

Mrs Nicola Jane King

Kings Care

Inspection report

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Tel: 07578440463

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 17 November 2017 and was announced.

Kings Care is a domiciliary care service registered to provide personal care to people living in their own homes. At the time of our inspection visit, there were 13 people using the service.

The service is not required to have a registered manager. We met with the provider, who is an individual and who carries out the day-to-day management of the service with the support of the care coordinator.

At our last inspection on 31 January 2017, we found breaches of Regulations 17, 18 and 19 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. These breaches related to the provider's failure to complete consistent pre-employment checks on prospective staff, to provide existing staff with appropriate training and supervision, and the lack of effective quality assurance systems. Following our inspection on 31 January 2017, we gave the service an overall rating of requires improvement. The provider sent us an action plan setting out the improvements they intended to make.

At this inspection, we found that, although the provider had made some improvements, they were still not meeting the Regulations. Existing care staff had not undergone appropriate pre-employment checks to ensure they were suitable to support people in their homes. People's medicines records did not always clarify the nature of the support they received from staff to take their medicines. Staff had not received formal supervision or completed the provider's mandatory training to help them work safely and effectively. The provider's quality assurance activities were not as effective as they needed to be, or fully embedded within the service.

The provider had taken steps to protect people from abuse, discrimination and any other breaches of their human rights. Staff understood how to recognise and report abuse concerns. The risks associated with people's care and support had been identified, recorded and plans implemented to manage these. People received a consistent, punctual and reliable service from staff who were familiar to them. Staff took steps to protect people from the risk of infection.

People's care and support needs were assessed with them, recorded and care plans developed to achieve positive outcomes for people. People received consistent support to prepare food and drinks, where required, and systems were in place to identify any associated risks. Staff worked effectively as a team to ensure people's care and support needs were met. Staff helped people to access professional medical advice or treatment if they were unwell. People's rights under the Mental Capacity Act 2005 were understood and promoted by the management team and staff.

Staff showed kindness and compassion in their work, and knew the people they supported well. People's communication needs had been assessed, and their involvement in decision-making was welcomed by the provider. Staff treated people in a respectful and dignified manner.

People received care and support that reflected their individual needs and requirements. Staff supported people to access their local community, and so reduced the risk of social isolation, where this was an agreed aspect of their care. People knew how to raise concerns and complaints with the provider, and felt comfortable doing so.

The management team respected staff and valued their efforts. Staff felt able to bring any significant issues or concerns to the attention of the management team, with confidence these would be acted upon. People felt able to share their views and opinions with the provider at any time. The management team promoted an open and inclusive culture within the service.

At this inspection, we found the provider was still not meeting the Regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always Safe.

Staff had not undergone consistent pre-employment checks, in line with the provider's recruitment and selection policy, to ensure they were safe to work with people. People's medicines records did not always clarify the nature of the support they received to take their medicines. People received a consistent and reliable service from familiar staff.

Is the service effective?

Requires Improvement ●

The service was not always Effective.

Staff had not received the training and supervision required to fully support them in fulfilling their duties. People had the support needed to eat and drink enough. People had support to access professional medical advice or treatment when required.

Is the service caring?

Good ●

The service was Caring.

Staff adopted a caring approach towards their work, and knew people well as individuals. People were able to share their views about their care and support, and the provider listened to these. People were treated with dignity and respect by staff who understood the need to promote people's rights.

Is the service responsive?

Good ●

The service was Responsive.

People's care plans were individual to them and covered a range of needs. People knew how to complain about any aspect of their care and support, and felt comfortable doing so.

Is the service well-led?

Requires Improvement ●

The service was not always Well-led.

The provider's quality assurance was not as effective as it needed to be. Staff felt well supported by an approachable management

team. People benefited from open communication with the provider.

Kings Care

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 checked 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.

The service was last inspected on 31 January 2017, when it was rated as Requires Improvement. This inspection took place on 14 November 2017 and was carried out by one inspector.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

We also reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for their views on the service, and took these into account.

During our inspection, we spoke with five people who used the service and a local GP. We also talked to the provider, the care coordinator and three care staff.

We looked at three people's care records, medicines records, six staff members' recruitment records, staff training records, and selected policies and procedures.

Is the service safe?

