Kerr-Care At Home Services Ltd

Kerr-Care At Home Services Ltd - Right At Home (Wimbledon, Putney and Kingston)

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

Kerr-Care At Home Services Ltd - Right At Home (Wimbledon, Putney and Kingston) is a domiciliary care agency that provides personal care and support to people living in their own homes. At the time of our inspection 25 people were receiving a service from this agency who were mostly older adults with a wide range of health care needs and conditions.

At the last Care Quality Commission (CQC) inspection of this service in May 2015 we rated them 'Good' overall. In October 2015 Kerr-Care At Home Services Ltd - Right At Home (Wimbledon, Putney and Kingston) reregistered with the CQC. Consequently, this inspection represents this new provider's inaugural inspection and rating, although most people using the service, managers and staff, and their processes and systems remain the same. We found this newly registered service met the regulations and fundamental standards and we have rated them 'Good' overall.

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

People and their relatives told us that overall they were happy with the care and support this service provided. We saw staff looked after people in a way which was kind and caring. Staff had built caring and friendly relationships with people they regularly provided care to. Our discussions with people using the service, their relatives and staff supported this.

People felt safe with the staff who provided their care and support. There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs. Recruitment procedures were designed to prevent people from being cared for by unsuitable staff. Medicines were managed safely and people received them as prescribed.

People did not have major concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. Staffing levels were continuously monitored by managers and senior staff to ensure people experienced consistency and continuity in their care and that their needs could be met at all times.

Staff received appropriate training and support to ensure they had the right knowledge and skills to effectively meet people's needs. Managers monitored staff training to ensure their existing knowledge and skills remained up to date. Managers and senior staff were also in regular contact with the staff team to check they were clear about their duties and responsibilities to the people they cared for. Staff adhered to the Mental Capacity Act 2005 code of practice.

People were supported to eat healthily, where the agency was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals. People received the support they needed to stay healthy and to access healthcare services. Staff were knowledgeable about the signs and symptoms to look out for that indicated a person's health may be deteriorating.

Staff were caring and treated people with dignity and respect. They ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. When people were nearing the end of their life, they received compassionate and supportive care.

People received personalised support that was responsive to their individual needs. People were involved in planning the care and support they received. Each person had an up to date, personalised care plan, which set out how their specific care and support needs should be met by staff. Staff regularly discussed people's needs to identify if the level of support they required had changed, and care plans were updated accordingly.

Managers provided good leadership and led by example. The provider had an open and transparent culture. People felt comfortable raising any issues they had about the provider. The service had arrangements in place to deal with people's concerns and complaints appropriately. The provider also routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided. Staff felt supported by the managers, as well as valued for the work they did for the agency.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse.

The provider assessed and managed risks to people's safety in a way that considered their individual needs.

Staff recruitment procedures were designed to prevent people from being cared for by unsuitable staff. There were enough competent staff available who could be matched with people using the service to ensure their needs were met.

Where the service was responsible supporting people to manage their medicines, staff ensured they received their prescribed medicines at times they needed them.

Is the service effective?

Good

The service was effective. Staff continued to receive appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively. Staff were aware of their responsibilities in relation to the MCA.

People were supported to eat healthily, where the service was responsible for this. Staff also took account of people's food and drink preferences when they prepared meals.

People were supported to stay healthy and well. If staff had any concerns about a person's health appropriate support was sought.

Is the service caring?

Good

The service was caring. People said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving

personal care.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives. When people were nearing the end of their life, they received compassionate and supportive care.

Is the service responsive?

Good

The service was responsive. People were involved in discussions and decisions about their care and support needs.

Support plans reflected people's choices and preferences for how care was provided. These were reviewed regularly by the registered manager.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good

The service was well-led. Managers provided good leadership.

The provider routinely gathered feedback from people using the service, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

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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.

The inspection took place on 11 and 19 July 2017 and was announced. We gave the provider 24 hours' notice of the inspection because managers are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that managers would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. This included previous inspection reports and notifications the provider is required by law to send us about events that happen within the service. We also reviewed the provider information return (PIR). The PIR is a document we ask providers to submit before our inspection about how they are meeting the requirements of the five key questions and what improvements they intend to make.

