

CareKind

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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: CareKind is a domiciliary care agency providing personal care to people in their own homes. The service was supporting five people with personal care in their own homes at the time of our inspection.

People's experience of using this service:

Records relating to medication administration required improvement. Staff required further guidance on how to administer 'as and when' required medication such as prescribed creams. The way in which the manager assessed people's competency to administer required further development.

We spoke with the manager about the improvements that needed to be made to medication management. They told us they would address this without delay. Shortly after our inspection we received confirmation of the improvements the manager had started to introduce. At our next inspection we will check these improvements have been sustained.

The majority of people's need and risks were properly assessed with sufficient guidance for staff to follow in the provision of safe and appropriate care. Information on people's needs and skin integrity required improvement. The manager told us they would address this without delay.

Staff had person centred information on people's preferences and choices with regards to their support and the support provided was personalised to them and their individual requirements.

People told us the support provided was good and that they felt safe with staff. They said staff members were kind, caring and respectful.

People's daily records showed that people received the support they needed in accordance with their care plan.

People and their relatives confirmed that staff turned up on time and provided the support they needed in accordance with the people's needs and wishes.

Records showed and people told us that where their needs or choices changed, the management team tried their best to accommodate these changes.

From the records we viewed and the feedback we received it was obvious that people's care was planned and well organised.

The provider's complaints policy required review but everyone we spoke with was happy with the care they received. No-one we spoke with had any complaint about the service. Records showed that any complaints received were responded to in a timely and appropriate way.

People's visits records showed that people's visits were rarely missed. Visits were made on time and staff told us that they had sufficient time to provide people with the support they needed. This indicated that staffing levels were sufficient to ensure people received the support they needed.

Staff were recruited appropriately with the required pre-employment checks undertaken prior to employment to ensure staff members were safe and suitable to work with vulnerable people.

Staff were sufficiently trained to do their job supported by the management team. Staff morale was good. Staff told us they felt supported and that the management team were approachable and open. Staff felt they provided a good service to people. The people and relatives we spoke with agreed with this.

The systems and processes in place to monitor the quality and safety of the service were adequate and appropriate for the size of the service. The management team demonstrated a good knowledge of their regulatory responsibilities with regards to people's care and managed the service well.

Rating at last inspection and why we inspected: This was a scheduled inspection. At the last inspection the service was good. At this inspection, the service was rated good again.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 not always safe

Details are in our Safe findings below.

Requires Improvement 

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 Caring findings below.

Good 

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 

CareKind

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was undertaken by one adult social care inspector.

Service and service type: CareKind is a domiciliary care agency. A domiciliary care agency provides support to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means 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: This inspection was announced 24 hours before the inspection took place. This was because the service was small and we needed to be sure that the manager was available in the office to assist with the inspection.

What we did:

- We reviewed information we had received about the service since the service was registered.
- We reviewed the information we require providers to send to us at least once annually. This information provides us with background information about the service, what it does well and the improvements the provider plans to make.
- We also contacted the local authority to gain their feedback on the service.
- We used all this information to plan our inspection.
- During the inspection we spoke with one person using the service and a relative to gain their feedback.
- We spoke with the management team including the registered manager. The registered manager and their spouse was also the provider.
- We reviewed three people's care records and a sample of medication records.
- We viewed four staff recruitment files and other records relating to staff support of staff.
- We looked at records relating to the management of the service.

Is the service safe?

Our findings

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

Some aspects of service delivery were not always safe and required improvement. Legal regulations were met.

