

Kemble Care LLP

# Kemble Care LLP

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Kemble Care is a domiciliary care agency providing personal care for people with dementia, and/ or older people, physical disabilities, sensory impairment, and younger adults living in their own homes. The service was supporting 97 people at the time of our inspection. 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. Some people received visits and other people had staff live with them over a period of time.

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

People were cared for by staff and management team who were passionate about supporting people. They demonstrated boundless empathy and understanding. People were supported by staff who were warm and considerate towards them, who people considered friends. The management team and staff consistently went the extra mile and followed the ethos of "Giving something back." Excursions, events and experiences were arranged to improve people's well-being. There was innovative use of technology to improve communication and people's health and well-being outcomes. The management team and staff lead on improving people's independence and facilitating meeting people's cultural beliefs and wishes. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Skilled, knowledgeable staff were available to meet people's needs. People's risks were assessed and plans in place to guide staff. Safe systems were in place for the management of medicines when people needed support with this. Staff understood and followed infection control and prevention procedures. Incidents and accidents were investigated, and actions were taken to prevent recurrence.

People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's needs and wishes. 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.

People and their relatives were positive about the service and the care provided. Staff provided care in a personalised way and worked with the management team to facilitate this. Suggestions and ideas were acted upon from people, families and staff. Staff and the management team were responsive to people's individual needs and flexed the service where possible to support people. People's concerns were listened to and action was taken to improve the service as a result.

The management team were open, approachable and focussed on providing person centred care. They completed checks to monitor and improve the quality of the service provided. The management team and staff engaged well with other organisations and had developed positive relationships. The management team worked on promoting strong community links to ensure people could access the support they needed.

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 (published 2 November 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

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

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 25 July 2019 and ended on 1 August 2019. We visited the office location on 25 July 2019.

#### What we did before 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 five people who used the service and eight relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, three managers, human resources and quality administrator, and care workers. The provider was the nominated individual who was supporting the service whilst the registered manager was away. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 13 people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who have had regular involvement with the service.



## 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 good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to protect people from abuse. They had up to date training and knew who to report concerns to. Staff were confident to take appropriate action. We saw examples where incidents had been reported and these were actioned appropriately.
- The provider had procedures in place to ensure they met their responsibilities to report any concerns.

Assessing risk, safety monitoring and management

- People said they felt safe with staff and they were happy with their support. Relatives said they were confident their family members were safe, and risks were well managed.
- Risk assessments were up to date and gave clear guidance to staff, they were reviewed regularly and when required. Staff had a good understanding of people's risks and knew how to help them remain safe. For example, one person explained how staff had extra training at their home to know how to support them safely.

Staffing and recruitment

- People were always supported by staff they knew, and they had confidence in. One person told us they would always know if there were changes in who was coming and they agreed them first. Relatives told us their family members had regular staff that didn't rush their family member and stayed for the full time.
- The management team kept consistent staff where possible and were constantly recruiting to ensure they had sufficient staff available.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. The management team had robust systems in place to ensure safe recruitment practice.

Using medicines safely

- Where possible people managed their own medicines with minimal support from staff. When people did

need support there were procedures in place to provide this safely. One person said that staff always applied their creams safely.

- When staff administered medicines, they followed appropriate guidance and used an effective system to ensure people had their medicines as prescribed. Staff were trained and had competency checks to ensure they followed safe practice. Medication records were checked regularly by the management team and errors found were actioned straight away.

#### Preventing and controlling infection

- People said they were confident staff always followed safe practice when supporting their family members. They told us they wore protective equipment when needed.

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. Staff told us they always wore appropriate gloves and aprons when they should do.

#### Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. For example, medication errors were reviewed for lessons learnt and to share best practice.

- Staff knew how to report accidents and incidents and told us they knew any changes to people's care and support as a result.

