

K & J Carers Ltd

K & J Carers

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

K and J Carers registered with the Commission in April 2016. This was the first inspection of the service.

This inspection took place on 7,8 and 13 September 2017. K and J Carers is a domiciliary service providing care, support and companionship to people in their own homes. 72 hours' notice was given as the service is small and we needed to be sure the registered manager would be available when we visited the agency offices. This time also enabled the registered manager to arrange home visits. This allowed us to hear about people's experiences of the service.

At the time of the inspection, the service was providing personal care to 10 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us staff were caring and kind. Staff demonstrated kindness and compassion for people through their conversations and interactions. People's privacy and dignity was promoted. People were actively involved in making choices and decisions about how they wanted to live their lives. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

People received care which was responsive to their needs. People and their relatives were encouraged to be part of the care planning process and to attend or contribute to care reviews where possible. This helped to ensure the care being provided met people's individual needs and preferences. Support plans were personalised and guided staff to help people in the way they liked.

Risks associated with people's care were effectively managed to ensure their freedom was promoted. People were supported by consistent staff to help meet their needs. The registered manager / provider wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that checks had been undertaken. People's medicines were managed safely.

People received care from staff who had undertaken training to be able to meet their unique needs. People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough and potential risks were known. People were supported to access health care professionals to maintain their health and wellbeing.

The service was well led by a registered manager / provider and supported by a small, dedicated team. There were quality assurance systems in place to help assess the ongoing quality of the service, and to help

identify any areas which might require improvement. The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. The service was constantly striving to improve.

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 were protected by safe recruitment practices and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

People were protected from avoidable harm and abuse.

Is the service effective?

Good ●

The service was effective. People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice and training needs.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with respect.

Staff supported people to improve their lives by promoting their independence and wellbeing.

Is the service responsive?

Good ●

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns. People had no concerns.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture in the service. The management team provided strong leadership and led by example.

The provider/registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team.

People and those important to them were involved in discussions about the service and their views were valued.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvement and raised standards of care.

K & J Carers

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 7, 8 and 13 September 2017 was announced. The provider was given 72 hours' notice because the location provides care in people's homes and we needed to be sure that the registered manager would be in. The inspection was carried out by one adult social care inspector.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

During our inspection we met with two people who used the service and telephoned one relative after the inspection. We spoke with two staff during the inspection, the registered manager and the provider. We received feedback from two staff by email following the inspection.

We looked at four records which related to people's individual care needs. We viewed two staff recruitment files, training evidence and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process.

Is the service safe?

Our findings

The service provided safe care. People and relatives said the service was safe.

People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place which staff were aware of. Staff confirmed that they had undergone training in this area. Comments from staff included; "Yes, we have had training. We make sure no one is being harmed or feels in danger, worried or anxious. If I see anything like bruises I report to my manager."

Some staff supported people to buy their shopping. Where staff were handling people's money, clear processes were in place and receipts of expenditure kept.

People were supported by staff who were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment, to help ensure the right staff were employed to keep vulnerable people safe. The registered manager told us staff values were very important during the recruitment process, "Caring attitude, empathy, trust."

People were kept safe by sufficient numbers of staff which meant there was adequate cover for sickness and unforeseen events. People told us, "No problems, they all seem good friends, any changes they let me know." There was a flexible, stable staff team; this helped to provide continuity for people. Staff told us they worked flexibly as a team to meet people's needs so people were supported by staff they knew. Staff told us "We work as a team, fill in for each other, everyone wants to help". People confirmed home visits were never missed and they were notified if staff were running behind schedule. People had information about the staff who would be visiting in their homes so they knew which staff to expect on particular days. People, relatives and staff were able to join a social media messaging app (computer based technology) which allowed information about changes to visits to be communicated quickly and efficiently.

People were kept safe by staff who understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. Staff described a recent incident where they had been required to act quickly and alert emergency services. Staff, who knew the person well, were called to support them. Staff had received fire training and were aware of the exits in people's homes and emergency procedures to follow in the event of a fire.

Staff were protected whilst lone working, for example when staff joined the organisation they were informed of what action they should take to ensure their safety. A lone working policy was in place and a "kit" bag given to staff with essentials such as a torch for night visits, panic alarm in the event of an emergency, hand gel, bath thermometer and pocket size booklets on important topics such as safeguarding. The policy reminded staff to keep mobiles charged and maintain their vehicles. Staff had access to an on call service and told us management were always available.

People were supported by staff who managed risk effectively. Staff told us, "We read people's care plans, check equipment, medicines and record everything."

