

KEMFA SERVICES LIMITED

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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

Kemfa Services Limited provides care services to people within their own homes in and around the Basildon, Essex area. Care services include personal care, a sitting service and domestic services. The services provided are either through private arrangement or funded by the Clinical Commissioning Group (CCG). At the time of our inspection the service was supporting eight people.

Suitable arrangements were in place to ensure that people received appropriate care and support to meet their needs. Staff knew the needs of the people they supported and they were treated with respect and dignity. People's healthcare needs were well managed and they had access to a range of healthcare professionals.

People's needs were met by sufficient numbers of staff. Suitable arrangements were in place to ensure that staff had been recruited safely; they were provided with opportunities for training and regular supervision.

People were safeguarded from harm. Staff had received training in Mental Capacity Act (MCA) 2005. People were supported to have sufficient amounts of food and drink to ensure that their dietary and nutritional needs were being met.

People were provided with the opportunity to participate and engage in activities of their choice which met their needs. Relatives and people who used the service knew how to make a complaint and we felt reassured that all complaints would be dealt with and resolved efficiently and in a timely manner.

The service had a number of ways of gathering people's views which included holding meetings and reviews with people, staff and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to help them make improvements.

Further information is included in our detailed findings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensure their safety and wellbeing including the management of infection control.

The service managed and ensured that people's medication was stored safely.

Is the service effective?

Good 

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

People had access to healthcare professionals as and when needed to meet their needs.

Is the service caring?

Good 

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good 

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

There were systems in place to ensure complaints and concerns

were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives and their feedback was used to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

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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 checked 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 the 12 July 2018 and was announced and gave the service 48 hours' notice, this was to ensure that someone would be available in the office as to assist us with the inspection and carried out by one inspector. This was the service's first rated inspection.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke with two staff, office manager and the registered manager. We contacted two people to find out more about their care as to ensure it corroborated with the records we looked at in the office. We also looked at records in relation to, staff recruitment, supervision and the systems in place for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe using this service. One person informed us, "I look forward to the staff coming in to help me, in the past I have tried to get up and fallen but I know when the staff are here with me, I am safe."

Support plans and risk assessments had been assessed, reviewed and provided staff with information about the person and practical steps they should take to keep people safe. There were robust systems in place to reduce the risk of people being harmed. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

Staff were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them. The registered manager had a good understanding of their responsibility to safeguard people and how to deal with safeguarding concerns appropriately. The provider's policies and procedures were in line with local authorities safeguarding procedures and they worked closely with the local safeguarding team.

Staff knew how to recognise the signs of possible abuse and how to report it. Where issues or concerns had been reported in the past, management had addressed them appropriately. Staff had confidence that the senior staff would act appropriately in the event of any future concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. Staff were clear on what actions they would take should they have any concerns about people's wellbeing. All staff had attended safeguarding training and records we reviewed confirmed this.

Staff were knowledgeable about the people they supported and used a range of techniques to intervene in the least restrictive manner where people became distressed or upset. People told us that care call times varied from time to time, however overall most staff always turned up on time and if there was a delay, the manager always called them to let them know.

The office manager informed us that staffing levels at the service were based on the Clinical Commissioning Group (CCG) funding arrangements for each person. However, the registered manager and staff informed us that should people need changes to their call times or care, they would request an urgent review of needs for the individual from the local CCG. Care plan records we reviewed confirmed this and people told us that there were sufficient staff to meet their needs.

People and staff told us all medication was safely, securely stored and the service had a procedure in place for the safe disposal of medication which involved contacting the pharmacist to arrange for unused medication to be disposed of. Medication administration records (MARS) we checked were correctly completed with no unexplained gaps or omissions. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely

support people with their medicines.

Is the service effective?

Our findings

Staff told us they had attended training when they first started work and that they also attended refresher courses as and when required to ensure all staff kept up to date with their training, and they understood their role and could care for people safely. The management team regularly monitored this and records we reviewed confirmed this. Staff were also encouraged to do additional training and development to continually update their skills. Staff informed they also received regular supervision and this gave them the opportunity to sit down with the registered manager to discuss any issues they may have on a one to one basis and any further training they felt they may benefit from.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. In addition, if the person was unable to make an informed decision staff would then make a decision in the best interests, taking into account their past and present wishes and feelings.

