

Kare4all Limited

Kare4all Ltd

Inspection report

Suite 7, Cavendish House
Plumpton Road
Hoddesdon
Hertfordshire
EN11 0LB

Date of inspection visit:
30 January 2018

Tel: 01992676074
Website: www.kare4all.com

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

The inspection took place on 30 January 2018 and was announced. This was the first comprehensive inspection of this service since the provider initially registered with the Care Quality Commission (CQC) in October 2016. The provider started to provide care and support for people in September 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Kare4All is registered to provide a service for people living with dementia, older people, people living with a physical disability and younger adults. At the time of this inspection Kare4All supported three people with personal care.

The provider was also the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe using the service. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. People's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. Recruitment practices required some improvement to help make sure that staff were of good character and suitable for the roles they performed. The management team responded immediately following the inspection with confirmation that they had put more robust procedures in place.

A formal process of staff supervision was in the process of being developed and introduced. Staff had the knowledge and skills necessary to meet people's individual needs and promote their health and wellbeing. The service worked in line with the principles of the Mental Capacity Act 2005. People were supported to access healthcare professionals promptly when needed.

People's relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. The service had a strong and person centred culture that was reflected in discussions with the management and staff team.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People's relatives were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

People's relatives told us they would recommend the service to their friends and staff members told us that they were proud to work for Kare4All. The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. The registered manager actively kept themselves up to date with changes in the care sector and changes in legislation to ensure their continued good practice.

There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs.

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.

Recruitment practices required some improvement to help make sure that staff were of good character and suitable for the roles they performed. The management team responded immediately following the inspection with confirmation that they had put more robust procedures in place.

People's safety was promoted by a staff team who were knowledgeable about the potential risks and signs of abuse.

Potential risks to people's health, well-being or safety had been identified and controls were in place in place to mitigate risk.

There were enough staff deployed to meet people's needs and promote their safety.

Is the service effective?

Good ●

The service was effective.

A formal process of staff supervision was in the process of being developed and introduced.

Staff had the knowledge and skills necessary to meet people's individual needs and promote their health and wellbeing.

The service worked in line with the principles of the Mental Capacity Act 2005.

People were support to access healthcare professionals promptly when needed.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us the staff were kind and caring.

People were encouraged to make choices about how they lived their lives and staff focussed on promoting people's independence and wellbeing.

The service had a strong and person centred culture that was reflected in discussions with the management and staff team.

Staff told us that working with the same people consistently helped them to build up relationships and get to know people as individuals.

Is the service responsive?

Good ●

The service was responsive.

Staff provided individualised care to people.

People's individual care needs and preferences had been assessed and were being met whilst encouraging and promoting independence.

People could be confident complaints and concerns were taken seriously and dealt with appropriately to promote improvement.

Is the service well-led?

Good ●

The service was well-led.

People's relatives told us they would recommend the service to their friends and staff members told us that they were proud to work for Kare4All.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

The registered manager actively kept themselves up to date with changes in the care sector and changes in legislation to ensure their continued good practice.

There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs.

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. A Provider Information Return (PIR) was not requested prior to this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Inspection activity started on 30 January 2018 and ended on 06 February 2018. We visited the office location on 30 January 2018 and spoke with the registered manager and a member of the staff team. We reviewed care records and documents central to people's health and well-being. These included care records relating to two people, recruitment records for two staff members, staff training records and quality audits.

Subsequent to the visit to the office, we received feedback by email from relatives about how people were supported to live their lives. A health and social care professional shared positive feedback with us and we spoke with two staff members by telephone to confirm the training and support they received.

Is the service safe?

Our findings

We checked the recruitment records for two staff and found that the recruitment processes in place were not always robust. For example, just one reference had been requested for each staff member, application forms had not been completed and copies of identification documents had not been signed and dated to indicate who had seen the originals and when. We also discussed that contacting referees to validate references received was good practice and helped to avoid the risk of falsified references. The registered manager reported that the staff members employed to date had been known to the management team for some time however, acknowledged these areas of shortfall. We received an action plan following the inspection that stated what action would be taken to address these issues and in what timescales.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for areas including people's mobility, the environment and specific health conditions. These assessments identified potential risks to people's safety. We discussed with the provider that more detail was needed to guide staff in relation to the controls in place to mitigate risk. For example, staff knew how to support people to transfer by means of mechanical hoist safely but the risk assessments did not include specific detail for them to follow. We received an action plan immediately following the inspection that showed that necessary improvements had been scheduled.

