Kivernell Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Kivernell Care is a domiciliary care agency providing personal care to people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
People were supported by staff who had completed training in safeguarding and who followed risk assessments and care plans to safely care for them. Most staff had been safely recruited and the provider has addressed concerns found in some recruitment records. The provider only took on new care packages when staffing was in place to do so and people appreciated having small teams of staff to support them as they could form relationships with them.

Medicines were safely managed and staff were trained in how to support with medicines. Personal protective equipment (PPE) was provided and used according to current guidelines. Accidents were reviewed and learning shared.

Comprehensive assessments informed care plans which staff followed so they provided care as per peoples wishes. Care records held detailed information about health conditions to aide staff in working with other agencies.

Staff completed a range of mandatory training when commencing in role and shadowed more experienced staff as part of their induction.
The manager was updating Mental Capacity Act 2005 assessments and ensuring there were relevant best interest decisions in place.

There was a positive culture in the service and staff were complimentary of the new manager believing them to be fair to all. Staff knew they could approach the manager or outside agencies should they have concerns about poor practice.

Audits had not been completed for some months when we inspected however these were in process of being done to provide better oversight for the leadership team. The manager had introduced additional audits and monitoring.

The provider was aware of peoples protected characteristics and made adjustments as needed.

There was some confusion within the management team as to who was responsible for decision making. The manager had reintroduced staff meetings and quality assurance questionnaires were regularly issued to people and relatives

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.

Rating at last inspection
The last rating for this service was good (published 1 March 2019).

Why we inspected
This inspection was prompted by a review of the information we held about this service and, in part, due to concerns raised in relation to governance, application of the Mental Capacity Act 2005 and staffing. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led to examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kivernell Care on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

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 well-led?

Good

The service was well-led.

Details are in our well-led findings below.

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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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by 1 inspector. An Expert by Experience contacted people and relatives by telephone following our inspection to obtain feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had commenced in post and planned to submit an application to register.

Notice of inspection
We gave the service 24 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.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we already held about the service. We contacted the local authority to obtain feedback from them. We used this information to plan our inspection.

During the inspection
We spoke with 6 people, 3 relatives and 1 advocate by telephone. We also spoke with the manager, deputy manager and a team leader. We emailed requests for feedback to 23 staff and 19 health and social care professionals. We received feedback from 7 staff members and no health and social care professionals.
We reviewed a range of records concerning the management of the service and looked at 3 care records including medicines records and 5 recruitment records.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment
• Staff recruitment records showed there were a number of gaps in applicants employment histories. Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 lists pre-employment checks, one of which is to obtain a full employment history. We spoke with the manager and all missing information has since been obtained from staff and an audit of all other staff files taken place.

We recommend the provider reviews their recruitment processes to ensure all aspects of Schedule 3 are obtained before an applicant commences in post.

• Staff participated in an in-depth induction before commencing in post and spent time shadowing more experienced staff before completing care calls.
• The provider ensured there were sufficient staff before adding new care calls to rotas. An 'on-call' staff member was used to cover when care staff were held up with a person or if a staff member was off sick at short notice for example.
• People and their relatives were happy with the staff supporting them. One person told us, "We have 1 [care assistant] regularly for the five weekday mornings and there are 2 other regular carers[staff]. It seems to be a fairly consistent team." A relative echoed this, telling us, "[My relative] has a set team of people, and they get a letter that tells them who's coming and what time; it's very helpful."

Systems and processes to safeguard people from the risk of abuse
• Staff completed annual training in safeguarding.
• Staff could identify signs and symptoms of abuse and would not hesitate to report their concerns to a member of the management team.
• People and their relatives believed Kivernell Care to be safe. One person told us, "Yes [I feel safe with the carers]. If I didn't, I'd phone the firm and I suppose, and hope, they'd get rid of them!"
• A relative said, "Yes, definitely [my relative is safe with carers]; they're very careful with her, and how they handle her.