## 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

- The management team had assessed, and documented people's needs and preferences in relation to their care and planned their support based on this.
- People were involved in decisions about their care.
- People and their relatives told us their lives had improved since receiving support from this service.
- We saw tools and information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- All the people and relatives we spoke with said staff had good knowledge and skills to support people.
- Staff told us they had completed training as part as their induction, then had regular refreshers. They said they shadowed experienced staff as part of their induction who shared best practice knowledge. Where people had complex needs staff always met the person and shadowed before providing their support, so they fully understood their needs. Staff were well supported and had all the information to support people well. They also said there were regular competency checks so they were reassured they were providing effective care.
- We saw ongoing training updates were arranged for staff, and specific training was arranged when needed to ensure staff understood and had the skills to meet people's needs. For example, one person told us staff were trained at their own home in how to mobilise them safely.
- Extra training was regularly arranged covering a whole range of topics that staff could choose to attend. For example, from how to change a wheel to information from experts about their services.
- They were encouraged to further develop their knowledge and skills through vocational training.

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

- The support offered to people varied dependant on people's individual needs. People were promoted to be as independent as possible in meal planning, shopping and meal preparation. People told us this could

be varied depending on how they felt on the day.

- People said staff supported them and promoted their independence and a healthy diet.
- Staff were knowledgeable about how to meet people's nutritional needs. For example, staff understood any risks for people eating and prepared food safely.

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

- People and their families gave us examples of when staff had helped them to access healthcare services, so people would enjoy the best health outcomes possible.
- We saw appropriate professionals were involved when needed to ensure people's health and well-being improved. We spoke with an admiral nurse and they told us they had supported staff to improve one person's anxiety and staff had listened and worked with the person for a positive outcome. We also spoke with a moving and handling assessor and they confirmed the service worked well with them and followed their advice.

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. 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.

- People said staff respected their wishes and listened to them. Relatives told us staff listened to their family member and checked they were happy with what they were doing.
- Staff had a good understanding of the Mental Capacity Act principles and practiced least restrictive support.
- The provider had systems in place to ensure they complied with the principles of the MCA. However, across the staff teams MCA paper work was not always completed consistently and best interest decisions recorded in different ways. The management team had identified this and were working on consolidating their practice.



## 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 now improved to outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People said staff were exceptionally kind to them and consistently showed empathy and understanding. One person explained how staff made such a difference to their well-being because they would stay and chat in their own time when possible. This person was unable to go out and this made such an improvement to their well-being. People said that staff would go above and beyond what they expected from the service. For example, the management team and staff arranged celebrations for people's birthdays or special events. One person explained how special this made them feel and improved their well-being.
- Some people had been receiving support from the provider for more than ten years, with regular staff who knew them well. People said staff were friends and were part of their family.
- People and their relatives gave positive feedback about the care they received. One person said about the service, "I would never go anywhere else these are the very best, you can't fault them in anything, they really care." One relative said, "They are amazing it's such a relief to have the confidence in everything they do."
- Relatives told us staff were really caring about their family member. One relative said, "They [staff] all do more than they need to, they are friends first to all of us."
- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights when discussing people they supported. There were examples where staff championed people's rights to access the support they needed such as housing and health care. This improved people's outcomes and health and well-being.
- The ethos of the management team led by the provider was to "Give something back," all the team were passionate about improving people's well-being and there were funds available from the provider to achieve this. For example, one person wanted to access the community and needed to use transport they could not afford to use, this was then funded by the provider and the person appreciated their improved access to the community, they enjoyed the excursion. We saw other trips arranged for people to access places that would have been difficult on their own, which had been funded by the provider as part of "Give

something back."