People told us that they felt safe receiving care and support from Kare4All. A relative of a person who used the service told us, "I am very happy and important thing is [Person] is well looked after." A staff member told us, "I definitely feel that people are safe because we take extra time to make sure of it."

Staff had attended training about protecting people from abuse, and the staff training records we reviewed confirmed this. Staff were able to confidently describe how they would report any concerns both within the organisation and to external authorities. They us that they would not hesitate to report concerns where necessary and encouraged other staff to do the same.

Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. A staff member described the actions they would take in the event of an incident which showed us that people's safety and wellbeing was at the forefront of the care and support provided.

Relatives of people who used the service told us that there were enough staff to meet people's assessed needs safely. They told us that staff were seldom late and always stayed their allotted time to make sure that all aspects of care were covered. Feedback we received from a relative stated, "Time keeping was excellent and if delayed they would phone and tell us with the expected time of arrival."

The registered manager told us that there were sufficient staff members employed to meet people's needs at this time taking into account staff annual leave and sickness. They said that they were starting to receive more enquiries from people looking for care in their own homes and were increasing their recruitment activity as a result of this.

The registered manager reported that there had not been any missed care calls since the agency started. Travel time was factored into the rota for staff members to help ensure that people did not have to wait for staff who had been delayed. There was an agreed protocol amongst the staff team whereby if staff were slightly delayed it was their responsibility to contact the person and if they were running significantly late they were to contact the office so that alternative arrangements could be made. The registered manager told us of future plans to install a computerised call monitoring system as the service grew to help monitor if staff were being delayed so that the rotas could be amended if needed. They also said this would give them peace of mind as the system would also help promote the safety of the staff team.

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People who used the service did not have their medicines managed or administered by staff. People managed their own medicines, or their relatives did so on their behalf. Staff told us that they merely reminded people to take their medicines which they then noted within the daily records. However, the registered manager reported that training would be provided for staff in the event that this need was identified.

The registered manager had arrangements in place to manage and monitor infection control practices. Gloves, shoe protectors and aprons were available in people's homes for staff to use as needed. The registered manager assessed staff competencies in this area during shadow shifts and on-going daily practice.

Is the service effective?

Our findings

The management team reported that they were always available to support staff as and when needed and the staff we spoke with confirmed this. However, there was no system of formal recorded supervision in place at the time of this inspection. The management team undertook spot checks of staff practice in people's home once or twice per month and feedback was given where appropriate, staff meetings also took place regularly with a pre-planned agenda and minutes taken to confirm areas discussed. The provider sent us an action plan immediately following the inspection which confirmed that a system of formal staff supervision would be developed and put in place by mid-February 2018.

People's relatives told us that the care and support provided by staff of Kare4All was appropriate to meet people's needs. A staff member told us, "I think people's care is effective and their individual daily routines are suitable to meet their needs."

A health and social care professional told us, "[A representative of the agency] visited the person at home within 48 hours of discharge and care commenced a few days after that freeing up the enablement care for someone else. [Person] told me they are happy with the care being provided and I have now ended my involvement. Over all it was a smooth and efficient service."

Staff told us that when they first started working at the service they completed an induction to help ensure they had the necessary skills and knowledge to provide safe care for people. The registered manager told us that new staff shadowed experienced staff before working alone, the length of this process was dependent on the newly recruited staff member's experience and competency.

Staff received training to support them to be able to support people safely. Staff currently recruited to work with the agency were experienced in the care sector and had completed basic core training with another provider. However, the registered manager told us of a training course booked for the staff team in February 2018 that included basic core training such as moving and handling, safeguarding, food hygiene and person centred care.

The registered manager told us that staff training was tailored to the needs of the people who used the service. For example, a person who used the service was immobile and at risk of developing pressure sores so the policy of the month for December 2017 had been tissue viability. Staff meeting minutes from December 2017 showed that this topic had been discussed with specific reference to the individual. Another example was where a person lived with diabetes. Information had been given to staff members about how to recognise signs of hypoglycaemia and what action to take. This showed that the registered manager helped to ensure that staff had the training they needed to meet the specific needs of people who used the service.

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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. We checked whether the service was working within the principles of the MCA. The registered manager demonstrated a good awareness of what steps needed to be followed to protect people's best interests and minutes of a staff meeting held in December 2017 showed that the topic had been discussed with the staff team.