Assessing risk, safety monitoring and management
• The manager told us one of the main purposes of their service was to support people to be safe in their own homes. To facilitate this, there were comprehensive risk assessments covering risks to people, risks within the property and risks associated with staff. For example, 1 persons care record contained risk assessments round choking, loose mats, the door thresholds, ramp, and steps and using appliances.
• Relatives were pleased with how staff kept their family members safe. One told us, "Every step she takes

with her walker, they guard her, and the same when she's on the stairlift. [The manager] recommended a bar on the bed when they came to assess [my relative's needs] at the beginning."
• A second relative told us, "The carers [staff] ring to let us know of any concerns. They also remind me if, for example, any of the medications are running low, and they identify anything potentially dangerous that they've spotted in the home, and deal with it then let us know; any obstacles for example."
• A person told us, "Immediately anything happens, the manager of the care facility calls my next of kin."

Using medicines safely
• Medicines were administered by staff from pharmacy filled, multi-compartment, compliance aids. This meant each medicine was in a sealed tray, labelled and ready to administer. Staff signed for how many tablets they gave rather than for each individual medicine.
• Medicines had been risk assessed and important information such as a person being on anti-coagulants or allergies was printed in red in the margin of each page of the persons care plan to ensure it was visible and not easily missed.
• Staff were trained in administering medicines, they shadowed colleagues, then were observed giving medicines on multiple occasions until competent.
• People were happy with the support they received from staff. One person said, "The medications come in a box, with dates and times on them. The carers sort them out and put them in a pot for me; and they check that I take them. I know what I'm taking, but it's just that there are so many of them I'd rather ask someone else to sort them for me." Care staff were placing medicines from the relevant compartment into a pot for the person to take.

Preventing and controlling infection
• Staff were provided with personal protective equipment (PPE) in line with current government guidance. Staff continued to wear face masks when in people's homes, and apron and gloves were worn as needed during direct care tasks.
• There was sufficient PPE available to staff. A relative confirmed this was used appropriately, "They wear an apron, gloves, and mask, when they're working with [my relative] in their bedroom; they give them a full body wash and make sure they're clean and comfortable, change the bedding and launder it, and any clothes. They dispose of [PPE] in the bin and don't wear them when they're with us in the lounge."
• Staff completed infection control training and received regular updates when guidance changed.

Learning lessons when things go wrong
• The manager had introduced a tracker to ensure when accidents or incidents happened, they were followed up, reported to relevant agencies such as the local authority or CQC and reviewed to see if any additional measures could be added to minimise future recurrences.
• A relative was satisfied with actions taken following their family members fall. They said, "The carers turned up just after [my relative] fell; they could get up without help and had some bruising. They let us know and they wrote it in the book. They do record everything in that and always tell us of any incidents."
• When accidents happened, the manager reviewed care plans and assessments and informed staff of any immediate changes to care plans via their private secure messaging service.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

• The manager was working through people's care records and ensuring that all relevant mental capacity assessments and best interest decisions had been completed.
• One person living with advanced dementia appeared to be experiencing pain but had not been prescribed pain relief. Care staff approached the management team for advice and were told to purchase and give 'over the counter' pain killers. The new manager advised this could not happen without first assessing the person's capacity then, if they lacked capacity and it was felt that it was in the person's best interest to have over the counter pain relief until a prescription, then this could be arranged.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed, and detailed care plans, that were person-centred, were in place.
• Each person's care record held a one-page profile. These were comprehensively completed and contained useful information about people's family, where they were born, their careers and life experiences. A valuable resource when supporting someone living with dementia who may be comforted when speaking about their past experiences .
• We saw extremely well completed moving and handling plans. The team leader had produced person-centred plans using resources such as diagrams of hoist slings and images of the person being supported. The plans were an excellent resource to inform staff, new to the person, how they should be supported.
• A person told us, "The care plan was set up by [a previous manager] with me, and my relative was present.

They come in and review everything and update the plan if anything has changed. They ask [my relative] questions, and I interpret for her. The manager also comes in twice a year to supervise and monitor the carers."

