

Knightsbridge Care Services Limited

Knightsbridge Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Knightsbridge Care Services is a care agency which provides personal care to people living in their own homes; including people with learning disabilities. Some people receive 24 hour care in a 'supported living' environment. At the time of our inspection the service was supporting 57 people.

People's experience of using this service: The service had been developed in line with the values that underpin 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. By following these principles, services can support people with developmental disabilities to live as ordinary a life as any other citizen.

We found improvements were required in staff training, medicines management and care documentation.

Although the service had a training programme, some people had not completed recent training in a number of areas.

The management of medicines was not always carried out safely, as the service did not carry out annual staff medicines competency checks, which is considered best practice.

It was not always easy to see which care documentation was up-to-date. This could cause confusion for staff. We found several care documents needed to be up-dated.

There were systems in place to recruit staff safely. There were sufficient staff to provide support to people.

Staff had considered risks to the person's health, safety and wellbeing and had taken reasonable steps to prevent them coming to harm.

People were treated with kindness and respect. Staff knew them well, helped them make choices and decisions and encouraged them to be as independent as they could.

Relatives were complimentary about the support provided to their family members by Knightsbridge Care Services and about how the service was run.

The service worked closely with other health care professionals and supported people to access appropriate health care services when needed.

The service had a process for handling complaints and concerns. Complaints had been dealt with in line the service complaints policy.

The registered manager was committed to providing a quality service. However, personal circumstances during 2018 may have impacted on the management of service.

Rating at last inspection: At the last inspection the service was rated as 'Good' overall, with 'Requires Improvement' in the 'safe' section of our report (4 March 2016).

Why we inspected: This was a planned inspection, in line with our inspection schedule, to check that the service remained 'Good'.

At this inspection we identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to staff training.

We have made three recommendations. We have recommended that the service review its system for the management of medicines, improve its system for reviewing care and support documentation to ensure it is up-to-date and develop a system for analysing accidents and incidents.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in accordance with our re-inspection programme. If any concerning information is received we may inspect sooner. Knightsbridge Care Services will complete an action plan detailing how they plan to meet the breach of Regulation laid out in this report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Knightsbridge Care Services

Detailed findings

Background to this inspection

The 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: The inspection was carried out by one adult social care inspector.

Service and service type: Knightsbridge Care Services provides personal care to people living in their own homes, including people receiving 24 hour care in a 'supported living' environment. Not everyone using Knightsbridge Care Services received a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission (CQC). 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 was an announced inspection. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager would be available to assist us and to ask people who lived in the 'supported living' scheme if they would be happy for us to visit their home.

Inspection site visit activity started on 20 March 2019 and ended on 21 March 2019. We visited the office location on both days to see the registered manager and to review care records and other documentation. We visited people in a supported living scheme, and one person who lived in their own home on the first day of our inspection.

What we did: Before the inspection we reviewed the inspection report from our last inspection and information we held about the service. This included notifications the service had submitted to the CQC. Notifications provide information on changes, events or incidents that the provider is legally obliged to send to us without delay. We contacted the local authority and asked if they had any concerns about the service. They did not provide us with any feedback.

During our inspection site visit we spoke with the registered manager, five support workers and two people receiving support from the service. We also spoke with six relatives on the telephone on 28 March, 2019.

We reviewed a range of documents. These included six peoples' care and support plans, medicines administration records (MARs), three staff recruitment files and training and supervision records. We also reviewed documents relating to the management of the service, such as quality assurance records.

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 the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse.

- Relatives spoke positively about the way the service supported their family members and kept them safe.
- Some people who used the service were unable to tell us if they felt safe. However, during our inspection we saw they were relaxed and comfortable in the presence of staff and the atmosphere in their home was warm and friendly.
- The majority of staff had received recent training in safeguarding and whistleblowing (this is when a worker passes on information concerning wrongdoing) and were able to recognise signs of abuse and identify people who may be at risk of abuse.
- Staff told us they felt able to speak up and were confident any concerns raised would be dealt with by the registered manager.
- We saw examples of where the service had investigated safeguarding concerns. The appropriate actions had been taken.

Assessing risk, safety monitoring and management.

- Staff had considered risks to the person's health, safety and wellbeing and had taken reasonable steps to manage such risks.
- Annual servicing of the gas, electricity and fire alarms in the supported living accommodation had been completed. The service had taken steps to protect people from the risk of fire.

Staffing and recruitment.

- Safe recruitment procedures were in place.
- Records confirmed that disclosure and barring service (DBS) checks were completed and references obtained from previous employers before a new staff member started working at the service. However, two application forms showed that gaps in employment history had not been recorded accurately, although the employment history had been explored by the registered manager.
- Some people, with specific support needs, had been involved with the recruitment of their own care staff. This helped to ensure people with the appropriate qualities had been employed.
- There were sufficient staff to provide consistent support to people. Where people needed two members of staff to support them, for example because they needed to be moved using a hoist, two staff were always in attendance.
- Some relatives commented that their family members were seen by a large number of different care staff. However, they did not feel this was detrimental to the care they received. One relative told us their family

member liked the variety of having different staff. Another relative said, "There is a steady core of the same staff."

