

CareKind

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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

Carekind is a domiciliary care agency registered to provide personal care to people of all ages living in their own homes. At the time of our inspection they were providing personal care to five people.

The inspection of this service took place on 22 June 2016 and was announced.

There was a registered manager in post who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers 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 felt safe while being supported by staff from the agency. Staff offered safe care and support. They knew how to recognise and report any risks, problems or potential signs of abuse. Risks were assessed and managed safely. However arrangements for the safe administration of medicines needed to be reviewed to ensure they reflected safe practice while supporting people's independence.

People were supported by staff who had enough time to carry out tasks required of them and as a result they did not have to rush people. They had sufficient time between calls and never missed visits so people always received the care and support that was planned. Staff were recruited through safe recruitment practices.

Staff had the skills and knowledge to understand and support people's individual needs. They received training and support when they started working for the agency and their skills were kept up to date through regular training which was currently being reviewed. Staff felt well supported by the registered manager and their colleagues.

Staff understood their roles and responsibilities and worked well as a team to ensure people's needs were met effectively. People's rights were protected under the Mental Capacity Act 2005 although staff knowledge in this area was an area identified for improvement, especially as people's support needs changed and increased.

People were supported to prepare food and drink as per their plans of care. Staff knew how to respond to people's changing needs. Staff worked with health professionals when required to ensure people's continued good health and wellbeing.

People were supported by staff who were kind and caring. People liked the staff who supported them and had developed effective working relationships based on trust and mutual respect. Staff were aware of people's individual preferences and respected their privacy and dignity. Staff promoted people's independence and care was very person centred and individualised.

People, and their relatives, worked closely with the registered manager and the staff team to ensure they received a responsive service. They were routinely asked if they were happy with the service provided. There were systems in place to ensure that people's views and opinions were heard and their wishes acted upon. This process was largely informal due to the size of the service.

There was a complaints procedure in place and it had been used effectively to improve the service provided.

The registered manager provided good leadership. There were systems in place to monitor the quality of the service provided. The providers were keen to learn from experiences and continually improve and develop 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?

Good ●

The service was safe.

People received their medicines as prescribed although processes required review to ensure they reflected safe practice while promoting independence.

The provider had systems in place to recognise and respond to allegations or incidents of abuse.

Staffing levels were sufficient to meet people's needs and offered flexible support

Recruitment procedures ensured that only people suitable to work with vulnerable people were appointed.

Is the service effective?

Good ●

The service was effective.

People's rights were currently being protected under the Mental Capacity Act 2005 although staff's knowledge and understanding of this legislation was limited.

Staff received induction, training and supervision.

Where needed people were supported to eat and drink.

External professionals worked with the agency to ensure effective care and support as and when required.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and respectful when supporting people.

People's privacy and dignity was respected and promoted.

People were listened to and were supported to be able to make decisions and choices.

Is the service responsive?

Good ●

The service was responsive.

Staff knew how to respond to people's changing needs.

A complaints procedure was in place and staff knew how to respond to complaints.

Is the service well-led?

Good ●

The service was well-led.

The management team encouraged openness and involvement throughout the service.

Staff had opportunities to review and discuss their practice regularly.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

There were procedures in place to monitor and review the quality of the service.

CareKind

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 22 June and was announced. We gave the agency 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office.

Before the inspection we reviewed information the provider had sent us including statutory notifications. A notification is information about important events which the provider is required to send us by law.

The inspection was carried out by one inspector.

As part of the inspection we spoke with one person who used the service and the relatives of three people who used the service about the care and support they received. We spoke with the registered manager, the Human Resources manager and four support staff, including a senior staff member.

We looked at extracts from three care records, two staff recruitment files and other records relevant to the running of the service. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems.

Is the service safe?