Supporting people to eat and drink enough to maintain a balanced diet
• People's nutritional needs were clearly recorded in care plans. This included information on specific diets including diabetics.
• Staff completed annual food and hygiene training and supported people by preparing meals and assisting them to eat and drink.
• Drinks were prepared for people and additional drinks were left within reach of people to ensure they maintained their hydration between care calls.

Staff support: induction, training, skills and experience
• Following induction, staff new to care completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
• New staff worked alongside more experienced staff until the provider was assured they were competent and the staff member was confident to commence their duties.
• Training covered a wide range of aspects of caring and included safeguarding, learning disability, autism, first aid and infection control.
• Staff were supported through supervision, 1 to 1 meetings and spot checks to ensure they were meeting quality standards and providing good care.
• One relative was very pleased with the training staff had received and told us, "The day carers have stage 2 sign language, and the night carers have basic sign knowledge and use picture cards. It is working quite well."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People's care records contained detailed information about their health conditions and any health and social care professionals involved with them.
• If staff were concerned about a person's health, appropriate referrals were made or a GP or district nurse was called.
• People were supported with healthcare needs and disability needs so they could lead fulfilling lives. For example, a person was suffering from an uncomfortable, but not serious, medical complaint that had been repeatedly treated in the same way then reoccurred after a short time. The provider had, with the persons permission, approached their GP and they had now changed the treatment by going back to basics and reviewing all medicines and conditions to try to find the cause.
• The provider had been particularly successful supporting a person living with advanced dementia in the community. The person had no family support, care was all provided by Kivernell Care. The person was experiencing pain and after a GP assessed them, it was believed to be dental pain. The provider managed to locate a dental practice who visited the person in their home, enabling them to have appropriate dental treatment to relieve their pain.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 new manager told us they had forged positive working relationships with the care team and had settled into their role working with other office-based staff.
• Staff told us the change to management had been positive and they believed the new manager to be fair and approachable to all staff.

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 manager understood their responsibility to be open and honest and apologise to relevant persons should anything go wrong.
• Staff knowledge of whistleblowing was refreshed through training and within staff meetings and supervisions. They were aware if they were not able to approach their management team they could speak with the local authority or CQC if they had concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• The manager had introduced new audits to give oversight of all aspects of the service. These reviewed processes and the premises to ensure all were current, completed correctly and any previously identified actions had been addressed.
• Other audits reviewed accidents, incidents, adverse events, and medicines errors to identify trends that informed future practice. After we found gaps in the information held in recruitment records, the provider added an additional audit to ensure all required information had been obtained. They also adjusted their interview processes to ensure this did not happen again.
• The manager and deputy manager had been working to complete care record and medicines audits that had not been completed for some months prior to the new manager commencing in role. An office-based staff member had left during 2022 and their duties, including audits had not been allocated to another staff member to cover and so had not been completed. These were being gradually updated and identified concerns addressed.
• The management team were still developing as a team and establishing their roles. The previous registered manager had taken on a new role for the provider and further work was needed to ensure that they and the manager were aware of their respective roles and were in agreement about who was in day-to-day management of the service?

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

• The provider issued quality assurance questionnaires to people and their relatives. We saw the results for a questionnaire completed in July 2022 and found all the feedback to be positive, praising staff for their reliability, promptness, and conversation. Any actions identified, such as finding additional care staff to attend outlying calls when regular care staff took time off had been addressed.

• The provider had also considered other conditions people and staff may be experiencing which they may need support with. For example, staff member's experiencing particular health symptoms had been provided with a lighter weight uniform to enable them to cope better with temperature variations.

• The manager had held a staff meeting in January 2023, they had held the same agenda meeting several times to ensure staff from each area the service covered attended and heard information relevant to both their area, and the people they supported. A staff member told us, "Since the new manager has taken over, we have had a team meeting. The last one would be at least two years ago!"

Working in partnership with others

• The provider had positive working relationships with GP surgeries and district nurses and used these contacts to facilitate a positive experience for people using Kivernell Care.