Kerrier Homecare 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

This announced inspection took place on the 01and 08 May 2018. It was announced 48 business hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. Our last inspection of the service was carried out on 4 February 2016. At that inspection we rated the service as good. At this inspection we found the service remained good.

Kerrier Home Care is a Domiciliary Care Agency that provides care and support to adults, in their own homes. The service provides help and support with people's personal care needs in Redruth, Camborne, Penzance and surrounding areas. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 67 people were receiving a personal care service. These services were funded either privately or through Cornwall Council or NHS funding. There were 35 staff employed some of those were office based to coordinate and manage the service.

There was a registered manager in place at the time of our inspection. 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 using the service consistently told us they felt safe and staff were caring and treated them well. They told us staff were like their family and they trusted them implicitly. People said, "Yes, I know [relative] is safe because staff know what they are doing" and "I feel safe because I know someone is coming every day."

Safeguarding procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and wellbeing had been assessed and managed.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided. Accidents and incidents were reported and reviewed to reduce the risk of an incident occurring again.

Medicine procedures were safe. The service supported people with their medicines by prompting them and in one instance administering them. Records showed when prompts had been made in the daily records at people's homes. Where medicine was administered records were completed by staff.

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working for the service. Staff had the skills, knowledge and experience needed to care for people. They received training to carry out their role and were knowledgeable how to support and care for people. They had the skills, knowledge and experience to provide safe and effective support. People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way

possible.

People had a care plan that provided staff with direction and guidance about how to meet their individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person.

People received care and support from a consistent team of staff with whom they were familiar. Staff arrived on time and stayed for the full time allocated. People spoke positively about the staff that supported them and told us they were always treated with care, respect and kindness. Staff were respectful of people's privacy and maintained their dignity. Staff had developed good relationships with people and were familiar with their needs, routines and preferences.

Staff supported people to have a nutritious dietary and fluid intake, assisting them to prepare and eat food and drinks as they needed.

People had no complaints about the service they received or about the staff that provided their care and support; they were aware of the complaints procedure and processes and were confident they would be listened to should they raise any concerns.

Senior staff monitored the support staff provided to people. They checked staff arrived on time and supported people in the way people wanted. Audits of care records and risk assessments were carried out regularly. People and their relatives were encouraged to complete surveys about the quality of their care.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Kerrier Homecare 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 checked 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 the 01 and 08 May 2018 and was announced. The provider was given 48 office hours' notice because the location provides a personal care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. During the visit we spoke with six staff members and visited two people in their own homes. Following the visit we contacted eight people who either used the service or was a relative to gain their views of the service they received.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for three people, medicine administration records, staff training records, three staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service. We also looked at the results from the most recent customer satisfaction survey completed by people using the service.

In preparation for our visit, we checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send us by law.

Good

Is the service safe?

Our findings

People told us there were sufficient staff to provide safe care and support for people. All people spoken with told us they felt safe receiving care from staff at the agency. They said, "Yes, definitely, staff use a stand aid and they do it carefully every time," "Yes, [relative] cannot communicate so I tell them what he likes and doesn't like and they always listen. That reassures me," "Yes, if I feel like the hoist is going too fast or anything, I just say and they reassure me" and "Yes, I feel safe with all of them, definitely, I don't feel frightened or anything."

The service had procedures to minimise the risk of unsafe care or abuse. Staff had received safeguarding training and understood the process to follow to report any concerns about people's safety. Staff were able to explain the action that they would take if they witnessed or suspected that abuse had occurred. They told us they would also feel confident to report any poor practice they observed and were confident the provider would take any concerns very seriously. Where staff had been concerned about a person's mental health status and other issues the service had made a referral to the local authority safeguarding team. This demonstrated staff were able to recognise and act on issues which had the potential to affect a person's health and safety.

Staff received additional training on how to keep people safe, which included moving and handling, infection control and first aid. A staff member said, "They [managers] take safety really seriously and whenever clients' needs equipment they make sure we have the training to use it safely."

The service supported people with their medicines. They used prompts to remind and support people to administer medicines themselves. In one instance a person required medicine to be administered to them and records showed this was being recorded. However the information available to staff in respect of boundaries between the level of prompts and actually dispensing medicines for people, was not clear. We spoke with the trainer who agreed the information should be clearer for staff and we were confident they were taking immediate action to extend the level of information to staff.

Records were kept of any accidents or incidents. The provider checked all accident and incident records to make sure any action was effective, to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again. For example where an incident had occurred due to a staff member having long nails, the registered manager had reviewed the risk and notified all staff to keep nails short. This showed the service took charge in ensuring they learnt from experience.