Our findings

At our last inspection, we found the provider had not completed consistent pre-employment checks to vet prospective staff, in line with safe recruitment practice and their recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider was still not meeting the requirements of Regulation 19. Since our last inspection, the provider had amended their recruitment and selection policy, as part of which a new 'applicant risk assessment' had been introduced. This risk assessment was to be completed in the event the provider was unable to obtain suitable references for prospective staff. During this period, they had not employed any new staff. However, they had not taken the opportunity to obtain suitable references for the majority of their existing care staff, or to complete the 'applicant risk assessment' in the event this was not possible. In addition, we found some staff had been permitted to start work with people before a Disclosure and Barring Service (DBS) Adult First check or an enhanced DBS check had been completed. The DBS carries out criminal records checks to help employers make safer recruitment decisions. Some staff had not been required to provide a full employment history when applying for employment with Kings Care, as required under the provider's recruitment and selection policy.

We discussed these issues with the provider, who assured us they would review the recruitment records of their existing care staff in order to ensure the recruitment process followed reflected safe recruitment practice and their recruitment and selection policy.

This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people we spoke with required varying degrees of support from staff with their medicines. They told us they were satisfied with this aspect of their care and support. The provider had systems and procedures in place designed to ensure people received their medicines safely and as prescribed, including training for staff on the handling and administration of medicines. However, we found people's medicines records did not always clarify the nature of the support they received with their medicines. As a result, it was unclear whether staff had administered people's medicines, assisted them to take these or monitored them doing so themselves. This does not reflect good practice. We discussed this issue with the provider, who assured us they would address this moving forward.

People told us they still felt safe receiving care and support in their homes from staff employed by Kings Care. One person explained they were reassured by staff's caring attitude, and the support they received to move around their home safely. They said, "They (staff) are friendly and caring, and they get my walker for me." Another person told us they felt safe because of the reliability and punctuality of staff.

Staff understood how to protect people from abuse, discrimination and breaches of their dignity and respect. They demonstrated good insight into the different forms and common signs of abuse, and told us they would immediately report any witnessed or suspected abuse to the provider. One staff member

explained, "If I ever felt there was any abuse, I would speak to [provider] or raise a safeguarding alert." The provider had safeguarding procedures in place to ensure the appropriate external agencies, such as the local authority, police and CQC, were notified of any abuse concerns. People told us they were clear how to raise any concerns about their safety, wellbeing or treatment by staff or others with the provider.

The provider met with people, before their care started, to complete an initial assessment of the risks associated with their care and support. As part of this, any risks associated with people's mobility, nutrition and hydration, skin integrity and their home environment were discussed and recorded. Plans were then implemented, and kept under regular review, to manage these risks and keep people safe. Staff confirmed that, through this process, they were given the information and guidance needed to support people safely. One staff member said, "I'm well aware of how to work safely. We (staff) do our own risk assessment as we go, and use our initiative." Any changes in the risks to people were promptly shared with staff through, for example, phone calls from the management team, a group chat application on staff members' phones and staff communication books in people's homes.

Staff told us they had access to the equipment they needed to provide people with safe care and support in their homes. This included personal protective equipment, like disposable aprons and gloves, to protect people from the risk of infection. In the event people were involved in an accident or incident, staff reported these events to management. The management team had procedures in place to monitor and learn from these events, to prevent things from happening again. One staff member explained they had previously shared a concern with the provider about a person they supported sliding down their bed into an awkward position. The provider had made prompt contact with an occupational therapist who had supplied slip-resistant sheets to eliminate this concern.

People told us Kings Care provided them with a consistent and reliable service. They said they were supported by a small team of familiar staff, who were generally punctual and who stayed with them for the agreed amount of time. One person explained, "They (staff) are mostly on time, unless there has been an emergency. They let me know if they are going to be late by text." Staff were required to record when they arrived at and left people's homes. The management team used this information to monitor staff punctuality and ensure people were receiving a consistent service. The provider assessed their staffing requirements based upon the total number of care hours provided. Any unplanned staff absences were covered through voluntary staff overtime, or by the management team stepping in to cover care visits.

Is the service effective?

Our findings

At our last inspection, we were not assured that staff had received the training, supervision or appraisals needed to support them in carrying out their duties. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection, the provider sent us an action plan, explaining how they intended to address these issues. This included creating a comprehensive staff training matrix, supporting staff to complete the Care Certificate and arranging staff supervision meetings at five-weekly intervals. The Care Certificate is a minimum set of standards care staff should cover as part of their induction training.