People who used the service at the time of this inspection did not require support with their nutritional needs. However, the registered manager reported that the staff team were experienced and were able to identify a person at risk from poor nutrition or hydration and that some training had been provided as part of a session about tissue viability.

People's health care appointments were facilitated by their relatives. The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP, district nurse or other healthcare professional as appropriate. We were given an example where a person's relatives had been advised to contact an enablement service as the person was at risk from falls.

Is the service caring?

Our findings

People's relatives, told us they were happy with the staff that provided people's care. Feedback we received from one relative stated, "The carers were professional, compassionate and extremely caring. They were polite and helpful and nothing seemed to be too much trouble."

A staff member told us, "We are what it says on the packet, we are caring. I think we provide a very good service." Another staff member said, "We have plenty of time to meet people's needs in a caring way. You can't care for people properly if you are rushing."

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. People were asked their preferences in terms of the gender of the staff that provided their personal care and this was respected.

People received their care and support from a consistent team of staff which enabled them to build up positive relationships. Staff told us that working with the same people helped them to build up relationships and get to know people as individuals and not someone who was just part of the service. One staff member gave us an example, "[Person] has no communication but we have come to know their ways and have become very fond of them. Previously the person's family were wary due to a poor experience with a care agency but now a good relationship has been formed."

People's care records were stored in a lockable office at the agency office in order to promote their dignity and confidentiality.

Is the service responsive?

Our findings

People's relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

People's care plans detailed the level of care and support people required but did not clearly reflect what actions staff were to undertake at each visit. The registered manager told us that all staff were completely conversant with people's needs before they started to provide people's care and support and people who used the service had the capacity to communicate their needs. However, the registered manager undertook to update the information held in people's homes to make sure it was sufficiently detailed to be able to guide staff to consistently meet people's individual needs.

The registered manager told us that the ethos of Kare4All was to provide people with consistent person centred care. They told us, "We try to match the care worker with the client." We were given an example where a person had indicated that they would like to receive care and support from Kare4All however, English was not their first language. The registered manager was pleased to be able to tell us that Kare4All had been successful in sourcing a care worker who spoke the same language as the person and recruitment processes were underway in readiness for the care package to start.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs.

The registered manager reported that the service provided was in response to people's needs. For example, if a person had a need for a specific area of support such as mobility or a specific health condition the care, support and training would be aligned to help ensure they had the individual support they needed. Feedback we received from a relative stated, "The package we received was tailored to our needs and accurately reflected our requirements."

Relatives of people who used the service told us they felt the registered manager took them seriously and if they needed to change or adapt people's care they felt they only had to make a phone call. A staff member told us, "If people wanted to make any changes to their care regime it would be referred to the management team for them to incorporate the changes into the care plans and to adjust the visit timings appropriately."

The provider had policies and procedures in place to ensure that concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. However, they told us that there had not been any formal complaints raised since the service had started. Where any areas of dissatisfaction had been raised with the registered manager we saw that they had been dealt with in a robust manner. For example, a person's relative had raised an issue that a mechanical hoist had not been put on charge after a care call. We saw that this had been discussed with the staff team and that an amendment had been made to the care plan to remind staff to check this before they left the person's home. This showed that the management team were keen to receive feedback from people and act upon it.

Is the service well-led?

Our findings

Relatives of people who used the service knew the registered manager by name and felt that they were approachable with any problems.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. Staff members told us that the registered manager was approachable and that they could talk to them at any time.

People's relatives told us they would recommend the service to their friends who were looking for care and support in their own homes. One relative told us that they were happy with the care their family member received and continued, "I can recommend Kare4All."

Staff members told us that they were proud to work for Kare4All. One staff member said, "I am enjoying working for Kare4All, they [provider] are keen to become established. You can only provide a good service if you have good care staff and we have a very experienced team." Another staff member said, "I think the service is quite well managed, they are still finding their feet. It will be fine as long as good communication continues between management and staff team."

The registered manager described an on-call system that was in place to provide support for the staff team in the event of any concerns or emergencies.

There were a range of checks undertaken routinely to help ensure that the service provided was safe and appropriate to meet people's needs. These included spot checks whilst staff were in care calls, checks on care records to confirm they were accurately completed and reflected the care that people needed and had been provided with and routine checks with people who used the service to confirm their continued satisfaction. We viewed responses from a quality assurance survey completed by people who used the service and staff members. We noted that all responses had been positive however they lacked any meaningful feedback for the provider to act upon.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. This showed us that the registered manager was committed to providing a safe service.