

Kent Home Care 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 ●

Summary of findings

Overall summary

About the service

Kent Home Care Ltd is a domiciliary care agency that provides live in care within people's own homes for older adults with a variety of needs, including people living with dementia, mental health conditions or a physical disability. At the time of our inspection the agency was supporting 25 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 and relatives told us they felt safe with care staff and staff were able to demonstrate a good awareness of each person's safety and how to minimise identified risks.

People were supported by live in care staff that were caring. People received care and support based on their individual needs and preferences. Staff were knowledgeable about people, their needs and preferences and used this to develop a good relationship with the people they visited.

People were supported by live in care staff who had the skills and knowledge to meet their needs. Staff understood their roles, felt confident and well supported.

People's health was supported as staff worked with other health/social care providers when needed to support people's needs.

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

People's care plans reflected people's needs and preferences and the staff were able to explain recent changes to people's care. People told us they were involved in assessments of their care needs and care plans were reviewed regularly and when people's needs changed.

People knew how to complain and that any concerns would be listened and responded to by the provider. The registered manager saw complaints as useful feedback from which to develop and improve the service.

People, relatives, staff and professionals gave us an overall positive picture about the quality of care people received, and said they were able to share their views comfortably with staff or the office.

People and their relatives told us the registered manager and staff were approachable, organised, listened and responded to them and acted on feedback when they shared this with them.

Quality monitoring systems included audits, spot checks on staff practice and regular checks on people's satisfaction with the service they received, by surveys, phone calls or visits from the service's management. Whilst the service was meeting people's expectations the registered manager was keen to consider and was actively looking for ways to improve.

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 14 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection on our website at www.cqc.org.uk.

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 effective 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 caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our effective findings below.

Good ●

Kent Home Care Limited

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, flats and specialist housing.

The service had a manager registered with the Care Quality Commission during the time of our inspection. Registered persons 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:

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and we also needed to be sure people consented to us contacting them for their views.

Inspection activity started on 13 June 2019 and ended on 17 June 2019. We visited the office location on 13 June 2019.

What we did before the inspection:

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

helps support our inspections. We used all this information to plan our inspection.

During the inspection:

We spoke with two people and three relatives of people who used the service. We spoke with the registered manager and deputy manager. We used this information to form part of our judgement. We looked at four people's care records to see how their care was planned and delivered, this including their medication records. Other records looked at included recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained as Good. This meant people were safe and protected from avoidable harm

Assessing risk, safety monitoring and management

- People told us they felt safe with staff. One person said, "I do feel safe, yes". A relative told us their loved one, "Does feel safe. It's the same live in carers and they have two at a time in the morning and evening; they use equipment to transfer from bed to chair and chair to bed."
- Risk assessments were well documented and covered any risks identified within people's assessments. A relative described their loved one's risk assessment as, "A live document" by this they meant they were reviewed and changed in response to the needs of the person.
- The staff we spoke with were able to describe the potential risks present to people they supported and were knowledgeable about how to minimise these risks.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm as staff understood what different types of abuse could be and steps they should take to safeguard people.
- The provider had safeguarding systems in place. These were understood by staff and followed when potential abuse had been identified.

Staffing and recruitment

- People received 24 hour live in care. Staff worked generally on a two week on and two week off rota. Staff stayed for the agreed length or on occasion longer, if needed if oncoming staff were delayed. If for any reason staff couldn't stay then the deputy manager would cover until such time the live-in carer arrived
- One person told us, "They [staff] are on time each week and they're lovely", "Changeovers are great and staff know what has happened when they have not been here." "Although my Son lives nearby he has never had to come round because carers have not been on time to start their two week shift."
- Staff had been recruited safely. All pre-employment checks had been carried out including checks on right to work and Disclosure and Barring Service (DBS) checks. The DBS provides information on any criminal convictions or a staff members inclusion in barring list for working with vulnerable groups.

Using medicines safely

- Where people had assistance from staff with their medicines these were managed safely.
- One person told us, "As its only me they are looking after, I always get medication on time and they tell me what it is and what is for." "I have creams too, and they know where to apply that."
- As and when required medicines (PRN) were administered by live in carers. Protocols were in place to ensure they were effective and given at the right times. One person told us, "I am asked if I am in pain and they give me some pain killers but that isn't too often."
- Staff involved in handling medicines had received training and competency checks around medicines.

Staff were knowledgeable about people's requirements and preferences in respect of how they should take their medicines.