People said staff supported them to have enough food and drink of their choice. The service regularly monitored people's food intake and adapted individual plans to ensure that people had a balanced diet. We reviewed daily recordings which showed staff regularly monitoring people's food and fluid intake. Where concerns had been highlighted by staff the office manager spoke to the relevant healthcare professionals to ensure that appropriate support was provided.

People's healthcare needs were well managed. We noted that people were supported to attend doctors and hospital appointments. When required, the service liaised with people's GP and community nurses to ensure all their healthcare needs were being met. During the inspection we observed the office manager communicate with social workers as they had concerns regarding the welfare of one person they were supporting.

Is the service caring?

Our findings

People and relatives told us they found staff to be friendly and caring towards them. Staff informed us they felt it was their responsibility to make sure the people they cared for mattered, as several people did not get to interact with other people, unless they had a family visit or visiting healthcare professionals. They said, "We know spending an extra five minutes talking to people really makes their day, so we all know to sit and talk to people when we carry out each care call."

The service had a person-centred culture that was acknowledged by everyone we spoke with. Care plans were personalised to each individual's needs. The service worked closely with professionals and relatives to undertake specific ways of providing care for the people living in the service and this was all recorded in their care plans.

People were supported to be as independent as they chose to be and this was documented in their support plans; the registered manager had also added how they supported people to be independent. People told us they felt their independence was promoted and staff respected their choices.

Staff knew people well, including their preferences for care and their personal histories. People and their relatives were aware of their support plans and had annual review meetings with the management team and social services to identify any needs or wants they may have, along with discussion related to their overall well-being.

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to or if a person had been assessed as requiring support to make decisions. The registered manager gave us examples of when the service had involved an advocate, such as supporting with annual reviews and support planning. Advocates were mostly involved in decisions about changes to care provision.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff, relatives and people receiving support. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff.

The registered manager held conversations with other healthcare professionals, people and relatives to plan and discuss people's care before the service commenced to ensure the service could meet the needs of the person. They regularly communicated with people and their relatives to ensure the information held in the care plans was accurate and correct. They also used these opportunities to reflect and make improvements to people's care plans. Support plans were reviewed and changed as staff learnt more about each person. Staff used a range of means to involve people in planning their care.

Relevant incidents were recorded and monitored. It was clear people's support was provided flexibly based on their changing needs. Each person's care plan included information on how to respond to situations, people's emotional wellbeing and any changes were communicated directly with the person and social services.

People were involved as much as possible in reviews of their care. Communication with the service was said to be good. Relatives told us they were always kept appropriately informed and attended review meetings.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff, people and relatives knew about the complaints procedure. Staff told us that if anyone complained to them they would either try and deal with it or notify the manager. Records we viewed showed that the service had dealt with complaints in a timely manner.

Is the service well-led?

Our findings

People and relatives felt at ease discussing any issues with the registered manager and the staff.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was not present during the inspection however we spoke to them a few days after. In their absence the office manager looked after the service and kept them updated of all the changes and concerns. The registered manager had a very good understanding of the needs of most of the people using the service. Both the registered manager and their business partner held a long history of working in the care industry including setting up similar services for large organisations.

The registered manager was keen to deliver a high standard of care to people and used information from the quality monitoring processes to keep the service under review and to drive any improvements. The registered manager was supported by the office manager to carry out a number of quality monitoring audits on a monthly basis to ensure the continued improvement of the service provided to people. For example, the service carried out audits on people's care files, medication management and staff folders.

Actions arising from the audits were detailed in a report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

The registered manager was open, transparent and highlighted their own errors and areas, which needed to improve, to ensure the service was running smoothly and continually improving the care delivered to people. People felt that staff and the management team were approachable.

People benefited from a staff team that felt supported by the registered manager. The ethos to enhance the wellbeing of the people using the service was put into practice by value-based training and a robust induction process. The management team carried out staff meetings on a regular basis to listen and learn from staff's experiences and used these as another way to improve and move the service forward. Staff received regular supervision from the registered manager and a yearly appraisal, which was documented within individual staff files. Staff received positive feedback, encouragement and motivation from their manager.

Personal records were stored in a locked office when not in use to ensure confidentiality. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.