Our findings

People were supported by staff who made them feel safe. They told us staff knew what they were doing and they trusted them completely. The relatives of people who used the service told us they felt people were completely safe while being supported by staff from the agency. One person told us, "They are very much safe. I have no doubt." They told us staff were knowledgeable about their roles and able to carry out tasks as directed. This gave people reassurance that they were safe in their care.

People were protected from harm because staff knew how to keep them safe and what to do if they had concerns about their safety. We spoke with four staff. They all told us they had received training to protect people from abuse which enabled them to recognise signs of abuse and act appropriately if they should witness it. They told us that they would be confident to do this. The registered manager understood their responsibilities in relation to reporting concerns and we saw how they had referred concerns and were currently working with external agencies to ensure people's on-going safety.

Overall people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them safely. Staff told us that they had only minimal involvement in relation to administering medicines. They told us that family members managed medicines. We found however that in an attempt to work with one family member staff had administered medicines that were not in original packaging. This is known as secondary dispensing and is considered an unsafe practice because of the risk of errors occurring in relation to dosage etc. We spoke with the registered manager about this as they had not identified the risks in relation to this practice. There was no risk assessment on the person's file to detail how medicines should be administered. Before the end of the inspection the registered manager had changed this procedure to make it safer. All staff received training in the safe handling, administration and disposal of medicines before they were allowed to administer medicines. We saw how regular competency checks were carried out to ensure staff's on-going competence.

Staff promoted health and safety and safe working practices. They had received training to recognise hazards and they told us how they reviewed the environment to ensure it remained safe. Records were in place to demonstrate this. When risks were identified they were managed. One person's relative told us, "We made a few changes to make the environment safe. The agency supported us to do this." Individual risk assessments were in place to support activities and personal care tasks. Staff told us that action plans were in place to reduce risks. One staff member told us, "Risk assessments are helpful but not restrictive." We saw that overall risk assessments were supported by action plans that minimised or reduced identified risks. For example when people needed help to move from one place to another, risks had been assessed and equipment identified to help staff to carry out the task safely. Another person needed more support on some days than others. The risk assessment enabled the person to be independent on a 'good day' but receive support when needed.

People were supported by staff who had sufficient time to carry out tasks required of them safely. They told us that they were never rushed and people's relatives supported this. They told us that if staff were running late they would make up the time. One staff member said, "We are never rushed. We have time to make

connections."

No one we spoke with had ever experienced a missed call and the registered manager told us that they were processes in place to ensure that this would never happen. One relative told us, "The care staff know how to support people safely and they never miss calls."

People were supported by staff who had been properly vetted to check they had the right background and attributes to care for people and ensure their safety. We looked at the recruitment files of two staff who worked for the agency. We saw that required information was available to demonstrate a safe recruitment process. We saw that the recording of verbal references could be improved and the HR manager agreed with this. Records showed that no one worked unsupported until checks had been made to ensure there were no reasons why they would be unsuitable to carry out their roles safely. The registered manager was aware of their role in relation to following safe recruitment practices and files were well organised. We spoke with two members of staff who had recently joined the team. They told us that they had had to wait until all checks had been carried out before they were able to start work.

Is the service effective?

Our findings

People were supported by staff who offered effective support. The relatives of people who used the service told us that staff were knowledgeable and supportive. One relative told us, "Staff work well and I am confident to leave [my relative]. Staff are very skilled and knowledgeable."

Staff told us about their roles and responsibilities and how each staff member was chosen especially for the person who used the service. They told us that this matching process was effective. One staff member told us, "We are hand-picked for each client. This is why it works. If we didn't match it wouldn't work."

People were supported by staff who were skilled and knowledgeable. New staff completed an induction programme that was based on current best practice. The programme included the Care Certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. We spoke with a newly appointed staff member who spoke very positively about their induction which also included time spent shadowing existing staff and becoming familiar with the agency's policies and procedures.