Staff in the office and those working in people's homes had contact numbers to be used in emergencies. For example, emergency service numbers including social service and health departments. Staff told us office on call numbers were always available to them if they had to contact a senior staff member out of office hours. They told us, "Never had a problem. There is always the person on duty and they have been very supportive when I've needed them." A recent severe weather event meant the service used a continuity plan. It supported managers to manage visits during the severe weather and meant nobody was left without a visit.

Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. The assessments had recently been updated to make sure the information was accurate.

Staff recruitment procedures were in place, which demonstrated appropriate employment checks had been completed before staff began working for the service. All files contained proof of identity and satisfactory references. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helped to protect people from being cared for by unsuitable staff.

People told us they were satisfied with staff who supported them. Duty rotas were prepared in advance and care packages were not accepted unless there were sufficient staff available. Staff told us they had adequate time to travel between visits without rushing. All staff spoken with told us they had the time to stay with people for the contracted length of time and that where there were any issues they did not feel pressured. Comments included, "We [staff] get the rotas in time. If anything changes we get told is advance," "There might be times when we might get delayed but so long as the office know things can be rearranged" and "Our rounds are planned so we don't have too far between visits." People told us that staff were well presented, wore a uniform and as far as they were aware followed good practice in terms of infection control procedures. Staff were trained in this area and had access to enough personal protective equipment.

The service held training for all levels of staff on equality and diversity so that they were aware of the current legislation and how this reflected on the delivery of care and support. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people they supported at home to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them and where people communication was limited staff told us they knew it was important to take time to listen carefully. Some people had adaptations which supported them in communication and mobilisation so they were not disadvantaged.

Good

Is the service effective?

Our findings

People receiving care and support made positive comments about the staff who visited them. Families of people using the service told us that the staff team were knowledgeable about their relatives care needs and they were satisfied they were being met. They said, "They (the staff) ask before they do anything" and "Staff are talking to [relative] all the time and say 'what would you like today?' and give him a choice." People using the service told us that in general the same staff made the visits which meant people were familiar with them. People using the service told us they were confident in the staff and how they delivered their care. One person said, "I have a machine to help control my pain and they [staff] are really careful when they take the pads off and put cream on if they notice any sore areas."

People told us staff visits were arranged so they could assist with preparation of meals where needed. Care plans showed people's dietary needs for health or culture had been assessed and any support they required with their nutrition documented. Staff confirmed they had received training in food safety and were aware of safe food handling practices.

The service had completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. Care plans were written in a person centred way which meant they were at the centre of developing their care plans and that they were actively involved in their reviews at regular intervals. One person told us, "They [Staff] regularly come and have a chat with me about my care and if anything needs changing. I do feel they listen to what I have to say." People's healthcare needs were well documented and updated as required. This information was discussed with the person or appropriate relatives as part of the care planning process.

People, relatives and staff told us that communication within the service was good at all levels and there were a variety of mechanisms in place to evidence this including meetings, newsletters and reviews.

Staff members told us they had a range of training opportunities available to them and they were encouraged through management support to develop their knowledge and skills. The service had its own dedicated trainer and there were training room facilities supporting staff in practical areas. For example, by using equipment to support people in their own home. A staff member told us, "The training is really good, especially as there is a training room. It makes it so much easier." The trainer told us they often provide training in small groups as they felt it was more focused. A staff member confirmed to us they found small group gave them more confidence to 'speak up'. Where staff required specialist training for example if a person being supported needed clinical nutrition, this was provided by health professionals.

There was a formal induction programme it included a health and safety checklist as well as working through organisational rules. For example, dress codes, handling personal information and following rotas. Staff ten went on to work for a probationary period with a more senior staff member before having an initial supervision and spot check in order to identify their competency in working alone. A staff member told us, "When I started I felt very supported. I know I couldn't work on my own until I had been signed off as competent. That gave me confidence." The induction was in line with the Care Certificate which is designed

to help ensure staff, who are new to working in care, had initial training that gave them an adequate understanding of good working practice within the care sector.

Staff told us they received regular one to one supervision which enhanced their skills and learning. Supervision included observations of their practice and an annual review of their performance. Supervision meetings provided an important opportunity for staff at all levels to discuss their progress and any learning and development needs they might have. Staff told us they were supported by the management team.

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 managers and staff had received training on the MCA. Staff we spoke with were knowledgeable about how the Act applied to their role.

Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. People we spoke with confirmed staff asked for their agreement before they provided any care or support. Each section of the person care plan was signed for to give consent to their care and support.

The service was using a technology system for completing care plans and other communication methods so that staff had better access to information and could update information remotely. Staff told us it was a good system which had improved communication at all levels so care and support was more effective.