During our site visit to the agency's offices we spoke with the services head of operations and quality assurance, the head of training and compliance, and three care workers. We also looked at a range of records that included five support plans, five staff files and other documents that related to the overall

governance of the service. This included quality assurance audits, medicines administration sheets, complaints log, and accidents and incident reports.

On the second day of our inspection we made telephone contact with four people who used the service, four relatives and five care workers, which included two senior members of staff.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe receiving a service from the provider. One person said, "I know the staff who regularly visit me well and do feel safe with them." Everyone who had participated in a recent satisfaction survey carried out by the provider said their regular carers made them feel safe when they visited them at home.

The provider had robust systems in place to identify, report and act on signs or allegations of abuse. Staff had received up to date safeguarding adults at risk training and were familiar with the different signs of abuse and neglect, and the appropriate action they should take immediately to report its occurrence. We looked at documentation where there had been safeguarding concerns about people and saw the provider had taken appropriate action, which they followed up to ensure people, remained safe and to prevent reoccurrence of similar concerns.

Measures were in place to reduce identified risks to people's health, safety and welfare. Managers assessed risks to people due to their specific health care needs, which were reviewed quarterly. We saw risk management plans were available for staff to follow and keep people safe. For example, we saw moving and handling risk assessments included risk management plans associated with falls prevention, the safe use of mobility hoists and peoples home environment, which included fire safety. Staff demonstrated a good understanding of risks to people they supported.

The provider's recruitment processes helped protect people from the risk of employing unsuitable staff. Recruitment procedures were in place that enabled the provider to check the suitability and fitness of staff they employed to support people living in the home. Records showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

There were enough staff to support people. People told us the agency always informed them who their carer would be and what time to expect them. People also said they had no concerns about carers turning up late or missing a scheduled visit. One person told us, "I had an issue with staff not turning up on time when I first started using this agency, but after we spoke with them about it things have got a lot better." Another person's relative said, "The staff are usually punctual and the office will let us know if they're running late."

We saw the staff rota was planned a week in advance. A relative told us, "The carers all do the tasks they have been asked to do and usually ask if there is anything else that I want them to do before they go". Staff told us they felt their scheduled visits were well coordinated by senior staff who ensured they had enough time to complete all their designated tasks and meet the needs of the people they were supporting. Managers told us they tried to coordinate visits so people received support from the same carers, wherever possible. This meant people experienced continuity in their care from carers who were familiar with their needs and preferences.

Medicines were managed safely. Where people required assistance or prompting to take their prescribed medicines, staff supported them appropriately. Staff told us they signed medicines administration record

(MAR) charts each time they assisted people with their prescribed medicines. Records showed staff had received training in safe handling and administration of medicines and their competency to continue doing this safely was reassessed at regular intervals. The agency employed their own medicines manager who was a qualified pharmacist to continuously monitor and review staffs medicines handling practices.

Good

Is the service effective?

Our findings

People and their relatives told us staff were competent. One relative said, "Most staff who visit us are very professional and knowledgeable."

New carers received a thorough induction that included shadowing experienced senior members of staff on scheduled visits. Systems were in place to ensure staff stayed up to date with all the training considered mandatory by the provider. Records indicated staff had recently completed training in dementia awareness, moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, person centred care planning, fire safety, food hygiene, equality and diversity, first aid, and prevention and control of infection. Managers also told us all new and existing staff had to complete the care certificate. The care certificate is a set of identified minimum standards that health and social care workers must achieve so they have the same introductory skills and knowledge. There was a training room located in the main office which we saw was well equipped with various mobile hoists, slings and a bed for all staff to practice their moving and handling techniques on. Staff also had access to regular updates and the provider's policies and procedures on their work issued mobiles.

Staff spoke positively about the training they had received and most said they had access to all the training they needed to do their job well. A new member of staff told us, "My induction so far has been fantastic. I've learnt so much and I feeling more confident about becoming a good carer." Another member of staff said, "The training is excellent here. It's always very practical. Only yesterday my colleague and I practiced using the mobile hoist in the training room, which I think is the best way of learning." Managers monitored staff training and arranged refresher courses as and when required so staff's knowledge and skills remained up to date. Where people had specific needs, carers received specialist training to enable them to properly meet those needs. For example, carers who supported people living with epilepsy had received epilepsy awareness training. The head of training gave us a good example of additional training they had recently introduced for all staff after a few members of staff had said they did not feel confident using a bedpan. We saw a bedpan was available in the training room and records indicated this training was now mandatory for all new staff to complete as part of their induction.