People and their relatives told us that staff were well trained. One relative said, "Staff are well trained. They are good. I am more than satisfied with the care and support received." Staff told us that they were satisfied with the training provided by the agency although all stated that further training in relation to key areas such as mental capacity, moving and handling and medication would give them more confidence to carry out their roles effectively as the service expanded. The HR manager told us that training was currently being reviewed.

Staff told us that team work and effective communication was a strength of the service. One staff member told us, "The managers are very supportive to staff." Other staff supported this. They told us how they shared information between themselves to ensure continuity and ensure that people received consistent care that met their needs. One staff member told us, "Communication is excellent. We work well as a team. We support each other." This meant that staff could deliver consistent effective care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. There was only one person currently using the service whose capacity fluctuated at times. We did not see any mental capacity assessments however we saw how person centred care ensured that support was individualised and carried as per people's needs and wishes. Staff were not clear about the role of people's representatives in relation to making decisions but the person whose capacity was in question had been supported by their GP, their representative and the agency to ensure care was provided in their best interests.

Staff told us they had received training in the MCA but not all were clear about who lacked capacity and how best interest decisions were made. The registered manager told us that this was an area where they had identified additional training was required for themselves and for the staff team.

People were fully involved in decision making processes as far as possible. Staff respected people's decisions and encouraged them to remain in control of how they lived their lives. This was evident in conversations with people and their relatives. They told us how staff helped people to live stress-free lives with appropriate support when needed.

People were supported to prepare meals and drinks. Staff knew about people's dietary needs, likes and dislikes. They knew for example that some people had a sweet tooth and that some people needed encouragement to eat healthy options. One staff member told us that the main priority for one person was to ensure they had regular drinks to remain well hydrated. The relative of this person told us that staff always offered such encouragement and it was effective. Nutritional needs and preferences were recorded in care plans for reference.

People's relatives told us that staff from the agency liaised and worked with health professionals as required to ensure that people's changing health needs were assessed and addressed. One relative told us, "They have worked well with the GP and together we are able to monitor [my relatives] health and respond promptly when this changes. Together we can continue to support [my relative] to stay at home." Another relative told us, "We all work really well together." Care plans were very detailed about people's health care needs.

Staff told us that they have received training in dementia to enable them to better understand the specific health needs of at least one person they supported. They could then offer more effective support.

Is the service caring?

Our findings

People were happy with the service they received. One person who used the service told us, "They are extremely pleasant. They are most helpful and efficient." A relative told us, "They make [my relative's] life happy and unstressed." Another relative said, "I know [my relative] is happy with them. I am confident that they are."

People were supported by staff who were kind and caring. One person's relative told us, "They are absolutely fantastic. We could not have wished for anyone so caring and thoughtful. One relative said, "They are very caring." Another relative said, "Everyone is so kind. I can't fault them whatsoever." Everyone considered that people received sensitive and compassionate care.

The agency had a mission statement that promised to, "Make care, kindness and compassion the core of everything we do." A social care professional told us, "I have found the agency to be overall very caring, supportive and professional."

Staff understood people's needs and knew what support they required to live as independently as possible. People were fully involved in making decisions about their lives. A staff member told us, "The values of promoting independence and promoting decision making are promoted in training and in practice. We promote independence and person centred care. We offer choices. It's all about them."

Staff told us how important working with family members was to ensure that care was consistent. Records reflected that choices were offered and when these were declined this was also documented. For example, when a person declined personal care. A relative told us that when their relative refused support that staff respected this and offered again later. Relatives had all been involved in identifying and documenting needs and wishes, preferences, likes and dislikes.

People's relatives told us how they felt fully involved in the care and support of their relative. One relative told us, "I feel totally involved." They all told us that staff assisted people who used the service with decision making based on their knowledge of the individual and their documented needs and preferences. One relative told us, "They have gotten to know [my relative] really well. They take time to listen to them and always offer choices without overwhelming them. They know what makes [my relative] anxious and they do all they can to reduce this. They recognise when they are becoming anxious because they know them well. They act immediately to reduce this anxiety."

