

Kirby Care Ltd

# Kirby Care Ltd

## 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

### About the service

Office is a domiciliary care agency providing personal care to older people living their own homes. At the time of the inspection 32 people were receiving personal care.

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

People received safe care. Staff understood safeguarding procedures.

Risk assessments were in place to manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Staffing support matched the level of assessed needs within the service during our inspection.

Staff were trained to support people effectively.

Staff were supervised well and felt confident in their roles.

When required, people were supported with food and drink and to have a varied diet.

When required, staff ensured people's healthcare needs were met, and people had access to health professionals as required.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff treated people with kindness, dignity and respect and spent time getting to know them.

People were supported in the least restrictive way possible.

Care plans reflected people likes dislikes and preferences.

People and their family were involved in their own care planning as much as was possible.

A complaints system was in place and was used effectively.

The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required

The service had a registered manager in place, and staff felt well supported by them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (report published 5/4/2016).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Kirby Care Ltd

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 June 2019 and ended on 18 June 2019. We visited the office location on 17 June, and made phone calls to people and staff on June 18.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service, seven relatives of other people that used the service, three staff members and the registered manager. We reviewed a range of records. This included three people's care records and four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt that safe care was delivered by staff. One person told us, "I feel perfectly safe with the staff." A relative of a person told us, "Yes it's safe, because I know from [name], they said they feel safe with the staff."
- People continued to be cared for safely. The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if needed.

Assessing risk, safety monitoring and management

- Risks were assessed by management and details about managing risks were explained clearly within care plans. Some risk assessment forms had not been completed, but we found details around managing those risks within people's care plans. The registered manager told us that information was being transferred on to the risk assessment forms to separate them from the care planning documents.
- Safety checks of people's homes were carried out prior to people receiving care. This ensured people and staff were safe in the home environment.

Staffing and recruitment

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.
- People and relatives told us they felt there were enough staff working for the service, as they did not have any missed calls, and staff were usually on time to visit them. One person said, "They are always on time, and I see the same carers which is good."

Using medicines safely

- The staff were not supporting anyone with the administration of medicines. The registered manager was aware of what was required should staff begin to support people within this area.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.

#### Learning lessons when things go wrong

- Accidents and incidents were monitored, and action taken to address any identified concerns.
- The registered manager reviewed all incidents that happened and used feedback from people and staff, to improve safety across the service.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before using the service, people received an assessment of their needs, which were used to formulate care plans. This included their physical abilities, independence, choices, relationships and culture. People's goals and aspirations had been considered and staff supported people to achieve them.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.

Staff support: induction, training, skills and experience

- Staff had received an induction and regular training that ensured they had the skills they needed to do their job. There was a training schedule to monitor when updates were due.
- Staff we spoke with told us their induction involved spending time with more experienced staff and getting to know the people they would be supporting.
- Staff told us they received the support and supervision they required from the registered manager. We saw that regular spot checks also took place.

Supporting people to eat and drink enough to maintain a balanced diet

- The service was not supporting anyone with any complex dietary requirements. People told us that staff helped them prepare meals of their choosing, as and when they wanted.
- Staff we spoke with told us they knew people's dietary preferences, and always promoted a healthy diet. One family member told us, "They [staff] make drinks, snacks and meals, they know what [name] likes to eat, [name] has a swallowing problem, no meats or breads which staff know."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked in partnership with health and social care professionals to maintain people's health. This included district nurses and occupational therapists.
- Information in care records confirmed the service worked with other professionals when required to ensure people had access to the right support and help.
- Family members of people told us staff communicated about people's health needs with them regularly. One relative said, "Staff always let us know and we contact the doctors."

