K.C.Carers 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

Overall summary

This announced domiciliary care inspection took place over two days on the 26 June and 2 July 2015.

K.C.Carers is a domiciliary care agency that provides care and support to adults that live at home throughout Northamptonshire, although predominantly in and around Daventry and the surrounding rural villages.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were cared for in their own homes by trained care workers that were able to meet people's needs safely. People's needs were assessed before the agreed service was provided. There were sufficient numbers of care

Summary of findings

workers employed to meet people's needs. People had been kept informed in a timely way whenever care workers were going to be arriving late, or when another care worker had to be substituted at short notice.

People were protected from the risks associated with the recruitment of care workers by robust recruitment systems and appropriate training. Risk assessments were in place to reduce and manage the risks to peoples' health and welfare.

People's care plans reflected their needs and choices about how they preferred their care and support to be provided. People were encouraged to be involved in the development and review of their care plan.

People were treated with dignity and their right to make choices about how they preferred their care to be provided was respected. Care workers were caring, friendly, and responsive to people's changing needs. People received support from care workers that were able to demonstrate that they understood what was required of them to provide people with the care they needed.

People's rights were protected. People knew how to raise concerns and complaints. Complaints and allegations were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary.

There were systems in place in place to assess and monitor the quality of the service. People's views about the quality of their service were sought and acted upon.

Summary of 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?
The service was safe.

People received care and support in their own homes by suitable staff that had been appropriately recruited.

People were protected from unsafe care. Risks had been assessed and appropriate precautionary measures were taken when necessary to protect people from harm.

Good

Is the service effective?
The service was effective.

People received a reliable service. Communication between staff and people regarding unavoidable delays or other changes to their service was timely and appropriate contingency arrangements were in place.

People received care and support in their own homes from care staff that were supervised and knew their job.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) when providing support and care to people in their own home.

Good

Is the service caring?
The service was caring.

People were treated kindly, their dignity was assured when they received personal care and their privacy respected.

People were individually involved and supported to make choices about how they preferred their agreed day-to-day care. Care staff respected people's preferences and the decisions they made about their care.

People received their service from care staff that engaged with them, encouraging and enabling them to be as independent as their capabilities allowed.

Good

Is the service responsive?
The service was responsive.

People's care needs were assessed prior to an agreed service being provided. Their needs were regularly reviewed with them so that the agreed service met their needs and expectations.

People's care plans were individualised and where appropriate had been completed with the involvement of significant others.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good

Is the service well-led?
The service was well-led

Good

Summary of findings

People benefited from being supported by care staff that had the managerial support they needed to do their job.

People received a service from a team of staff that took pride in providing good care.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

K.C.Carers Limited

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 announced inspection was carried out by an inspector and took place over two days on the 26 June and 2 July 2015.

'48 hours' routine notice of the inspection was given. We needed to be sure that when we inspected the registered manager was in the agency office. We do this because in some community based domiciliary care agencies the registered manager is often out of the office supporting staff or, in some smaller agencies, providing care.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

During this inspection we visited the agency office. We met and spoke with five care staff, including the registered manager. We reviewed the care records of six people who used the service. We looked at five records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

We took into account people's experience of receiving care by listening to what they had to say.

We visited three households with people's prior agreement. With people's permission, we looked at the care records maintained by the care staff that were kept in people's own homes. We also telephoned ten people at home to ask them about their experience of using the service.

Good

Is the service safe?

Our findings

People were protected from harm arising from poor practice or ill treatment. There were clear safeguarding procedures in place for care staff to follow in practice if they were concerned about people's safety. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Care workers understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people.

People were kept advised of staff changes or delays in care staff arriving to care for them; this reassured people that they had not been 'missed'. One relative said, "It's important to feel you can rely on the [care workers] turning up. I can't fault them [care workers] on that. That makes me feel [relative] is safe and gets the help [relative] needs at the right time."

Staffing levels were maintained at a level that safely met people's needs because day-to-day scheduling took into account vacancies for care workers as well as unexpected absences due to sickness and holiday leave.

People were safeguarded against the risk of being cared for by unsuitable persons because care workers were appropriately recruited. All staff, including those who were office based, were checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before care workers received induction training prior to taking up their care duties. Newly recruited care workers 'shadowed' an experienced care worker before they were scheduled to work alone with people receiving a service.

People were protected from unsafe care. Individualised care plans and risk assessments were in place that ensured people were safely supported according to their needs. . Care plans contained an assessment of the person's needs, including details of any associated risks to their safety that their assessment had highlighted. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Care plans were reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes occurred.

People had care plans kept in their homes, with an up-to-date copy held at the agency office. Care plans provided care workers with the guidance and information they needed to provide people with safe care. Where pertinent people's care plans accurately provided care workers with up-to-date information about people's healthcare needs, their mobility, and other factors that had to be taken into consideration so that safe care was provided.

Good

Is the service effective?

Our findings

People received care and support from care staff that had acquired the experiential skills as well training they needed to care for people living in their own homes. Newly recruited care staff had received a thorough induction that prepared them for lone working in rural and town locations. Staff confirmed their induction provided them with the essential knowledge and practical guidance they needed before they took up their care duties.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. Care staff understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005).