We saw that care plans were detailed and person centred. Every detail considered the person's likes, dislikes, preferences and preferred routines. People's relatives told us how impressive the care plans were. They had been fully involved in developing and reviewing them. Care plans detailed people's religious and cultural beliefs so that staff would deliver care and support in line with these preferences. This level of detail meant that staff could deliver care as people wanted it, respecting their choices and preferences.

People's relatives told us that people were always treated with dignity and respect. One person who used

the service told us how staff minimised their embarrassment while carrying out personal care tasks. A relative said "I'm glad of the care they get. Everything is good. I am more than satisfied." A staff member told us, "We really treat people well. Like we would want our own family to be treated."

People's privacy was respected. Staff told us how they carried out personal care in the privacy of people's own rooms and gave examples of how they respected people's wishes and preferred routines. They told us how, for one person, following preferred routines reduced the person's anxiety and enabled them to live as independently as they were able.

People's personal information was stored securely to ensure that only people who had a right to see it had access to it. Staff were mindful as to what they should write in documents that were kept at people's homes. The registered manager had also made sure that confidential information was stored securely within the office environment. The service user guide referred to how information is only shared with team members who need to know. They also indicated that all information was stored in line with data protection legislation. This ensured people's personal information remained confidential.

Is the service responsive?

Our findings

Staff told us how they were able to provide responsive support because they knew the people who used the service really well. This meant that they could also respond promptly when the person's needs changed. They gave examples of how one person's needs varied from day to day. They told us that this meant that they had to respond to how that person was feeling at each visit and provide support accordingly. The person's relative told us how this happened. They said, "Staff are totally responsive. They know [person's name] well and support them however they need in order to keep them happy and stress free." Staff told us that they that they worked closely with family members to deliver a responsive service. A social care professional told us, "They are very thorough and responsive to the needs of the service users, and quick to make any adjustments to the package of care."

People had their needs assessed prior to the start of the service. This enabled the staff team to deliver effective care and support. The registered manager carried out person centred assessments that detailed the person's life history, their needs and their goals and aspirations. The registered manager told us that experience had taught them to never start supporting a person without this assessment process being followed as it helped to ensure that the support would be appropriate and effective. People's relatives told us that they had been involved in the assessment and planning process and staff said that the information clearly supported them in meeting the person's needs in ways that they wished.

People and their relatives were involved in the development and review of their care. They told us how they were involved in initial assessments which they described as 'very thorough'. The registered manager told us how care plans were developed from these assessments. People's relatives told us that when their relative's needs changed care plans were promptly updated with new information. Staff confirmed this and we saw how staff were required to sign that they had read and understood updates. We looked at three people's care plans. All were well documented and totally focused on the needs of the individual. Staff told us about people's likes, needs and preferences. This information reflected what we had seen in the care plans showing that the plans were accurate. Records detailed important information and there was a section called 'All about me' which gave staff information about the person's history, their family and what was important to them. All information reflected what staff told us and effectively cross referenced other records seen as part of this inspection. One person's relative told us that they had been fully involved in developing plans and was confident that they told a 'story' about the person. They told us that the plan was, "Marvellous." Staff told us that plans were very good. One staff member said, "Care plans are some of the best I've used. They help you to get to know people."

People were able to express their views and wishes about how their care and support was provided. People's representatives told us that plans were reviewed formally and informally. One person told us that they contacted the registered manager when they had wanted a change. The registered manager had responded promptly. They listened to them and made the changes, "Without any fuss." Formal reviews always involved the person who used the service and they were asked if they were satisfied with the way the service was provided. Their responses were recorded. Any changes or improvements were made without delay.

People were supported to maintain relationships with people who were important to them. Staff worked in partnership with people's families to ensure continuity. One person's relative told us, "They consider everything. They even take into account me." A social care professional told us, "They have appeared extremely supportive of the carer [relative] also ensuring that they consider their needs also."