Staff had sufficient opportunities to review and develop their working practices. Records indicated staff attended individual supervision meetings with their line manager and had group meetings with their fellow co-workers at quarterly intervals. Staffs work performance was set against targets recorded in a support plan that included communication, team work and conduct, which was appraised monthly. Furthermore, managers and senior staff carried out direct observations of staff performing their work during scheduled visits approximately every ten weeks. Several members of staff told us they felt they got all the support they needed from their managers, field supervisors, care coordinators and other senior staff. Managers told us that senior staff telephoned carers at least once a week to find out how they were. The provider had also recently introduced an annual team building day and created hot spots in designated public spaces where staff could meet up for refreshments and a chat after a scheduled visit.

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. All staff had received training on the MCA. Records showed people's capacity to make decisions about their support was considered during assessments of their care needs by managers.

People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. The level of support people required with this varied and was based on specific needs and preferences. Staff sought this information about people's needs through the assessment process. Care plans included information about people's food preferences and the risks associated with them eating and drinking, for example where people needed a soft or pureed diet.

People were supported to stay healthy and well. Staff maintained records about people's health and well-being following each scheduled visit. This information was recorded in an individual's care plan. This meant others involved in people's care and support had access to information about their health and wellbeing as observed by staff. When staff had concerns about an individual's health and wellbeing we noted they notified their line manager so that appropriate support and assistance could be sought from the relevant community health care professionals, such as GP's, palliative care nurses and members of the local continuing care team.

Good

Is the service caring?

Our findings

People told us they were happy with the service provided by this agency and typically described the carers who supported them as "kind" and "caring." One person said, "The carers are fantastic. So much better than the previous domiciliary care agency we used." A relative told us, "The staff are first class. I wouldn't hesitate to recommend this agency to anyone." We also saw the service had received a number of positive comments and compliments from people as part of the agency's most recent satisfaction survey. One person wrote, "We were very impressed with the carers who attended to my [family member]."

Staff treated people using the service with respect. People told us their carers always respected their privacy and dignity. Carers spoke about the people they supported in a respectful way and were able to give us some good examples of how they upheld people's privacy and dignity. For instance, staff talked about how it was agreed they would always telephone a particular individual if they did not answer their front door after ringing their bell, which was clearly stated in their care plan. The registered manager has attended a course on dignity and is able to advise her staff team on dignity matters as the agency's designated dignity champion.

Care plans we looked at contained information about people's level of dependency and the specific support they needed with tasks they couldn't undertake independently, such as getting washed and dressed or shopping. A person said, "They [staff] all help me to be as independent as possible and support me as I ask."

Staff were encouraged to prompt people to do as much for themselves as they could to enable them to retain control and independence over their lives. For example, one person who had expressed an interest in cooking was actively encouraged by staff to prepare their own meals at home with minimal support from staff. Managers gave us another good example of how suitably matched staff supported another person to continue pursuing their sporting hobby which sometimes involved trips abroad.

When people were nearing the end of their life, they received compassionate and supportive care from the agency. Staff told us they asked people for their preferences in regards to their end of life care and documented their wishes in their support plan. Managers told us they worked closely with a palliative care team from a local hospice for people nearing the end of their life.

Good

Is the service responsive?

Our findings

People were actively encouraged by the provider to contribute to the planning of their care and to make informed choices about the support they received and how they wanted staff to provide it. For example, people were invited to complete a personal profile about themselves, which the agency used to find the best staff to match their personality. People could state if they preferred to be supported by a member of staff of the same gender or whose cultural background closely matched their own for example. A relative confirmed, "The agency tries to send us the carers that they know I get on with." A manager also gave us a good example of how they had meet an individuals stated preference to have only male care workers, which records we looked at indicated was respected. This ensured people received support that was personalised and reflective of what they wanted.