Ensuring consent to care and treatment in line with law and guidance



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.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- We saw that people had signed consent forms within their files, and the people we spoke with told us that staff gained their consent before carrying out any care tasks.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to be well cared for. People and relatives of people we spoke with all said staff treated them with a caring and respectful manner. One relative of a person said, "Yes, they give [name] a birthday and Christmas card, they are considerate, they know [name's] moods, they are not invasive, they are sensitive to [name]." One person told us, "The staff are all very kind and caring. I am very happy with the service I get and I would recommend them." Another person said, "Staff take the time to chat despite the tight schedule, they never give the feeling that they are rushed."
- People were supported by a regular team of staff which ensured consistent care. One person said, "I get the same staff come and see me. I have got to know them well. It doesn't change much."
- All the staff we spoke with spoke about the people they were supporting with kindness and respect and knew each person's needs and preferences.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in the planning of their care. People consistently told us their care was directed by them. One relative told us, "I help write the care plan, it is in the file in the house, we review it annually." Another relative said, "[Name] is involved and I am happy to have a discussion with the manager and let her know how I feel the care should be conducted, [name] would say to me what they want."
- The registered manager and staff understood the importance of involving people in decision making. The registered manager regularly consulted and encouraged people to feedback on their care, and express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. One relative said, "Staff put [name's] clothes on the bed for them, get things ready for them and ask them to shout if they need help."
- 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

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was personalised and people had control over how they were supported. Where possible, staff were matched with people, so people had consistent support from the same staff, who knew them well. One person told us, "I have one of the same two staff come to see me. It has always been consistent, and I like the staff that I have got."
- The registered manager visited new people to the service first to get to know their needs, and then regularly visited them after that to ensure their care remained right for them.
- Care plans were personalised and contained information about people's likes, dislikes, and preferences. Some care plans had more information than others, and the registered manager told us they would be gathering more information about some people's life and family history where possible.
- Care was regularly reviewed by staff and the registered manager and that care plans reflected their needs accurately.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Where complaints had been made the provider had investigated the complaint and provided people with an outcome.
- People and their relatives understood how to make a complaint and were happy to do so if required. One relative of a person told us, "If I was there I would have a brief word, if major I would tell them and speak to the managers."

End of life care and support

- No end of life care was currently being delivered by the service. The registered manager was aware of what actions to take should someone require end of life care.
- The registered manager told us the service has catered for end of life care needs in the past, and was proud of the work they had done in this area. The registered manager said, "We have received lots of positive remarks from family members, we often look after the family members as well and take in to consideration

their needs. It is often a person's last wish to die at home, and we have worked alongside Macmillan nurses to support people with this wish."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management and the staff put people at the centre of the service, and provided good quality care that focussed on people's needs.
- People told us they thought the service was well managed and they could contact someone when they needed to. One person said, "The registered manager is very approachable." Another person said, "We have never had any difficulties in contacting them, they are fine they are local, they understand the local area, they are local people, they have a good happy working ethos, they do it because they like it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team understood their roles and were open and honest. The registered manager had open communication with people, their relatives, staff and outside agencies.
- There were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt their concerns were not being acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt well supported in their roles. One staff member told us, "It's a great company to work for, I have got all the support I need from the registered manager."
- The service notified the Care Quality Commission of significant events appropriately. Policies and procedures were in place and were updated periodically to ensure information was current and supported best practice.
- Staff received regular supervision, appraisal and spot checks. These were used to offer guidance and support as well as monitor quality.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they felt engaged with and able to feedback on the quality of the service. Questionnaires were sent out to gather people's feedback. We saw one written compliment which said, 'The staff are extremely reliable, they provide an efficient friendly and caring service'.

#### Continuous learning and improving care

- Comprehensive checks and audits were in place, and covered all aspects of the service. The audits we checked were accurately completed and reflected the quality of the service. When required, actions were set for improvements.
- The registered manager regularly conducted spot checks to ensure the standards of care were high, and improvements were made when required.

#### Working in partnership with others

- The service worked positively with outside agencies including health and social care professionals. The registered manager told us staff worked alongside district nurses and Macmillan nurses when people required specialist care.