The agency had a complaints policy and people had a copy of the procedure in a service user guide that was given to every person who used the service. Relatives of people who used the service told us that they were aware of the process but stressed that they did not have any worries or concerns. They told us that they were confident that they would be listened to should this change. One relative told us, "They are fabulous. I have no complaints whatsoever." Another person told us, "I have no complaints. My [relative] likes things perfect and staff respond positively. It is never an issue." The agency had received two complaints which they had managed appropriately. They had used the experiences to review the service they provided and make changes.

Is the service well-led?

Our findings

The relatives of the people who used the service considered the agency to be well run. They spoke positively about the registered manager who they considered to be knowledgeable and approachable. A social care professional also spoke positively about the leadership of the agency. They told us, "I have found the agency easy to contact and quick to respond if I have a query and likewise if they have issues or concerns."

Carekind is a relatively new agency that currently supports only five people. They are looking to expand and develop their service. The registered manager told us that this would not happen quickly. They said, "We are taking it slowly as we develop our experience." They had a clear vision of how they wanted to move forward and had plans to ensure that the staff team were developed in line with this vision. For example, they aim to provide specialist dementia support. The registered manager is qualified and experienced in his area. Staff currently received dementia awareness training however the registered manager told us, "It will be a requirement of the staff role that they complete a level 2 in dementia studies within 12 months. This will ensure they have more in-depth knowledge and thus provide a better service."

The registered manager told us of other developments planned to improve the service as they expanded. For example they currently monitored call times and attendance informally but they would be moving to an online monitoring system as more clients were taken on.

The agency aims to, "Make quality, professionalism and compassion our core principles." A relative of a person who used the service told us, "They have a very professional way of doing things. They have high standards or nothing. They always go the extra mile." Everyone we spoke with shared similar feedback suggesting that the agency was currently delivering a quality service.

There was a registered manager in post who understood their roles and responsibilities. They were committed to providing people with a good service. A staff member told us, "There is an open culture here. We are all supported and feel we can approach the office with anything." The registered manager told us that they personally completed the initial assessment of people's needs and developed the care plans with the information gathered. They carried out initial support visits while staff were being matched and introduced.

Staff understood their roles and responsibilities within the service. The staff we spoke with reflected the values of the agency and our feedback about the staff team reflected this. Staff told us that communication was good and they shared a range of ways that information was made available to them. They told us that due to the size of the team they communicated well, both in person and in meetings and other face to face interactions. They also told us that written information was shared effectively and paperwork, including daily records, ensured consistency for the people they supported and promoted team work with colleagues and family members.

Staff told us that meetings took place to discuss the running of the agency. Staff told us that they worked well as a team and gave examples of how they helped offer support during times of staff sickness for

example. Staff also told us that they attended team meetings and had appraisals of their work. Staff told us that the registered manager and the HR manager were approachable and gave examples of how the registered manager had offered support to enable them to ensure continuity of care. They thought that the agency was well led.

Staff said that they would be confident to raise any issues or concerns with the registered manager. They knew about the whistle blowing policy and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally without fear of reprisal.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. We had not received any such notifications but the registered manager was aware of their responsibilities in relation to this. A notification is information about important events which the provider is required to send us by law.

The registered manager was unaware of their duty of candour as required under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. They committed to immediately source this information and establish what it meant to their practice.

There were systems in place to monitor the quality of the service provided although they were currently quite informal. We saw how senior staff carried out spot checks on care staff to ensure they were working effectively. We also saw how care plans and records held at the office were also regularly reviewed and audited.

People's relatives told us that they felt fully involved in the running of the agency. They had received surveys asking them to comment on the quality of the service provided. They told us that they were happy to share feedback. We saw the latest feedback surveys. All responses were very positive. The registered manager told us, "We have never had a poor response."

Given the size of the agency the registered manager told us that they also had regular informal contact with everyone who used the service. They said that as a result they shared feedback with them regularly enabling them to implement any changes required to make the service better.