At this inspection, we found the provider was still not meeting the requirements of Regulation 18. Since our last inspection on 31 January 2017, the provider had assessed the training staff required to fulfil their duties and responsibilities, and had produced a training matrix to keep track of training provision. They had also forged links with another local domiciliary care service to share staff training costs. However, although a training plan was in place over coming weeks, at the time of our inspection visit there were extensive gaps in the provider's mandatory staff training. The provider also acknowledged that formal staff supervision meetings and appraisals were still not taking place, in contradiction to their supervision and appraisal policies. In addition, no records had been maintained in relation to the provider's in-house staff induction programme, and staff had not been supported to fully complete the Care Certificate. This does not reflect good practice in the induction of care staff.

This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had met with people, before their care began, to assess their health and social needs and had kept these under review. People's care plans were designed to meet these needs and to achieve positive outcomes for people. Staff understood the importance of equality and diversity, and sought to protect people from discrimination in providing effective care and support.

People still had confidence in the knowledge and skills of staff. One person told us, "They (staff) know what they're doing and they remember how I like things done." Another person said, "They (staff) know their job, and they do it with ease and respect."

People were satisfied with the support staff gave them to prepare food and drinks in their homes, where this was an agreed element of their care and support. They told us staff helped them have enough to eat and drink, and prepared food and drink based upon their choices. The provider's assessments of people's care needs enabled them to identify and address any complex needs or risks associated with people's nutrition and hydration.

People told us staff helped them seek professional medical advice or treatment if they were unwell. One person was grateful staff had contacted their GP when they were feeling particularly low, in order to ensure they had the right medical support. People's care files contained information about their medical history

and long-term medical conditions, to help staff understand this important aspect of their care needs.

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. People told us staff sought their permission before carrying out their personal care, and respected their right to make their own decisions. We found the management team and staff recognised people's rights under the MCA and how to promote these. The provider understood the need to carry out mental capacity assessment and record best-interests decisions, should these be required in the future.

Is the service caring?

Our findings

People told us staff took a caring and compassionate approach towards their work. They felt staff had taken the time to get to know them well as individuals, and their individual requirements. One person told us, "Before they (staff) shower me, they come and have a coffee and a talk to make sure I'm not feeling depressed." People confirmed they were listened to by staff, and that staff spoke to them appropriately. With regard to the attitude of staff, a local GP told us, "They go above the call of duty." The staff we spoke with showed good insight into the individual needs of the people they supported, and spoke about them in a compassionate and respectful manner.

People were satisfied with the level of involvement they had in decision-making about their care and support. They told us they saw a member of the management team on a regular basis, and that management asked them whether they were happy with, or wanted to discuss anything in relation to, their care and support. People felt able to share their views with the staff and management team as and when they needed to.

We saw people's communication needs had been assessed, in order to promote effective communication. In addition to a copy of their care plans, people had been provided with a 'service user's handbook' which provided key information about the service they should expect from Kings Care. Although no one required information to be presented in alternative, accessible formats at present, the provider confirmed they had the facility to produce such materials as required.

People and their relatives told us staff treated them with dignity at respect. They said staff protected their modesty during personal care, and sought to make them feel comfortable. One person told us, "They (staff) take no notice of my body and they treat me with respect." The staff we spoke with understood the importance of promoting people's rights to privacy and dignity, and gave us examples of how they put this understanding into practice during their day-to-day work with people. One staff member explained, "It's their (people's) homes. I'm always respectful, maintain confidentiality, present myself properly and keep my personal life outside of work." Another staff member told us, "It's all about keeping their (people's) independence, and not taking it away from them."

Is the service responsive?

Our findings

People told us the care and support they received from Kings Care was tailored to their individual needs and requirements; they felt in control of the service provided. People felt staff were well aware of their abilities and need for independence, only providing help and assistance where it was wanted and needed. One person told us, "I can tell (staff) what I want them to do." People had no concerns regarding the accessibility of the information they received from the provider, or the communication skills of the staff supporting them.

The provider explained that they sought to provide a flexible service, which took into account people's preferences and interests, and included support for people to socialise and access their local community. One person described the importance of the support they received from staff to get out and about on a fortnightly basis. They told us, "Once every fortnight they (staff) take me out into the community to socialise, so I don't forget what it's like to be out shopping and dealing with money. If I didn't go, I'd be in all the time."