We saw people's care plans were personalised and informative. People told us they had been given a copy of their care plan. These plans took account of people's specific needs, abilities and preferences. They also included detailed information about how people preferred staff to deliver their personal care. Several staff said they had been told about the needs, choices and preferences of the people they provided care and support to. One member of staff told us, "It's all about the person with this agency and what they want. Its very person centred and not task orientated like the previous domiciliary care agency I worked for."

People's care and support needs were regularly reviewed with them by managers and senior staff. People were able to discuss and agree any changes they wanted to the support they received. It was clear from records we looked at and discussions we had with people using the service, managers and staff that care plans were reviewed at least quarterly. People's records were updated when there had been changes to the care and support they required. This meant staff had access to the latest information about how people should be supported.

The provider had suitable arrangements in place to respond appropriately to people's concerns and complaints. People knew how to make a complaint about the service if needed. They were provided information about what to do if they wished to make a complaint.

Although the provider's complaints procedure set out how complaint would be dealt with and by whom, the procedure was not clear about timescales for when a complainant should expect a response from the provider to a concern they might have raised. We discussed this issue with the head of operations who agreed to include more detailed information in their complaints procedure about the providers timescales for responding to complainants, as well as making it clearer the agency welcomed complaints and would not discriminate against or victimise anyone who made them.

We saw a process was in place for managers to log and investigate any complaints received which included recording any actions taken to resolve any issued that had been raised. Two people gave us examples of prompt action taken by the agency to replace some of their regular carers they did not feel they got along with particularly well. These complainants were satisfied with the way the agency had dealt with their concerns.

Good

Is the service well-led?

Our findings

The service had a clear leadership structure in place. There was a registered manager in post who also owned the business. They were supported by two deputy managers who oversaw staff training, quality assurance and the overall operation of the agency. There was also a head of medicines management and various senior staff that included field supervisors, care coordinators and senior caregivers.

The operations manager demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.

The provider had established good governance systems to monitor and review the quality of care they delivered. We saw regular audits had been conducted by managers and senior staff to routinely assess the quality of care plans and risk assessments, staff training and supervision, and complaints, accidents and incidents. For example, we saw the provider used an electronic system to monitor staff training which automatically flagged up when staff training or criminal records checks needed to be refreshed or they were overdue a supervision meeting with their line manager.

The provider also used a centralised electronic system to monitor staff scheduled visit times. This enabled the care coordinators to look at staff punctuality and length of their stay, which helped them plan carers' scheduled visits more effectively. The head of medicines management also regularly carried out spot checks on staffs medicines handling practices, which included their medicines administration and recording.

Records showed managers had weekly governance meetings where any issues identified as part of the audits described above could be discussed and an action plan developed to address them. This was confirmed by discussion we had with managers. The operations manager also gave us a good example of how the agency had created new care coordinator and a head of training posts in recent years in response to issues identified in a quality monitoring audit carried out in 2015 by one of the provider's senior managers. The operations manager was clear this relatively new domiciliary care agency had learnt a number of valuable lessons, which they had now addressed, as a result of the aforementioned audits.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people using the service and their relatives. A relative told us, "All the managers and staff are easy to talk to and do listen to what we have to say, whether were telling them what they do well or being constructively critical." Another relative said, "The agency has asked me on a couple of occasions to do a review of their services." The provider used a range of methods to gather people's views which included telephoning and visiting people at home approximately once a quarter and having annual satisfaction surveys carried out by an independence research company. Most people who had participated in the last satisfaction survey in 2016/17 said they were happy with the service they had received from the agency, agreed their carers made a positive difference to their life and would recommend them.

The provider valued and listened to the views of staff. Staff spoke favourably about the way manager's and

senior staff ran the agency. In a staff survey conducted by the aforementioned independent research company most staff said they were proud to work for this domiciliary care agency and would recommend them. One member of staff said, "This is a brilliant agency to work for. I've worked for a few in my time and this is definitely the best." Staff had regular opportunities to contribute their ideas and suggestions to the management of the agency through regular telephone contact, individual and group meetings, and an annual team building day. Records of this contact showed discussions regularly took place which kept staff up to date about people's care and support and developments at the agency.