- The management team had set in place a system where each month the provider funded three hours of staff time to support a person with a special excursion. We saw good news stories of people enjoying these events arranged with them that had improved their well-being. For example, one person had fulfilled a lifelong dream to attend a specific excursion relating to their interests, this had been arranged as "a something extra" by staff and the management team.
- The management team were passionate about ensuring people's cultural needs were met. We saw examples where people had been supported to access resources to meet their cultural needs. For example, staff arranged for one person to be visited by their priest regularly which the family said made a huge difference to the person's well-being.
- The Admiral Nurse (specialist dementia nurses) we spoke with explained they had supported staff to improve one person's anxiety. The manager involved had then arranged for the Admiral Nurse to come in and share this knowledge with other staff to improve their understanding. Staff told us this training had improved their practice. People told us all the staff involved in their support demonstrated empathy and understanding for them as a whole.
- Some families were included in a new system which was being rolled out by the management team. This system involved technology to keep staff and families in constant communication with each other. One relative explained how reassured they were through this system because they were constantly up to date with how their family member was and this was really reassuring for them. This had improved people's health outcomes by sharing concerns and addressing them straight away.

Respecting and promoting people's privacy, dignity and independence

- People consistently told us staff respected their privacy and dignity and supported them to be as independent as possible.
- Staff gave us examples where they mitigated risks and improved people's independence. For example, one person wanted to walk independently every day. The family were resistant to the idea and wanted the person to always be with someone. However, the person really wanted to have moments of solitude as they had done all their life whilst out walking. Staff worked with the person and the family to put positive steps in place to improve safety yet continue with the person's independence. The family were on board with the steps taken and the person had the independence they needed.
- People said staff knew them so well, they knew their interests and hobbies. One person's lack of independence had stopped them doing what they enjoyed by volunteering in the community. Staff had arranged with the management team support which had enabled the person to continue with what they enjoyed, improving their well-being and feeling of self-worth.
- Staff were respectful of people's needs. All the staff we spoke with were passionate about the people they supported and spoke of respecting their wishes and constantly encouraging people to live full lives.
- People were promoted to be as independent as possible and involved in working towards goals they wished to achieve.

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

- People's outcomes were good. For example, one relative told us they would not use any other service because their family member was so well supported.
- People made the decisions about their day to day support. Where people needed support with decisions staff were clear about how to support people in their best interest. Relatives confirmed staff really listened to their family member's views.
- People and their families were regularly asked for feedback to ensure they were happy with the support staff provided. People were visited by managers to discuss their support regularly to ensure all opportunities for improvement were made. We saw results from satisfaction surveys were shared with people and their

families and action taken to make improvements. We saw improvements had been made as a result of last year's questionnaires.

- Relatives we spoke with told us communication was excellent, they felt involved in how their family member was supported and were kept included and updated by staff and the management team.

## 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 now 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

- People and their families told us people's support was very flexible and adaptable. For example, one person said that changes were easily made depending on what support they needed, and this could be adapted at short notice where possible. People said their care arrangements were regularly reviewed to ensure they were happy with them.
- Information had been gathered from people and their families to build a detailed picture about each person's support needs, preferences and history. The management team ensured people were supported by regular staff who built a relationship with people. Staff told us they were able to provide personalised support tailored to the needs and wishes of each person.
- Records contained detailed information for staff on how best to support people with all aspects of their life. Promoting people's independence was risk assessed to provide appropriate support. They also included detailed information about their health needs and the care people required to manage their long-term health conditions.
- Staff had an excellent knowledge about people they supported. They got to know them over time and they shared information from experienced staff. Many of the staff we met had been working with the same people a number of years really understood them well.

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.

- Staff knew how to communicate with people to understand their wishes. When people were less able to communicate verbally, staff found different ways to ensure they understood their needs. For example, understanding facial expressions and body language.

- The management team were aware of the accessible communication standards and ensured people had access to their information. For example, they had information in different formats when it was needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people had access to the community and the choice of events and interests as part of their agreed package of care. One person told us they chose what they wanted to do, and staff would support them.
- Relatives told us staff went over and above what they expected to provide access to areas of interest to their family member. For example, one relative said their family member had accessed events that the management team arranged that they did not have to pay for.
- Relatives also said staff supported their family member to stay in touch with relatives and friends to keep them connected and to reduce any isolation.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns if they needed to. One person told us they had not needed to make any complaints but were confident they could speak with the management team if they needed to. People told us if they made suggestions these were actioned by the management team, and they felt listened to.
- The management team had a complaint policy and reviewed their complaints to ensure they acted on concerns raised appropriately.