People's needs were met by care staff that were effectively supervised. Care staff had their work performance regularly appraised at regular intervals throughout the year by the registered manager. Care staff participated in 'supervision' meetings and they confirmed that the registered manager was readily approachable for advice and guidance.

People received a service from care staff that had been provided with the appropriate guidance and information they needed to do their job. Care workers had a good understanding of people's needs and the individual care and support that had been agreed. Timely action had been taken if there were concerns about people's wellbeing, raising these directly with family members or, where appropriate and with people's consent, to external professionals such as their GP or community nurse.

There was a computer system for monitoring when care workers arrived and left a person's home. This system triggered an alert for office based staff to identify a 'missed' or 'late call' and was an additional safety precaution that was monitored throughout the day. This system worked well and ensured they consistently received their care when they needed it. Office based staff were enabled to make timely alternative arrangements whenever the scheduled service was disrupted because they were able to quickly identify the problem and take action to resolve it. One person said, "It's rare they [care worker] is more than a few minutes late. They [office staff] always let me know so I don't worry. I'm happy with that."

Regular unannounced 'spot checks' to observe and assess if care workers were doing their job effectively; for example observing how they interacted with people and if they used personal protective equipment such as aprons and gloves. One person said, "When I'm asked if by [registered manager] if they [care workers] are doing what they need to do to help me I can honestly say they certainly are. They know what to do and they do a good job."

Good

Is the service caring?

Our findings

People said that the care workers were familiar with their routines and preferences for the way they liked to have their care provided.

People received their care and support from care staff that were compassionate, kind and respectful. One person said "They [care staff] are always busy but there's always a smile and a cheery word from them to keep my spirits up." Another person said, "I like the way they go about doing their job. I doubt they [care workers] could do what they do if they [care workers] weren't bothered about how I feel. They are all kind."

People's dignity and right to privacy was protected by care staff. People's personal care support was discreetly managed by care workers so that people were treated in a dignified way. People's privacy and dignity were respected by care workers. One person said, "They [care workers] help me have a wash but I never feel awkward about that. They have a good way with them so I don't feel embarrassed."

People were encouraged to manage as much as they could for themselves. People were treated as individuals that have feelings, especially with regard to having anxieties about needing help in their own home just to manage their daily lives.

People received support from care workers that were mindful of the sensitive nature of their

work and respected confidentiality. One person said, "I know they [care workers] go to lots of people but I've never heard them talk about anyone else. They treat that as private and that's as it should be."

People received a package of information about their service and what to expect from their care workers. This information was provided verbally and in writing. It included appropriate office contact numbers for people to telephone if they had any queries. One person said, "When they [care workers] started coming they explained everything to me. It was all new to me having to accept help at home so it put my mind at rest. I know who is coming and when to expect them. Having everything explained to you makes it all a bit easier to accept."

Good

Is the service responsive?

Our findings

People's care plans contained information about their likes and dislikes as well as their needs. They contained information about how people communicated as well as their ability to make decisions about their care and support. If people's ability to communicate verbally had been compromised then significant others were consulted so that care plans reflected people's preferences as much as possible.

People were encouraged to make choices about how they preferred to receive their care. Choices were promoted because staff engaged with the people they supported at home. They asked people how they liked things done. One person said, "They [care workers] never just take things for granted. They check with [relative] that [relative] hasn't changed her mind and wants something doing differently. As long as it's within what's been agreed with [relative] they do their best to keep [relative] happy."

People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period when the passage of time introduced additional care needs. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. Where practicable scheduled support visits were organised to fit in with people's daily routines. As far as practicable people who required support to get up in the morning, or to retire to bed, received their care at a time to suit them. Where it was not feasible to accommodate people's time related preferences they were offered alternative timings when their needs were assessed. One person said, "I needed to change my time [scheduled visit] with them [care workers]. It was no problem and they were able to fit me in with another time to suit me."

People knew how to complain and who they could contact if they were unhappy with their service. There was a complaints procedure in place. Complaints were responded to in a timely manner and outcomes were recorded. One person said, "[Registered manager] has always said that if I am unhappy about anything I just need to pick up the phone." Another person said, "I phoned [registered manager] because my [relative] didn't get on very well with a particular carer. It wasn't anything bad, nothing like that, the carer did their job but sometimes people don't always 'click'. [Registered manager] listened and sorted it out right away by changing [relative's] carer."

Good

Is the service well-led?

Our findings

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. A registered manager was in post when we inspected that had the knowledge and experience to motivate care staff to do a good job. Care workers confirmed that the registered manager was always available if they needed guidance or support. There was also an experienced senior member of staff 'on call' to provide care workers with 'back up' support in the absence of the registered manager.

The registered manager used regular supervision and appraisal meetings with care staff constructively so that any ideas for improving people's service were encouraged. Staff meetings were regularly held and provided an opportunity for all staff to be constructively outspoken about the quality of the service provided.

Care staff said the registered manager was very approachable and they felt confident that if they witnessed poor practice they could go directly to them and that timely action would be taken. They had also been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People were assured of receiving a domiciliary service that was competently managed on a daily as well as long term basis. People's care records were fit for purpose and had been regularly reviewed to include pertinent details related to changing needs. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision staff had received. Records were securely stored in the registered manager's office to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been updated when required.

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager. These audits included analysing satisfaction surveys and collating feedback from individuals to use as guidelines for improving the service where necessary.