

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

## Kent Carers Limited - Head Office

Unit 1, The Stables, Shirehall Road, Dartford,  
DA2 7SL

Tel: 01322277944

Date of Inspection: 03 March 2014

Date of Publication: March  
2014

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Records</b>	✗	Action needed

## Details about this location

Registered Provider	Kent Carers Limited
Registered Manager	Mr. Barry Hunt
Overview of the service	The service provides personal care to adults of all ages who live in their own homes in the community.
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
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Requirements relating to workers	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
Records	12
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	13
<hr/>	
<b>About CQC Inspections</b>	14
<hr/>	
<b>How we define our judgements</b>	15
<hr/>	
<b>Glossary of terms we use in this report</b>	17
<hr/>	
<b>Contact us</b>	19

## 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 3 March 2014, checked how people were cared for at each stage of their treatment and care and talked with carers and / or family members. We talked with staff.

---

### What people told us and what we found

---

People using the service told us that they had been "very happy" with the care and support received. They told us carers had been consistent and reliable. They told us carers working for the service had shown the right skills and attributes to look after people well. One of the people we spoke with said that they were happy, well informed and involved and that, "hopefully things will continue like this in the future".

We found that people's needs had been assessed and that their care plans set out how they should be supported such that their needs were met. We found that the service had employed people who understood their responsibility to safeguard and promote the welfare and rights of people using the service.

We found the recruitment and selection of staff had been satisfactory. Relatives of people using the service described staff as "adequately experienced" and having provided a "very satisfactory" standard of care.

Staff told us they had been well supported by the provider. There was no formal supervision recorded but staff performance had been monitored. Staff told us that they had the opportunity to discuss work issues with the provider when required. We found that staff had not undertaken any training with the provider but had been encouraged to do so.

We found the provider had not maintained accurate records of the care provided; records in relation to persons employed; and records in relation to the management of the regulated activity.

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

---

### What we have told the provider to do

---

We have asked the provider to send us a report by 23 April 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

---

### **More information about the provider**

---

Please see our website [www.cqc.org.uk](http://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 reviewed the care records of people using the service. We spoke with relatives of people using the service and we spoke with staff.

We found that the needs of people had been assessed when they first started using the service. The provider had undertaken home visits and recorded the assessment process. There had been occasions when the designated carer had also been on these visits with the provider. People had had the opportunity to inform or otherwise contribute to their own assessment. A relative of one of the people using the service said that the service had found a good match between carers attributes, skills and knowledge and the needs of people using the service.

Support plans had been individualised and considered all aspects of people's circumstances, and their immediate and longer-term needs. The service had recognised the right of people to contribute to the planning process. They and/or those acting on their behalf had been properly consulted. The plans reflected people's needs, preferences and diversity.

Plans identified risks, and said how these would be managed. Risk assessments balanced safety and effectiveness with the right of people using the service to make choices.

The provider told us that support plans had been reviewed every three months and more regularly if changes had occurred. The plans we looked at had not been signed and dated. One of the relatives that we spoke with said that the support plan had been reviewed and updated; another told us that a review had not occurred in six months.

We were told by one relative that personal care had been good and that carers had spent "quality time" with the person using the service. Another told us that they were, "happy and had felt informed and involved" about the service which had been provided.

The provider had a clear strategy to mitigate the risks which could arise from emergencies

which could affect the provision of services.

**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**

---

The provider and staff recognised their personal responsibility in safeguarding people who use services. They were aware of and understood what abuse is and what they must do to respond to concerns. Choice, control and inclusion as a means to help meet people's individual needs and reduce the potential for abuse had been taken into account in the support plans agreed. Guidance about safeguarding people from abuse was accessible to all staff. Staff were not required to use restrictive physical interventions.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

---

### Our judgement

---

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

---

### Reasons for our judgement

---

We spoke with three relatives of people using the service. They told us that staff had the right knowledge, skills and experience to carry out their role. One of the relatives said that care and support had been provided in a, "...very satisfactory manner". Another told us that staff had been "...very willing to learn", and that they had "the skills to do the job".

Staff we spoke with were confident talking about their work. They spoke with knowledge about their role and how people were supported.

We looked at the ways the service had recruited, selected and inducted staff. The recruitment process had included the requirement for a full employment history, interview, and the necessary background checks and references. Three people had been employed. We looked at the staff recruitment records for all three members of staff.

Two out of three staff files were missing employment references. The provider explained that they had received telephone references for one of these staff and had a record of this call on file. They said that they were very happy with the information given to them with regards to conduct and reliability. They said that they had known the other member of staff on a professional basis through their prior employment. They said that they had found the person to be highly reliable and had been entirely satisfied with their conduct and suitability.

The service had a record of checks carried out by the Disclosure and Barring Service on the people it employed. Where the checks had been carried out by other providers the service had made reference to the relevant guidance. Full employment histories were missing for two members of staff. The provider explained that they had known both members of staff in a professional capacity prior to their employment with the service and had been satisfied with their conduct and suitability for the post

**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 spoke to two members of staff. Both of these people said that they felt supported by the provider. They said the provider was always available to them when they were needed. They said that they could contact the provider at any time and valued the guidance, direction and support they had received.

The provider described how they had inducted new members of staff to ensure they were prepared to carry out their duties. No record of this had been maintained. The provider did not have a written training strategy for the service or for individual members of staff. Staff told us that though they had not attended any training arranged by the provider they felt confident they would be supported to do so. Records showed us that some staff had attended a range of relevant training programs with other agencies. The provider explained that training had been discussed with staff. They said that due to individual circumstances carers had not taken up any training whilst in their employment.

The provider stated that they were in regular contact with carers and that supervision and support had been ongoing. This was a view shared by the two carers we spoke with. There was though no written record of supervision or appraisals that had taken place making it difficult for this aspect of the service to be monitored and assessed.

## 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

---

The service supported three people and employed three staff. We were told that the provider had been involved in the assessment and planning of care of all the people who were using the service. A record of this work had been maintained.

Staff told us that they had had regular discussions with the provider about the work of the service. Relatives of people using the service told us that the provider had kept in regular contact and had been interested in the experience of people using the service. The provider explained that they monitored the quality of care and support in this way.

We were told by relatives of people using the service and by staff that the provider had taken action to follow up or otherwise act upon feedback and comments they had made. Relatives of people using the service told us that the quality of service had been satisfactory.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

---

## **Our judgement**

---

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

## **Reasons for our judgement**

---

From speaking with the provider, with staff and with relatives of people using the service we learned that accurate records in respect of the support provided by carers had not been maintained. Carers stated that they had not been required to maintain written records of their visits beyond a timesheet. This was confirmed by the provider.

Relatives said that a record describing the support provided together with the name of the person visiting and the time they started and finished a visit would be helpful to have. The absence of these records made it harder for the provider to effectively monitor and assess the service provided.

The lack of accurate records in relation to the support provided and incomplete employment records means people using the service are not protected against the risks of unsafe or inappropriate care and treatment arising from a lack of accurate records.

This section is primarily information for the provider

## ✕ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Records</b>
	<b>How the regulation was not being met:</b>  The provider had not maintained an accurate record of the care provided; records in relation to persons employed; and records in relation to the management of the regulated activity. Regulation 20(1)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 23 April 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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](mailto:enquiries@ccq.org.uk)

---

---

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

---

---

Website: [www.cqc.org.uk](http://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.

---