Good

Is the service caring?

Our findings

People told us the staff always treated them with care, respect and kindness. They said the registered manager and staff were always available and were very kind and caring. People said, "I couldn't ask for better staff; they are friendly, polite, professional, and nothing is too much trouble," "They make my husband's day when they come. He has a big smile on his face when they are here" and "They are a lovely bunch of staff, [name] especially, she is absolutely amazing."

Staff understood their role in providing people with person centred care and support. They were aware of the importance of maintaining and building people's independence as part of their role. People told us staff worked with them to promote their confidence and their independence. One person said, "If my husband is uncomfortable or in pain one day, I tell them and they are really caring and gentle with him." People's care records gave guidance for the care staff about asking people what support they wanted and how care and support should be delivered. People told us they felt involved in their care and were involved in any decisions about any changes.

The culture within the staff team was positive. Staff told us they loved the work they did and caring was at the heart of what they did. One staff member told us, "It's about supporting people to stay in their own home for as long as possible. Because we have the same rounds we get to know people and their families. They rely on us a lot."

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual and spoke well and knowledgeably about people's privacy and dignity as well as how to maintain confidentiality. These areas were covered in the employee handbook given to all staff. People's religious and cultural needs were respected and supported. There was information about this in people's care records.

Rotas and practical arrangements were organised in a way that gave staff time to listen to people, answer their questions and involve people in decisions. For example senior care staff were given the time to carry out monthly reviews on visits where they were focused on that task rather than carrying out care as well. This meant staff could focus on the person. A staff member told us how important and valuable this was. They said, "The time we have to do reviews is very good because we have the time to sit and have a cup of tea and a chat."

People told us staff made sure they were safe and had everything they needed close by before they left a visit. One person told us, "They [staff] always make sure I have a drink, my reading things and remote control, are with me before they go. It means a lot to me so I don't have to worry about getting up on my own." This made sure staff were focused on the care and support people received.

Where people did not have any support from next of kin the service were aware of advocacy services and how to contact them. A member of staff told us this was usually through social workers but that they did have direct numbers which would be useful for advice and guidance. This ensured people's interests would

be independently represented and they could access appropriate services outside of the service to act on their behalf if required.

As part of staff induction and on-going training they had received information about confidentiality and data protection to guide them on keeping people's personal information safe and meet data protection legislation. All care records were stored securely in the registered office in order to maintain people's confidentiality.

People were provided with a service user guide and information pack when they began receiving a service. The service user guide provided a detailed overview of the services provided by the agency, the aims and objectives and what people could expect from the service. People said the information was clear and easy to understand.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs because people had received assessments which identified what those individual's requirements were and then put a comprehensive person centred plan in place. People or those with authority to act on their behalf, had contributed to planning their care and support, and this had taken into account each person's strengths, levels of independence and quality of life. A person who used the service commented, "I am very satisfied with the care and the way they [staff] keep in regular contact to make sure my needs are being managed as they should be."

People told us staff were always responsive to their needs and they were involved in decisions about their care. They said, "When I went into hospital, they [staff] had spoken to the hospital and the Social Worker so everything was organised as soon as I got home, then they came straight out and checked that I had everything I needed," "It took ages for me to explain to them but there was no rush and it is exactly right," and "My care needs have changed over the years so it has always been updated."

Care plans included the 'tasks' to be completed during each call and the desired outcome for the person. This was of particular importance for people who may not have been able to explain their needs. For example, where people had memory difficulties or impairments of sight and/or hearing this was clearly set out in the care plan with guidance for staff about the most appropriate way to communicate with the person. Care plans were regularly reviewed and updated so staff were responding to a person's current needs. Any changes were quickly identified and recorded; with staff telling us updates were send directly to them through the use of the electronic planning system in place.

Records of the care and support provided to people were completed at each visit. This helped staff to respond to any changes in a person's well-being. We noted the records were detailed and written in a respectful way.

People were encouraged to maintain their independence. They were supported to address their own care needs where this was safe and appropriate. This meant people using the service were supported to keep control over their lives and retain their skills. For example one person told us their health had been improving and staff had supported them to do more for themselves. They said, "I feel I am getting somewhere now. It's down to the staff who have encouraged me along the way."

People told us that, if they requested any changes to their support, the managers in the service tried to meet their request. For example if they attended appointments and this clashed with the time support was arranged. One person told us, "I sometimes have hospital appointments which clash with my visits. They [staff] are very good at changing things. I'm having an early visit next week because of an appointment." Another said, "They [staff] always check that I am happy with my care and if I want something doing differently." This showed that the service was responsive to people's wishes.