Assessing risk, safety monitoring and management

- Record keeping with regards to medication administration required improvement. Medication charts just stated morning, lunch and tea etc. The actual time that people's medicines were administered was not recorded.
- There were some handwritten entries on people's medication records which had not been double checked by another member of staff as correct. Staff also needed more guidance on how to administer people's prescribed creams.
- The format used to assess the competency of staff members to administer medication needed to be more detailed.
- For the majority of people who used the service however, the only medication administered by staff was prescribed creams. Only two people had tablet medication and this medication was minimal.
- We spoke with the manager about the improvements required with regards to medication management. They said they would make these improvements without delay.
- Shortly after the inspection, the provider sent an email with evidence of the improvements they had started to introduce. At our next inspection we will check that these improvements have been sustained.
- People's needs and risks were assessed and managed. Staff had detailed guidance on how to provide people's personal care. Information relating to allergies or skin integrity issues however needed further detail. We spoke with the manager about this and they assured us this information would be sourced without delay.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training. Staff spoken with knew what action to take to protect people from harm
- Staff were committed to reporting potential abuse. Some of the staff spoken with were not sure of the organisations outside of CareKind to report concerns to.
- We found that a complaint made by a person using the service was a potential safeguarding incident. Records showed that the manager had thoroughly investigated and taken appropriate action in relation to the incident but had treated it as a complaint as opposed to a safeguarding incident. We spoke with the manager about this.

Learning lessons when things go wrong

- No accident and incidents had occurred at the service during the delivery of personal care.
- The minutes from the provider's staff meetings showed that information about the day to day running of the service was used to learn from and improve the support provided.

- Regular spot checks on the ability of staff to provide people with the support they needed were undertaken to ensure that any staff training or development needs were picked up and addressed.
- Complaints were properly investigated. Where improvements were required we saw that these were discussed at staff meetings to ensure lessons were learned.

Staffing and recruitment

- We saw that pre-employment checks were carried out prior to employment to ensure staff members were safe and suitable to work with vulnerable people.
- People's daily records showed that staff members turned up to people's home on time, stayed the length of time the visit required and provided the support identified in people's care plans. This indicated that sufficient staff were on duty to meet people's needs.

Preventing and controlling infection

- People's care plans provided staff with clear guidance on what personal and protective equipment to use when providing support. For example, disposable gloves and apron.
- Regular spot checks on the support provided by staff were undertaken. These spot checks checked staff were using appropriate personal and protective equipment when providing support.
- Some people's visits included support to keep the person's home clean after staff had prepared the person's meals or support them with personal hygiene. Records showed that staff consistently undertook these duties.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of our inspection, there was no-one using the service that required the MCA legislation to be applied.
- Staff spoken with told us they verbally asked for people's consent before any support was provided.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's choices with regards to the support they received were well documented.
- Staff we spoke with knew the people they cared for well and were aware of their choices and preferences.
- Where people were unable to communicate their needs verbally, staff had a good understanding of the different ways the people they supported would communicate their choices and consent.
- Where people's choices changed, for example, where a different visit time was requested, we saw that the management team worked hard to try to accommodate the person's wishes.
- Regular telephone calls were made to people and their relatives to ensure they were satisfied with the service provided. Spot checks on staff practice were undertaken frequently to ensure the support provided was of a good standard.

Staff support: induction, training, skills and experience

- Staff received training to do their job well. Training was provided in a range of health and social care topics. For example, first aid, fire safety, mental capacity act, safeguarding, person centred care, moving and handling, medication administration, infection control and end of life care.
- Staff had regular supervision with their line manager and ongoing appraisal of their skills and abilities through spot checks and performance reviews.

- Staff spoken with told us that the management team were approachable.
- One staff member said that it was the first organisation that they had worked for that recognised positive achievements by staff members. They said they "Recognise good carers" and "They are amazing".

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

- Some people who used the service required support with meal preparation to ensure their nutrition and hydration needs were met. People's daily logs demonstrated that those who needed this type of support received it in accordance with their dietary needs and wishes.

Adapting service, design, decoration to meet people's needs

- The service was designed to be delivered in people's own homes to accommodate their needs and wishes.

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

- The service worked in partnership with social services teams and other health professionals such as physiotherapists, district nurses and social work teams.
- A health and social care professional with who worked closely with the provider told us "CareKind are exceptional, they have always been very accommodating and professional. They have taken on some very complex cases, as well as the caring that they do in the community".