Preventing and controlling infection

- People told us they received care in a way that protected them from infection. A relative told us, "Staff wear gloves and aprons when they wash them and transfer them onto the commode".
- Where there was a risk of infection we saw this was explored in individual risk assessments, for example in respect of the person's home environment.
- Staff were knowledgeable about how to promote good infection control and told us there was easy access to personal protective equipment (PPE).

Learning lessons when things go wrong

- Staff recorded accidents and incidents and these were monitored for trends .
- The registered manager completed audits on any incidents to check if there were any wider learning opportunities.
- For example, one audit highlighted some medication recording errors. The registered manager devised an online form that contained refresher training and information around medicines administration and recording. All staff could access this and they were tested during spot checks. Staff we spoke to, confirmed this.

Is the service effective?

Our findings

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

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

- People's needs, choices and preferences were assessed prior to using the service to make sure their needs could be met. Assessments included meeting any needs and lifestyle choices a person may have to ensure their rights under the Equality Act 2010 were fully respected, including needs relating to disability, sexuality and religion.
- The registered manager told us, "We currently provide support for a number of people from different cultural backgrounds. Their care plans reflect their beliefs and what is important to them." One person told us, "I get to go to church if I want to. If I can't make it, he comes to me."
- People's medical conditions were recorded in detailed care plans. This included how it affected people's ability to carry out certain tasks. There was information for staff about what signs to look for to observe any deterioration in people's physical or mental health. People told us their live in carers were trained and knew how to provide the right care and support. One person told us, "Staff have the right skills. They look after me well and know my condition and how to assist me. My health conditions are quite complex."

Staff support: induction, training, skills and experience

- Staff completed an induction when they joined the service and shadowed experienced colleagues to get to know people. Training was closely monitored to make sure staff completed refresher courses when needed to make sure they kept up to date with best practice.
- Additional training in topics such as dementia, catheter care and stoma care were completed to make sure staff had the skills they needed to provide the right care and support to people. Staff's competency around these subjects were checked during visits from office staff to people's homes.
- Staff told us they felt supported. One to one and group supervision meetings were not practical given the type service. Staff needed to be in people's homes 24 hours a day. Staff told us supervision was carried out when managers completed spot checks and to check competency. It was at this time they could discuss any further issues if they wanted to. Staff said, "I feel valued and very well supported. I keep up to date with my training. The registered manager supports me, always."

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

- Where people needed support with their meal preparation, there was guidance for staff about what support was needed and what people's preferences were.
- People were assessed to see if they were at risk of malnutrition or dehydration. When needed staff recorded information on food and fluid charts to make sure people ate and drank enough. Staff liaised with health care professionals, such as speech and language therapists and dieticians when needed and

followed any advice given to them.

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

- People told us they had access to healthcare services and professionals according to their needs and staff would support them to attend appointments if they wanted this help.
- Staff were aware of the steps to take if people needed immediate assistance from healthcare professionals, or how to escalate matters if they felt a person was not well. One person told us, "They [live in carers] rang the doctors for me the other day as I wasn't feeling too great, I was a bit breathless. Doctor came round later that morning, so they are very good that way".

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.

- The provider was working within the principles of the MCA. A relative told us, "Consent they always do ask for - they're polite".
- One person had a lack of capacity to make some decisions and the registered manager told us they had contacted the social worker to review best interest decisions within a multidisciplinary meeting. The relative, who had the legal authority to make decisions on behalf of the person told us staff intervention was proportionate and, "My Mother's live in carers are always thinking about what she can or can't do and keep me in touch".

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were positive about how staff provided personal care. People's comments included, "I get on with the live in carers - I like to be interested in their religion and we show an interest in each other" and, "They [staff] are kind". A relative said staff, "They're kind. They chat to them. Staff have got used to them, so I don't have to explain everything".
- The registered manager and staff were aware of the need to ensure people's diversity was respected and catered for. Staff told us how they would ensure this was considered when they assessed people for the service, and how they considered a person's individual needs and protected characteristics, for example disability, race or gender.
- The registered manager told us field office staff carried out spot checks to ensure people were treated well. A relative told us, "They (office staff) seem fine - they've been round a couple of times to visit".

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

- People and relatives told us there was good communication with staff and they were able to make decisions about how their support was provided.
- The manager or senior staff met with people on a regular basis to review their needs. Staff told us managers responded quickly when they fed back a person's needs had changed, and they may need more support. The registered manager told us if people needed support to express their views they would look at sourcing an advocate. An advocate is an independent professional who promotes a person's views and best interests.
- People's comments included, "[Staff] always still ask what I want" and, "They do as I ask - they ask as soon as they get in, what I want".

