

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Kivernell Care Limited

1st Floor, 745 Ampress Lane, Lymington, SO41
8LW

Tel: 01590670440

Date of Inspection: 18 February 2014

Date of Publication: March
2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Kivernell Care Limited |
| Registered Manager | Mrs. Carol Jane Light |
| Overview of the service | Kivernell Care Limited provides care to people in their own homes. The office is situated in Lymington, Hampshire. |
| Type of service | Domiciliary care service |
| Regulated activity | Personal care |

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

| | Page |
|---|------|
| Summary of this inspection: | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 4 |
| Our judgements for each standard inspected: | |
| Care and welfare of people who use services | 5 |
| Safeguarding people who use services from abuse | 6 |
| Supporting workers | 7 |
| Assessing and monitoring the quality of service provision | 8 |
| Complaints | 9 |
| About CQC Inspections | 10 |
| How we define our judgements | 11 |
| Glossary of terms we use in this report | 13 |
| Contact us | 15 |

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 February 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During this inspection we spoke with the registered manager, the training manager, four care workers, four people that used the service or their relatives and a company director.

The people we spoke with said that they were satisfied with the care and assistance provided. One person told us: "The care plans when reviewed are comprehensive and up to date".

The service had a robust comments and complaints policy that set out the route any complaint had to follow to a proper conclusion. This was monitored by the provider, risk assessed and there was a process to evaluate and feedback the results.

Staff told us they were confident that they would be able to recognise abuse or identify situations where there was a risk of abuse.

We saw that the last quality audit took place in January 2014. This meant that the provider had an effective system to regularly assess and monitor the quality of service people received.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at seven personal care records. All contained a support plan which detailed people's physical, medical and social needs and any associated risks. We spoke with a senior care worker who explained to us the documentation relating to people's initial care needs assessment. This was a person centred care plan that was completed with the person using the service and any person they wished to be present.

A care risk assessment form was also completed which identified risks and hazards relating to the delivery of care. We saw that the information was completed in consultation with the people using the service, that it was effective, safe and appropriate care and supported their needs. We saw a daily and weekly plan of care that was completed with the people using the service giving details of what support they required and how they wished their care to be given. This showed that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with four care workers who told us that the care plans were reviewed by the manager on a regular basis and contained accurate information. The plans kept in people's houses were read each time they attended and helped them to deliver consistent personal care to people.

The people we spoke with said that they were satisfied with the care and assistance provided. One person told us: "The care plans when reviewed are comprehensive and up to date". We were told by people that care workers usually arrived on time. They would phone if they were held up in traffic. They provided the support expected and remained for the agreed amount of time. A relative told us that they had no concerns and were, "confident in the standard of care being provided". A person who used the service told us that the carers always made sure that they are happy with the care given and ask if there was anything more they could do.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During this inspection we spoke with the registered manager, the training manager and four care workers who were able to describe the different types of abuse and what abuse was. Staff told us that during induction training, safeguarding was a subject that was extremely important. They were confident that they would be able to recognise abuse or identify situations where there was a risk of abuse. The service had robust safeguarding policies in line with the current Hampshire and Isle of Wight Adult Services Policy.

We looked at staff training records and saw that staff had received appropriate training in safeguarding vulnerable adults. Staff were able explain the procedures that they would follow if they suspected that any type of abuse was occurring. Staff were aware of their responsibilities in reporting safeguarding concerns and who to contact, outside the service, for help and advice on any safeguarding matter. We saw evidence that safeguarding had been discussed in staff meetings.

People who used the service were protected from risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke with a person who used the service and three relatives of people who used the service. Although not all of the people had an in depth knowledge of safeguarding, they were happy that if they suspected incidents of abuse were taking place, they would be confident to tell the people that supported them or the management at Kivernell Care Ltd.