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The people and relatives we spoke with told us that the staff team were kind, caring and respectful. Comments included the staff are "Very sympathetic, very kind and do their best".
- We looked at the feedback the manager had sought from people using the service and their relatives. People's feedback was positive.
- For example, a person using the service had written "A kind caring service going the extra mile".
- The feedback provided by one relative stated "I am extremely happy with the care [name of relative] had received from CareKind. Another had written "Without a doubt they are all fantastic".
- A member of staff we spoke with told us they thought the service was "Very good at meeting the needs of the client. We fit the care around their needs and what they like" with regards to the support provided.
- Records showed that people and their relatives had been involved in decisions about their care.
- A relative we spoke with told us that the management team were approachable and that they were always happy to discuss people's care to ensure it continued to meet their needs.
- This showed that the service care that people were involved as partners in their own care and were given choice and control over the care they received.

Respecting and promoting people's privacy, dignity and independence

- People's care files contained clear information on what they needed help with and what they could do independently.
- Staff had information on what support the person received from their family or other relatives, so that the care between staff and family members could be co-ordinated. This showed that the service cared that people's needs were met in the way they preferred.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's needs were assessed and their care personalised to them. There was detailed information about people's preferred daily routines and their likes and dislikes with regards to eating and drinking, sleep routines and things that were important to the person. This was good practice as it helped staff understand the person they were supporting.

- Relatives told us that most visits were completed on time. They said that if staff members were going to be unavoidably delayed they called to let them know. A person using the service told us when staff are late, "It's usually only a few minutes" and they call beforehand. A relative said "They always ring and keep me in the loop if they are going to be late".

- A person told us that they felt in control of their care and that any changes they needed with regards to their support were responded to. They said "Its (the support) alright between me and them". When asked if the support they received was good they replied "Oh yes compared with what I had before". They told us they were happy with the service and had no complaints.

- A relative we spoke us "The care is excellent. They always come and tell me if they are any problems with [name of relative]". They went onto to tell us how CareKind and the district nurse had worked together to ensure the person had effective pressure relief to respond to concerns with regards to their skin.

- Daily records relating to each people's well-being and the support they received were maintained after each visit. Records showed that people's choices were respected and that staff provided people with the support they needed.

Improving care quality in response to complaints or concerns

- The home had a policy and procedure in place for receiving and responding to complaints about the service.

- The complaints procedure did not provide people using the service with the names and address of the manager or clear information about how the complaint would be handled. We drew this to the manager's attention.

- The relatives we spoke with told us they had no complaints. They said that the management team were approachable and that they would be happy to discuss any concerns they had with them if and when necessary.

End of life care and support

- At the time of our visit, the service did not support people who required end of life 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and arrangements were used to monitor and improve the quality and safety of the service.
- There was a system in place to ensure people's visits were completed appropriately. Records showed that people's visits took place on time and for the duration that was required to provide the person with the support they needed.
- Spot checks on staff practice and the support provided were undertaken regularly to ensure it was of a good standard.
- The manager had ensured people's views and opinions of the service and the support they received was sought. A survey had been undertaken and people's feedback on the support they received was very complimentary.
- When asked people were asked if they were happy with the service, people's responses were "Yes very happy" and "Very much so". A relative we spoke with during the inspection also told us "I am very glad of the quality of care they give".
- Regular supervision and monthly meetings ensured staff members were clear about their job role and its responsibilities.
- One staff member said that the management team were "Brilliant". Another said they thought the service was well-led because "They [the management team] are very good at meeting the needs of clients. They fit the care around people's needs and what they like". It was clear that staff morale within the service was good.
- It was clear from what people and staff told us and the records we reviewed during our inspection that the management team were fully aware of the health and social care regulations and their regulatory responsibilities.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's care records were clear and person centred. The support provided was personalised and well-managed.
- The management team were open and transparent. The service was monitored well and staff morale was good.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff received training in equality and diversity to ensure that they understood how to support people's needs.

- The service worked in partnership with social services and other local health professionals such as district nurse teams to ensure people's support needs were met.