Staff understood the importance of a person's choice, regardless of disability, to take everyday risks and to keep people safe but not be intrusive when they monitored them in their home. Staff balanced actively supporting people's decisions so they had as much control and independence as possible with ensuring their safety at all times. Staff gave examples of how they supported people to manage their own mobility as far as possible but being mindful of potential risks and ready to step in and support as required.

People had documentation in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's home, as well as risks in relation to their care and support needs.

People were safely supported with their medicines if they required, and had care plans in place which detailed the medicine they were prescribed and the role staff were required to take. Staff who were responsible for administering medicines received training and their competency was checked to ensure they were competent. Staff confirmed they understood the importance of safe administration and management of medicines. Staff confirmed stock checks occurred each day to ensure people had received all of their medicines. Good records were in place in relation to specific medications for example body maps were used for pain relief patches.

Is the service effective?

Our findings

The service provided effective care.

People were supported by staff who were trained to meet their needs. Staff underwent training on mandatory subjects such as moving and handling and safeguarding as well as training that was specific to the people they supported, for example catheter training and Parkinson's disease. All staff confirmed the training was good. Computer based courses were used and the registered manager developed their own training packages alongside this. Feedback we received included, "100% reliable, quality service from extremely well trained and pleasant staff".

When staff joined the organisation they received an induction which incorporated the care certificate standards. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting. Staff also shadowed more experienced members of the team as part of the induction. The registered manager advised the induction and shadowing continued until new staff felt confident with people. People confirmed staff had shadowed others until they were competent.

Staff were supported by ongoing informal and formal face-to-face supervision, competency checks and an annual appraisal. Staff were invited to come into the office regularly and staff and the registered manager confirmed an "open door" policy. They told us, "staff can pop in for a chat or discuss people's care needs anytime". Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve.

Staff were knowledgeable about how they would support someone who had difficulty in making decisions for themselves. All staff gave people opportunities to help them make choices and decisions for themselves wherever possible, for example what people wanted to wear or eat on a particular day. Consent forms were in place for aspects of care and support where required, for example property and key access, support with finances and sharing information.

The registered manager and staff understood their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available.

People's nutritional needs were met. People's care plans provided details to help staff know what people's nutritional likes and dislikes were for example, "[X] likes fish and chips on Fridays." Care plans also described if people required help or support with eating and drinking, so staff were informed about what action they needed to take. Staff knew who required monitoring and encouraging to eat and drink.

People were protected by staff who made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. Staff knew people well and monitored people's health on a daily basis. If staff noted a change they would discuss this with the individual and with consent, seek appropriate professional advice and support.

Staff helped people to access health care professionals. People saw doctors, district nurses and occupational therapists as required.

Is the service caring?

Our findings

The service was caring. Positive feedback we received included, "K and J have been a lifesaver as far as our family are concerned" and "Kind, caring, professional and competent, highly recommend".

People and relatives all told us staff were kind and caring and feedback forms also confirmed this. Comments included, "They are all marvellous"; "Sometimes they just come for a chat"; "They do actually really care"; "The pool of care staff and managers have close relationships, they are flexible dependent upon what I can do on a particular day"; "They are caring, efficient but also have personalities – sometimes we laugh and joke, sometimes we have serious discussions"; "Delighted with the service provided"; "Company is a credit to the care organisation".

Staff spoke of people in a caring, kind, thoughtful way. Staff told us how much they loved their jobs and the people they cared for, "First job I've ever had that makes me feel relaxed and part of a team." Staff maintained people's privacy and dignity when supporting them with personal care sharing examples of closing people's curtains, covering them with towels and giving privacy when they wished for example if they wanted to use the bathroom alone. Confidentiality and personal boundaries were understood and respected by staff. One person told us the carers visit coincided with the window cleaner visiting; staff ensured curtains were drawn prior to starting personal care. One staff told us how they respected people's homes, "I don't move anything without asking permission and make sure I always clean up." Relatives said, "They treated mum as an individual in her own right".

Staff ensured people were supported and cared for as they would their own family. People received care from the same staff member or group of staff members. This suited people and they told us they appreciated not having to repeat information. It supported relationships to be developed with people so they felt they mattered.

People's social interests and preferences were recorded. K and J offered a companionship service and supported people to go shopping or to other activities if they wished. People confirmed they were supported to stay as independent as possible, for example staff would support them to wash areas of their body they were able to independently, but assist them with areas they could not reach. Staff worked at people's own pace to enable them to remain independent and care as much for themselves as possible. One person said; "They never rush me, they are there if I need them."