- The service has a system in place for checking staff stayed the correct length of time at each visit. The system also identified if any visits had been missed. Relatives told us missed visits were very rare.
- There was an on-call service available in the evenings and at weekends so that staff could contact a manager or senior support worker for advice at any time.

Using medicines safely.

- People receiving support with their medicines had a medicines risk assessment and medicines administration chart in place. However, we found one risk assessment had been written in January 2016 and there was no record that it had been reviewed since then to ensure it was still up-to-date.
- People receiving medicines 'as required (PRN)' had the appropriate documentation to guide staff on when to give this medicine. However, we found one person's record was not clear, as they had two different 'PRN protocols' for the administration of a tablet to be given if they became agitated. One was dated from 2014 and the second from 2015. Both showed a different dose to be given, which could cause confusion for staff giving the tablet.
- New staff received training in how to support people with their medicines and were checked to ensure they were competent. However, the competency check was not completed annually. It is best practice for staff to have an annual review of their knowledge, skills and competency. The registered manager told us they were planning to introduce a revised and more detailed medicines competency assessment.
- There was a system in place for regularly checking medicines administration records (MARs) to see that they had been completed correctly and medicines given as prescribed. If errors were found, staff were monitored to ensure this was not a regular occurrence and if necessary a disciplinary process followed. However, we found one person who had received a written warning following several medicines errors, had not received any further medicines training or competency check to ensure they were working safely.

We recommend the service review its systems for the safe administration of medicines.

Following our inspection the registered manager informed us that the majority of staff had undertaken a medicines competency assessment. We will review this at our next inspection.

Preventing and controlling infection

- The supported living properties we visited were clean and well-maintained incidents.
- Relatives we spoke with confirmed that staff wore disposable gloves when carrying out personal care tasks.
- The service provided refresher training on infection prevention every three years. However, we found some people were not up-to-date with this training.
- The provider had a policy that provided staff with guidance on infection control.

Learning lessons when things go wrong

- Records of any accidents and incidents were recorded in the person's care file. This record described the nature of the accident or incident and the action taken.
- However, the service did not have a system to analyse the frequency and nature of accidents and incidents, such as medicines errors, or falls. Analysis of accidents and incidents helps a service identify and monitor patterns and trends so that they can take appropriate action to minimise these occurring in the future.

We recommend the service develop a system for analysing accidents and incidents.

Following our inspection the registered manager informed us she had implemented a system for recording and analysing all accidents and incidents, such as falls and medicines errors. We will review this at our next inspection.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience.

- New staff completed an induction programme which helped prepare them for their role and responsibilities.
- Staff told us they felt supported by the registered manager and their colleagues.
- Staff received regular supervision through supervision meetings and observation of their work. Supervision provides staff with an opportunity to discuss their work performance, training needs and any other issues.
- The service provided staff with a variety of training. However, the training schedule showed that some staff training was considerably out-of-date. One person's record showed they had completed very little training since 2012. Another person's record showed they had only completed four training courses since 2014. The registered manager told us these two people were 'bank staff' and only worked occasionally for the service and had completed training in these areas in other employment. However, we would expect everyone employed by the service to undertake its mandatory training so that the registered manager could be assured they were trained appropriately.
- The service did not undertake annual staff medicines competency checks. One person who had made several medicines errors had not received further training or had a competency check to ensure they were safe to give out medicines.

Failure to provide staff with appropriate training is a breach of Regulation 18 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014.

Following our inspection the registered manager told us that all staff were undertaking a programme of refresher training in the mandatory topics and this would be completed by July 2019. We will review this at our next inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law: ensuring consent to care and treatment in line with law and guidance.

- Comprehensive assessments of people's care and support needs were completed before people started using the service.
- 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. We checked whether the service was working within the principles of the MCA.

- Staff described to us the approaches they took when providing support. These discussions demonstrated that people were always involved in and encouraged to make their own decisions about everyday matters, such as what they would like to wear and what they would like to eat. However, it was not always clear from peoples' support plans that they had been involved in these decisions, although we were assured by staff that they had been.
- Staff listened to people and respected their choices. One support worker told us, "The clients get the best. It's all about choice."

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

- Staff knew peoples' dietary requirements and preferences and helped them with meals if this was part of their support plan.
- Where people were at risk of poor food intake staff monitored and recorded how much food they ate. One relative told us that staff stayed with their family member while they had their meals to ensure they ate a full meal. Another relative told us that staff made sure their family member had taken their 'build up drink' which provided them with extra calories and vitamins.

