such as medication and care planning. We found that in general the systems used were able to identify concerns and trends. However we noted that issues with MAR charts had not been identified by the audit prior to our inspection. Additionally, records of any incidents and accidents were recorded in people's care plans. We found these records to be robust and thorough with learning shared with staff via meetings and memos. However, we found that the annual audit of these incidents was not sufficient in identifying or addressing patterns. We informed the provider of this and they supplied evidence on how they would improve the auditing.

Senior staff carried out regular audits and observation of staff practice. These checks identified any areas where improvements needed to be made. A staff member told us, "It good to know what you are doing right or wrong. If you are doing it wrong you go to the office to talk about it".