Although Kerrier Homecare is not a specialised end of life care provider the service is able to help people stay at home at the end of life if this is their wish. The service does work with the local hospice and palliative

care nurses to enable people to remain at home for as long as possible or through to end of life. Some staff had attended training in end of life care and where this service was required they supported people due to the specialist knowledge and skills they had.

People were provided with the agency's complaints procedure when they started receiving care. They told us they knew how to raise their concerns and who to. They said they were confident any concerns would be listened to. One person said, "I've had a few grumbles over time but they always get listened to and acted on. Staff came and visited me straight away and got it sorted out. I couldn't ask for more than that."

Good

Is the service well-led?

Our findings

People, relatives and professionals gave us consistently positive feedback about the quality of care provided. People told us they were happy with the management of the service. They told us the registered manager and other service managers were actively involved in engaging with the people using the service and monitoring the care being provided. Comments from people were consistently positive and included, "They are brilliant. When I have had a problem with my condition, I phone them and they arrange extra visits. They have even sent someone from the office down in an emergency to see that I'm alright," "It is well managed, staff are well trained, friendly and turn up on time and everyone in the office is brilliant to deal with, very professional and helpful." "The staff in the office are approachable and professional," "I know who to speak to in the office and I feel like they would listen if I had a problem and do something about it," "I feel like they have really bothered to get to know [relative] and that makes all the difference" and "They are well managed, professional, friendly and easy to deal with."

The registered manager put a strong emphasis on continually striving to improve the service offered to people. The registered manager and management team recognised, promoted and regularly implementing systems in order to provide a high quality service. For example, providing a dedicated trainer and training room to support staff to develop their knowledge and skills and by introducing an effective electronic system to better support staff in reporting and communicating information about people's needs. This demonstrated they used resources to drive improvement.

There was a management structure in the service which provided clear lines of responsibility and accountability. The manager was also the nominated individual [A person registered with the commission responsible for supervising the management of the regulated activity provided]. The nominated individual took an active role in the running of Kerrier Homecare. They alongside senior staff co-ordinated the day to day running of the service. This included overseeing operational issues and speaking with people and staff.

There were systems in place to identify and respond to any shortfalls in the service including visits to people's homes. They were monitored using assistive technology. This system made sure the service knows when visits took place and the length of the visits. It assisted the registered manager and commissioners to audit the visits.

Regular staff meetings took place to engage with staff. The registered manager recognised the problems of collating staff together at the same time, due to the needs of people receiving support. To manage this, small meetings were held over a period of three days. This supported all staff to attend during that period. A staff member said, "It's much easier to go to meetings because they are held over a few days. There were separate meetings for more senior staff to discuss operational and developmental topics. Regular updates on safeguarding was on all meeting agendas, so staff were kept informed and alert to identifying and responding to safeguarding concerns. Staff told us they were encouraged to raise issues or share information at meetings and that they felt engaged with and valued by the management team.

In addition to formal meetings staff told us they were encouraged to 'pop' into the office at least once a

month so they could engage with managers in a less formal way. A staff member said, "We [staff] are encouraged to come into the office and always feel welcome."

The service used a number of methods to monitor people's satisfaction with the quality of the service. This included monthly one to one meetings with senior staff when carrying out reviews. A staff member said, "These aren't just reviews but also a general chat where we get a sense of the satisfaction they have and to pick up any issues. More formal surveys are taken to ask people to reflect on staff timekeeping, their knowledge and skills, performance and appearance. The most recent survey in January 2018 was very positive. The results were calculated and any themes or trends could be identified. There were no specific trends which came out of the latest survey.

People using the service were provided with useful literature. This included a bi monthly magazine. A copy of which was seen at a person home during a visit. Two people told us it was a really useful way of getting information to them. The magazine was currently on trial but one person said they thought it would be useful. One of the trials was for people to be able to skype [having a spoken conversation over the internet usually visual contact through a webcam]. It provided 'Inspirational news clips' of various topics. Fun facts, jokes of the month and an object quiz. There was also a photograph of the employee of the month and requested nominations for the following month. This showed the service recognised the importance of engaging with people and keeping communication networks open.

The service had recently introduced a photo sheet of staff managing and working for Kerrier Homecare. A manager told us this had been agreed upon when people had said they did not know who they were talking with at head office. Also it helped people identify with staff visiting them at home. When we visited people in their own homes they told us, "It's really helped put a face to a voice. The photos included the name and role of the person so people could identify them more easily. This demonstrated the service recognised ways of improving identification and communication.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding teams. Our records showed that the provider had appropriately submitted notifications to CQC.