End of life care and support

- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes.
- The management team explained they had involved other agencies to support people who remained in their own homes at the end of their life.

## 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 now 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.

Planning and promoting person-centred, high-quality care and support with openness; 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

- People and relatives said the management team knew them well and they had a good relationship with them. One person said about staff and the management team, "They will all go out of their way to help you, each and every one." One relative told us they had confidence in the manager that they would always work in their family member's best interest.
- The management team completed a range of quality audits on a regular basis and we saw actions were identified and addressed to bring about improvements.
- People and relatives said communication with staff and the management team was brilliant. The management team had set up new technology groups, so staff and family could remain in constant communication. One relative explained that this ensured messages were relayed and concerns shared in a timely way to improve health and well-being.
- All the staff we spoke with were passionate about the people they supported and championed their rights and wishes. We saw examples where staff had advocated for people to improve their well-being, such as arranging health care.
- The management team explained they had recently improved the culture of the service to improve the inclusion of people, families and staff. They had made changes in their policies and procedures to reflect this culture. For example, they now had a culture of addressing concerns by looking at the whole person/staff member to identify where improvements were needed and what support they could provide, such as training. All the staff we spoke with said there was an open and positive culture, led by the management team. One staff member said about the management team, "We feel valued and considered and that is very rewarding." Another member of staff said about the management team, "They have set the bar high," and "They don't pressure they just listen and help."

- The management team were open and honest and understood their responsibility to meet the duty of candour. When improvements were needed these were investigated and shared with people and their families, and staff.

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

- People and their relatives gave positive feedback about the care they received. They all said they were happy with the service and would not go anywhere else for their support.
- The service was led by a supportive management team. Staff were clear about their responsibilities and the leadership structure.
- The management team were clear about their responsibilities for reporting to the Care Quality Commission [CQC] and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff were confident they could speak with the other managers if they wanted to escalate concerns.
- The management team constantly reviewed their practice to ensure they were up to date and following best practice guidance.

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

- The provider and the management team had new initiatives to "give back" to people using the service. For example, arranging trips paid for by the provider to improve people's social inclusion. Through keeping a consistent staff team people told us they had really grown to know staff well and consider them as friends.
- People told us the manager for their area visited them regularly to ensure they were happy with the service. They said they were flexible and adaptable and listened to their views.
- The provider used different systems to seek feedback to ensure people's voice was heard. People and their relatives were encouraged to contribute their views through regular questionnaires which were shared and acted on. People and their relatives were familiar with the provider and felt they were able to make suggestions when they wanted to.
- The provider included staff in awards that recognised staff achievements and commitments. All the staff we spoke with said they could speak with their managers about any concerns and the managers would work with them to support them.

Continuous learning and improving care

- The management team had identified new training ideas to up skill staff to improve people's support and staff well-being. For example, expert knowledge from other professionals, and changing a car wheel to help staff remain safe.
- The management team regularly audited all aspects of their care delivery to constantly keep the support provided under review.
- Accidents and incidents were reviewed, and learning used to inform future plans.

Working in partnership with others

- The management team had established good links in the community to support them to provide quality care.
- The provider worked with other organisations and shared best practice. In the last 6 months they had hosted visits from two other domiciliary care companies and continued to support an established benchmarking group of similar organisations.
- Other professionals told us that staff and the management team had good relationships with them to support positive outcomes.

- The provider established relationships within the community. For example, they had arranged a tour of the local hospice for staff to better understand end-of-life care, and they had created links with a local hotel to offer accessible respite breaks for people suffering mobility issues.