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

- Involvement of different professionals, such as district nurses, ensured people's health and well-being was monitored and action taken when there were any changes. We saw feedback which showed the service had responded promptly when a person needed to be referred to the district nursing service because of a deterioration in their skin.
- We received very positive feedback from a relative about how the service had worked closely with other healthcare professionals to enable someone to remain at home when they were approaching the end of their life.

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; respecting equality and diversity.

- Not everyone using this service was able to tell us how they were treated by staff. However, during our inspection we saw and heard many caring, kind and friendly interactions between staff and the people they supported.
- We found care staff were respectful when speaking about people. People were happy and there was lots of humour and laughter between staff and the people they supported. One person told us, "We have a laugh and a joke together." One relative said, "They keep my brother's spirits up."
- All the relatives we spoke with were complimentary about the staff. Comments included, "They are really pleasant and caring" and "I would recommend the service to anybody".
- Relatives commented that staff supported them, as well as their family member. One person told us, "They were a great deal of help for me too."
- We saw many written compliments about the service.

Supporting people to express their views and be involved in making decisions about their care

- People, and where appropriate their relatives, were actively involved in all decisions about their care and could say how they wanted it to be given.
- Where it was appropriate, the registered manager used an advocate to act or speak on behalf of people.

Respecting and promoting people's privacy, dignity and independence.

- Staff understood the importance of promoting privacy and dignity and could describe how they would do this, for example when supporting people with personal care.
- Staff were sensitive about keeping people's care records confidential and only sharing information when appropriate. For example, during our inspection staff asked people if they were happy for us to look at their care records and personal information.
- People were encouraged to be as independent as possible in their daily routines. For example, people living in the 'supported living' schemes, who were able, helped keep their homes clean and helped to prepare their meals.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- Staff were knowledgeable about the people they supported and those we spoke with told us how they helped people to live as full lives as possible. One support worker told us, "They all have special things they like to do and they get to do them."
- People in supported living settings were helped by staff to access their local community and take part in activities of their choice. Some people were helped to go abroad on holiday.
- People's care records reflected their assessed needs and contained information about how they wanted to be supported.
- Care files contained a range of information, including support plans, which described how people wished to be helped with such things as their personal care, communication, meals, activities and daily routines. People had been involved with decisions about their care and support.
- Written information in care files was supplemented, where appropriate, with pictures. This helped people with communication difficulties better understand their support plans.
- Although most of the support plans had been reviewed regularly, we found some that needed up-dating. One person's care file contained a 'daily routine' which was dated from 2015. Another person's 'daily routine' did not contain recent changes to their nutritional plan. This was updated during our inspection by the registered manager.

We recommend the service improve its system for reviewing care and support documentation to ensure it is up-to-date.

Improving care quality in response to complaints or concerns.

- The service had a complaints policy and a process for managing and responding to complaints.
- We looked at three complaints. The registered manager had investigated them and provided an appropriate response in line with the complaints policy and within the correct time frame.
- Relatives told us the service was responsive to any suggestions they made. They commented that communication between the service and themselves was good and that it was always easy to get in touch with someone in the office, either by phone or by text message. One relative said, "You can always get on the phone to them – it's very reassuring."

End of life care and support

- The service supported people who were at the end of their lives. This support was provided in conjunction

with other health care professionals.

- We received complimentary comments from a relative about how staff had recently supported their family member and enabled them to remain at home when they were very ill.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care.

- The service and provider had a clear set of values which described how they supported people in a non-discriminatory way. We saw these values were put into practice.
- The service had recently invested in an electronic care management system and was in the process of fully implementing it. This showed the registered manager was committed to improving and developing the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager and staff we spoke with demonstrated their commitment to provide a quality service.
- The service had some quality assurance procedures in place. However, during our inspection we identified concerns with some aspects of the service, notably the management of medicines, staff training and care documentation.
- Personal circumstances during 2018 may have impacted on the management of the service. We discussed the shortfalls we identified with the registered manager, and they are taking steps to address them. This will be reviewed at our next inspection.
- The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the service office and on their website. The registered manager had submitted relevant statutory notifications to the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Staff and relatives were complimentary about how the service was run. One person told us, "I think her management (registered manager) has been exceptional."
- The provider sought feedback from people through regular care reviews. These were carried out in person, or over the telephone. The provider planned to carry out a survey in the coming months.
- Staff told us they enjoyed working at the service and got satisfaction from supporting people.
- Staff spoke highly of the support they received from the registered manager and their colleagues.

- Although the service did not hold regular staff meetings, there was frequent contact between staff and the registered manager. Staff received details about their rota and other information about the service and clients via their mobile phones or through visiting the service office.

Working in partnership with others.

- The service worked alongside other agencies, such as the local authority, clinical commissioning groups and other health and social care professionals, to support people's care needs and share information where needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service had not ensured that all staff had received the appropriate training.