Respecting and promoting people's privacy, dignity and independence

- People told us care staff treated them with respect whilst promoting their dignity, privacy and independence. One person said, "Dignity and respect is good – they [staff] have got respect for me". A relative told us "They [staff] are alright and they treat them with dignity and respect".
- Staff were knowledgeable as to how to promote people's independence. They told us several people who used the service received short term care or respite care, and they had received appropriate training, so they knew how to promote people's independence. For example, one member of staff told us, "I try and encourage independence not take it away. I will prompt them to help themselves and give them the choice and control".
- Staff were able to tell us how they ensured people were respected and ways in which they should promote

a person's privacy, dignity and independence. All staff were aware of the need to keep information about people confidential and their responsibilities under the General Data Protection Regulations.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection the rating for this key question has remained good. 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; 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

- People told us the care they received reflected their personal care needs and support plans demonstrated a person-centred approach. Relatives told us, "There is a care plan and I can see that they [staff] do follow it" and, "The care plan's fine, and it's here all the time for any of us to check".
- People received care which was personal to them, giving them choice and control. A relative who was able to make decisions on their loved one's behalf told us they were involved in care planning. Whilst the person was not always able to clearly communicate their needs the staff were said to respond to how the person responded in given situations, and the person's care plan and assessments changed accordingly. They told us, "The service is very person centred".
- The provider supported somebody to visit family abroad. They liaised with the airport to help manage their anxiety and sent a member of staff with them to assist them. Another person wanted to attend a popular motor racing event and this was also facilitated by the provider. One person told us, "It was great to do the things I wanted to do when I am awell enough."

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 live in carers.

- The provider was using different methods to ensure they were able to communicate with people with communication difficulties, for example, a relative told us they received training for use of a specialist communication method with their loved one. They said, "[The registered manager] noticed and asked if staff could do training, and staff did train and were very good at encouraging [the person]".

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to. The provider had a complaints policy and procedure and people were aware of how to make a complaint. Relatives comments included, "The office is always very helpful, and I have a good relationship as they've attended to very few difficulties that we've had" and "Complaints so far I can't recall, but one thing was a reminder, it hasn't happened again".
- People told us they knew how to make a complaint and had received information on how to do this and stated they would feel comfortable in making a formal complaint should they need to.

End of life care and support

- The service did not support people with end of life care but discussions had taken place and recorded if someone became suddenly ill.
- Should people be nearing the end of life care and needing palliative care the registered manager told us they would ensure the relevant support was in place by working in partnership with other organisations such as the local pilgrims hospice. Staff told us they had received training in end of life care recently as the registered manager had told them they needed this knowledge in the event they needed to support a person with palliative care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained 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 registered manager (also a director of the company) understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. A relative told us in respect of a complex care package that the registered manager was always willing to listen and discuss what the service could do better. They said staff were "Very flexible and committed and leadership comes from the top".
- The management had worked unsocial hours to monitor and complete spot checks on staff. Also, to ensure continuity of care, at certain times when staff had experienced unforeseen problems they covered and shortfalls

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

- The registered manager/provider had developed robust systems for monitoring the quality of the service to help them maintain a good quality, person-centred service. They told us of plans to improve this where possible. Innovative ideas such as improving their operating system so that they can monitor people's care more closely.
- The provider had ensured we were notified of events as required by the law. They were also ensured the previous CQC inspection rating was displayed at the office location and on the provider's website.

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

- People were asked to complete regular surveys, and when practicable calls and visits were made to people to ensure they were satisfied with the service. Most people we spoke with recalled filling out a survey form and others said seniors visited to check on staff or ask about their satisfaction with the service.
- Staff told us they felt well supported by the registered manager, and they or other office staff were approachable. Staff views were sought through supervision, meetings or where able, visits to the service location. Staff and some relatives told us when needed the registered manager would visit to support staff.

Continuous learning and improving care

- The registered manager audited any safeguarding alerts, complaints, concerns or incidents and carried out an analysis which identified any subsequent learning.

Working in partnership with others

- The registered manager told us how they worked closely with commissioners and other health care professionals to promote joined up care between themselves and other services.
- The registered manager told us how they worked with the Carers Trust which enabled them to help support families that cared for loved ones and help arrange respite care where needed.