We saw documentation that had been made available to staff and people that used the service. Staff we spoke with told us that they were confident they would be taken seriously, if they had to raise a safeguarding concern with the management, that their report would be looked into fully and fairly and that help and support would be offered.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We reviewed five staff personnel files these showed they had completed a induction programme and also included certificates of successfully completed training courses. The training manager told us that staff were encouraged and supported to undertake nationally recognised qualifications including diplomas in health and social care. Staff confirmed that they undertook training and development courses to update and enhance their skills and knowledge. The company's office building had a training classroom and training equipment in a practical skills area for staff to learn and practice their skills on.

Staff told us that the training provided was good and said they felt they were well supported by the management team. We saw that there was a training programme which gave details of all courses available from January 2014 to July 2014. Staff told us that they were able request courses that reflected the changing needs of the people they supported. For example, stroke awareness and Parkinson's disease awareness courses.

Staff told us that they had been through an induction and training programme that was completed before they were allowed to support people. This included training in: moving and handling, safeguarding, health and safety, fire, principles of care and infection control. Staff completed their training in line with the Skills for Care Common Induction Standards. Additional training was also provided as required to enable staff to support people appropriately. This meant that staff had access to training that enabled them to meet people's assessed needs.

We spoke with people who used the service and their relatives. They said they felt that the carers appeared to have been trained to a good standard and were supported by supervisors. There were differences in experience and the younger carers may on some occasions be a little hurried. They added the service appeared to be able to mix experienced and less experienced staff and this gave a good balance to the care given.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We found that internal audits had been conducted by the registered manager to review the quality of care being provided. These included audits and reviews of care plans, medication and risk assessments. We reviewed seven care records and saw that these checks were conducted regularly, were up to date. Records showed that they were regularly reviewed and checked for any changes in the health or care needs of people who used the service. This meant that the manager had a good overview of what was happening in the level care and would be able to identify and deal with any changes in people's care needs should they become apparent.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We found that all the people who used the service had been asked for their views about the service they received. Kivernell Care Ltd used the services of a company to collate and report feedback to them. We reviewed 29 customer survey questionnaires completed in 2013. The majority were positive and recorded that people were happy with the service provided. Examples of comments made in the customer survey included: 'Good quality carers from Kivernell Care' and 'Kivernell care have a very good set of carers'. Any negative comments received were acted upon; one person told us that they requested that only the same carers attended a relative. The manager had made arrangements and this had happened.

We saw that there were regular team meetings. We reviewed the most recent meeting records which showed that discussions had taken place. An example seen was with regards to record keeping and the importance of good clear record keeping and regular checking of the service folder in people's homes.

We saw a robust quality assurance policy that had been reviewed and updated in January 2014. This policy outlined all the audits that needed to take place and examples included incident and accident reporting, satisfaction surveys, working place risk assessments and training reports. We were able to confirm that this quality assurance policy had been adhered to, the last quality audit taking place in January 2014. This meant that the provider had an effective system to regularly assess and monitor the quality of service people received.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Details of procedures for making comments and complaints were supplied to service users in their care folder. We spoke with four care workers and they confirmed they had seen these forms. Staff told us that they regularly explained and reminded people who used the service about the comments and complaints procedures.

The service had a robust comments and complaints policy that set out the route any complaint had to follow to a proper conclusion. This was monitored by the provider, risk assessed and there was a process to evaluate and feedback the results.

The staff we spoke with had knowledge of the complaints procedures and told us they had been given training on the subject and were confident to deal with a formal complaint. We saw that people were given support by the provider to make a comment or complaint by the use of feedback forms. Kivernell Care Ltd used the services of an independent company to seek comments from people who used the service in order to obtain comments about the service provided. This meant that people were made aware of the complaints system and it was provided in a format that met their needs.

When we spoke with people they all were able to confirm that they were aware of the comments and complaints procedures. One person said: "I am able to contact the service at any time and they always take on board any comments".

We saw that when a complaint had been made it was dealt with professionally and in a timely manner. This resulted in the parties in question being happy with the resolution. This meant that people's complaints were fully investigated and resolved, where possible, to their satisfaction.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