People's care plans were individual to them and took into account a range of needs. This included the support people needed with their health, medicines, mobility, personal care and nutrition, along with any religious or cultural needs. Alongside guidance for staff on how to work safely and effectively, care plans included information about people's preferred daily routines, in order that staff could provide their care in a way that best suited them. Some people recalled having participated in care plan reviews, and all those we spoke with felt able to discuss their care plans with the provider at any time. Staff understood the purpose, and the importance of working in accordance with, people's care plans. One staff member told us, "If I ever feel we need to change a care plan, because the person's needs have changed, I will report it to [provider]."

People were clear how to raise any concerns or complaints regarding their care and support with the provider, although they had not had the need to do so to date. They told us they would either speak to staff or contact the provider directly on the mobile number given to them. One person said, "I'd soon tell them if I wasn't happy!" We saw the 'service user's handbook', supplied to people from the outset of their care, included a copy of the provider's complaints procedure. Although the provider had received no complaints to date, we saw their complaints procedure was designed to ensure fair and consistent handling of complaints.

Is the service well-led?

Our findings

At our last inspection, we were not assured the provider had effective systems and processes in place to assess, monitor and address the quality of the service people received from Kings Care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we were still not assured of the effectiveness of the provider's quality assurance activities. Since our last inspection, the provider had reviewed their recruitment and selection policy and assessed staff training needs. However, they were still not fully meeting the requirements of Regulations 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and had not fully complied with the action plan they sent us. Quality assurance activities were not sufficiently integrated within the service. For example, unannounced staff spot checks, carried out by the management team to ensure staff were still working as expected, had not been completed since March 2017. Furthermore, the outcomes of the management team's courtesy calls, to ensure people were still happy with their care, had also not been recorded.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is not required to have registered manager in post. During our inspection visit, we met with the provider, who is an individual, and the care coordinator who, together, were responsible for the day-to-day management of the service. The management team had known each other for a number of years, and clearly worked closely with one another. They recognised the need to treat care staff in a fair and equal manner, and to address any staff conduct issues in accordance with their procedures. The provider understood the responsibility they had to submit statutory notifications to CQC in line with their registration with us, but had not had cause to do so since our last inspection.

All of the staff we spoke with talked positively about their work for Kings Care. They described a good working relationship with the management team, and a strong sense of teamwork between the small team of care staff. One staff member said, "We (staff and management) all get on really well." The management team had a clear vision of the culture they wanted to promote within the service. They described this as to create a sense of "one big family": a way of working that was based upon open communication and encouraging other's involvement. They explained that they gave staff members a small gift on their birthdays and arranged periodic social activities for staff, to maintain staff morale and to let them know their work was appreciated. Regular staff meetings were also arranged at the office to update staff on any important changes, and to consult with them as a group.

Staff felt their work for the provider was valued, and were clear what was expected of them in their job roles. They felt able to bring issues or concerns to the attention of an approachable management team at any time, with confidence these would be addressed. One staff member told us, "They (management team) are very approachable and they are very nice people." Another staff member said, "I think it's really well managed. If there's a problem and you ring either of them (management team), they will try and sort it out

straightaway." Staff told us they would challenge any decisions or practices they felt were not in people's best interests, and understood the purpose of whistleblowing.

People spoke positively about their relationship with the management team and the overall management of the service. One person told us, "In my opinion, Kings Care are doing a grand job. They're my life-line. I rely on them to help me." People appreciated the fact a member of the management team carried out their care visits fairly regularly, and took the time to ask them whether they were still happy with the care and support being provided. One person said, "[Provider] has been coming out quite a bit to cover other staff. They (provider) are very kind and very professional." People confirmed the provider was easy to get hold of, and always responded to any issues or concerns they raised. One person explained, "[Provider] is always at the end of the phone and they always get back to me."

A local GP commented positively on their experiences of working with the management team. They described Kings Care as a valued local service that was proactive in making referrals to promote people's health. They told us, "They (management team) seem to manage well, in an organised and humane way."

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 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and processes were not as effective as they needed to be. |
| Regulated activity | Regulation |
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not carried out consistent pre-employment checks to confirm staff were suitable to provide care and support to people in their homes. |
| Regulated activity | Regulation |
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate training, supervision and appraisal to support them in carrying out the duties they were employed to perform. |