People told us how the service had helped to improve their lives by promoting their independence and well-being. One person said; "I'm able to stay in my own home because they come." They went onto say; "I would recommend them."

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics and enabled them to be involved as they wished. People and their relatives were encouraged to be involved in their care. Relative feedback shared included, "I'm always kept informed".

Is the service responsive?

Our findings

The service provided responsive care to meet people's needs.

The registered manager / provider's referrals usually came through word of mouth. One relative said they heard of the service from a friend and from the moment K and J were involved they were "fantastic".

The service undertook their own assessment of people's needs and comprehensive, individualised care plans were then developed. This assessment process also helped to identify when staff required further training before they were able to support people. If people were coming home from hospital, the service ensured all the necessary equipment was also in place to support a safe transition.

The registered manager told us, "Initially as we get to know people we review care plans every week, then three monthly. Carers never go in blind and we always share what we know about people and make introductions"; "We believe people are the centre of their own care – they chose what they like, we are adaptable and can change support plans."

People had support plans in place which were individualised and encouraged choice and independence. They provided clear guidance and direction for staff about how to meet a person's needs, their likes and dislike and routines. Support plans included information for staff about how people liked their shower and how to communicate with people. People's care plans were personalised and written using their preferred name. People's care records were reviewed with them regularly and where appropriate, those who mattered to them. Care plans we reviewed were organised with clear instructions about people's routines. People confirmed they reflected their needs.

Relative's confirmed care was responsive, "They were always quick to accommodate any changes in times they were needed, medication etc, nothing fazed them" and "Their records were always up to date too."

The registered manager and provider considered matching staff with people, for example age group, gender and life experience. This supported personalised care.

There was a system in place for receiving and investigating complaints. Information about how to raise a complaint was in people's home. People, who were able, told us they had no concerns or complaints and if they did were confident the registered manager office would resolve these, "Can't think of anything to complain about!". No written complaints had been received by the service.

Some people had a companionship service where care staff supported people with housework, cooking, shopping or took them out. People enjoyed this aspect if it was a part of their care. The registered manager told us staff tried to think of other activities which might engage people and provide social stimulation for example the cinema. A relative told us, "It wasn't just her physical well-being but they helped get her out of the house too, one carer found a singing group for people with memory loss – they just went that bit further for mum".

Is the service well-led?

Our findings

The service was well-led. Feedback included, "I cannot speak too highly of this company". The registered manager and provider worked together to monitor all aspects of the service.

People and relatives told us the service was well led. The focus of the service was to ensure people came first and received good outcomes. People and staff told us they knew the management team and everyone confirmed the leadership was good. Comments included, "They go above and beyond their responsibilities"; "Very happy"; "Owners so passionate about making a difference to people's lives and this travels down to the care workers who provide care in a very professional, person-centred way"; "I particularly like the communication, it's all on "What's App" (a social media app), I don't have to phone them and leave a message"; "The registered manager is sensible, doesn't get greedy – they aren't growing too quickly"; "Can't think of anything they can improve".

Staff were given the opportunity to share feedback and ideas. Staff felt supported by the management team and listened to, "Leadership is good, they are so easy to talk to, never worry about raising anything"; "Approachable (referring to leadership), open door policy, feels like a family", "Everything they do is structured and organised". Good communication helped keep people up to date with any changes. The small staff team enabled all staff to stay informed.

The service encouraged staff to provide quality care and support. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

The registered manager worked in partnership with other agencies when required. Members of the team were seen to contact other partnership agencies to make referrals and share information for example if people required equipment repairs or their needs had changed.

The registered manager and provider had a range of organisational policies and procedures which were available to staff at all times. Staff had access to these and were given key policies as part of their induction. The provider's whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected.

The registered manager promoted the ethos of honesty and learned from mistakes, this reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.

People's views were actively sought to ensure the service was run in the way they would like it to be. People and relatives were sent quality assurance questionnaires, the results of which were audited in order to drive continuous development of the service. Results we reviewed were very positive.

The service was striving to continually improve to enhance the care and quality of the service. Both the

registered manager and provider worked alongside people and staff and carried out regular checks to ensure care was being delivered to a high standard. They told us their greatest achievements were, "Seeing a smile on a service user's face – making a difference to their lives". The registered manager and provider shared, "Staff are happy, carers enjoy what they are doing, feedback is positive about how we treat staff, we are all part of a team and they are an important cog in the wheel"; "Our staff show initiatives and take responsibility for their actions, we provide a personal service. Staff we spoke with confirmed this.