

# CRW Consultancy Ltd

# Kings Hill

## 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?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Kings Hill HSCA (Kings Hill) is a domiciliary care agency which provides care and support for people in their own homes. Care is provided for a range of people including older people and people with dementia. The service operates in areas of west Kent and Medway. Not everyone using Kings Hill receives a regulated activity; 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. At the time of the inspection there were four people using the service.

The service did not have a registered manager in post. 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. The service was being managed by the registered provider, who was an individual, and a newly recruited service manager.

Staff were not always being recruited in a safe way. The registered provider had not checked the accuracy of references provided by candidates during the recruitment process. The registered provider had not kept accurate records of staff ability to work in the United Kingdom. Risks to people and the environment were being assessed. However, guidance was not being provided to staff in order to reduce the risks and to keep people and staff safe. The registered provider was not considering all people's needs when assessing them before they started to receive a service. This included their mental health needs, or any needs associated with their protected characteristics under the Equality Act 2010. Overarching quality assurance audits of the service were not taking place, so the registered provider was unaware of all the concerns we identified during our inspection.

People were protected from the risk of abuse. Staff were knowledgeable about the different types of abuse, and knew what action to take if they had any concerns. There were enough staff to meet the needs of those using the service. People told us they were supported by a small number of regular care staff. People were supported to manage their medicines themselves wherever possible, but if support was needed people received their medicines safely. People were protected by the prevention and control of infection. Staff had access to protective equipment such as gloves and aprons.

All staff had been transferred from a different service managed by the registered provider. Records showed they had received an induction and ongoing training which equipped them with the skills to meet people's needs. The registered provider had a training plan to ensure mandatory subjects like safeguarding and manual handling were kept up-to-date. When required, staff supported people to maintain a balanced and healthy diet. Staff kept a record of people's allergies and preferences. People were supported to have access to health care services, and staff worked with people, their families and professionals to help deliver effective care.

People said care staff treated them in a compassionate manner, and were mindful of their dignity. Staff

supported people to be involved in making decisions about their care and support. People's personal and confidential information was kept secure. People received support that was delivered in a person-centred manner. People and their relatives knew how to complain and were confident to do so.

People, their relatives and staff told us they felt engaged in the development of the service, and thought the registered provider was responsive to any changes. There were procedures in place to formally gather people's views, although these had yet to take place. The registered provider worked in partnership with local agencies in the community when needed.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Health and Social Care Act 2008 (Registration) Regulations 2009. Full information about CQC's regulatory response to any concerns found during inspections is added to the back of the full version of the reports after any representations and appeals have been concluded.

This is the first time the service has been rated Requires Improvement.

## 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 were not being recruited safely.

Risks to people, the environment and staff were not always being identified. Guidance was not always being provided to staff to help them reduce those risks.

People were being protected from the risk of abuse.

There were enough staff to meet people's needs.

People received their medicines safely.

People were protected by the prevention and control of infection.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People did not always have their care needs assessed in line with current legislation and best practice guidance.

Staff followed guidance from healthcare professionals and ensure people had access to health care and treatment.

Staff were equipped with the skills and experience to meet people's needs.

When support was required, people's nutrition and hydration needs were met.

Staff were knowledgeable about the Mental Capacity Act 2005.

### Is the service caring?

**Good** ●

The service was caring.

Staff treated people with dignity and respect.

People were supported to express their views and were involved in making decisions about their care.

People's independence was promoted and respected.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care was provided in a personalised way.

People told us they were confident to raise complaints about the care and support they received.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

The service did not have a registered manager in post.

Governance systems were not always effective in ensuring shortfalls in service delivery were identified and rectified.

People, their families and staff said they felt engaged and involved with the service.

There were with the local community.

# Kings Hill

## 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 site visit took place on 30 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager, staff and people we needed to speak to were available.

Inspection site visit activity started on 30 November 2018 and ended on 10 December 2018. During the inspection we visited the site office, where we spoke with the registered provider and service manager. We reviewed four people's care records and eight staff files. We then saw one person in their home. We also spoke with an additional person receiving support, and three relatives. We spoke with three staff members.

This inspection was carried out by one inspector.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Following our inspection we asked the registered provider to send us additional information, and this was provided in a timely manner.

The service had been registered with us since August 2017 and started to provide care and support to people in September 2018. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

# Is the service safe?

## Our findings

Staff had not been recruited safely because the registered provider did not take steps to check information relating to their previous employment. Kings Hill staff had previously been employees of a different service managed by the registered provider. The registered provider told us staff's employment had transferred to Kings Hill in September 2018. Staff had information held on their files relating to when they had joined the previous service, and this information had been transferred to the service we were inspecting.

We found a number of discrepancies in the information passed to Kings Hill staff which had not been explored by the registered provider or nominated individual. In one instance records showed one staff member had not passed their probation period at a previous employer. We saw another reference had been obtained from an employer that had not been listed on the candidate's application form. Another reference was dated two weeks before the candidate had submitted their application form. References were not always sought from the applicant's most recent employers. Gaps in employment had not been explored. We saw one staff member had provided a copy of their passport as identification, but this passport had expired two years before their application was made. Another staff member was from a country where people needed a visa to work in the UK. A copy of the visa was not present in the staff member's file, and the nominated individual could not tell us if the person had the required visa in place. Records showed new staff had received an induction into the previous service but some had not completed it, and others had completed it in one day rather than the suggested three weeks. None of the issues we identified with the information contained in the staff files had been explored by either the registered provider or the nominated individual when staff were transferred into Kings Hill. This placed people at risk of being supported by staff who were not suitable to work with vulnerable people. However, we did see that staff completed Disclosure and Barring Service (DBS) check before they began working with people. DBS checks identified if applicants had a criminal record or were barred from working with people that need care and support.

The failure to operate effective recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

Risks to people's health and wellbeing were assessed, but information was not provided to staff in order to help reduce those risks. For example, we visited one person in their home and saw they were unsteady on their feet when moving around their house. A senior staff member had completed a risk assessment that identified they used equipment to help them move. Their health conditions and the time of day they moved affected their mobility. However, the assessment did not provide guidance to staff on how to support the person remain safe. We spoke to the staff member who visited the person most regularly, and they told us they were concerned that the person would have a fall when moving around their home. The person was also identified as having delicate skin, but there was no guidance for staff on how or when they might need to take action to protect the person from potential associated health conditions. The person had ulcers on their feet which were being managed by a district nurse. However, this information was not recorded as a hazard on their risk assessment. Another person's risk assessment identified they had poor motivation, but there was no guidance to staff on how this might affect them and guidance on how to reduce its impact on their life.

Risks to equipment and the environment were not being accurately assessed. Records showed a senior staff member had identified the equipment used by people, such as wheelchairs, crutches, walking frames and hospital beds. However, they had not recorded if and when the equipment had been serviced according to the registered provider's procedures. That meant staff did not know if the equipment was safe for people to use. Additionally, senior staff did not follow nationally recognised guidance and best practice by routinely assessing the environment in people's homes to ensure it was safe for them and the staff supporting them.

Risks to staff were identified, and staff recorded if the support provided included requiring the staff member to, for example, bend, stoop, carrying objects for distances or kneeling. However, when these tasks were identified as being required, there was no guidance provided to inform staff on how they were to stay safe and prevent avoidable injuries.

The failure to safely manage risks is a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were protected from the risk of harm and abuse. There had been no safeguarding concerns raised since the service began supporting people in September 2018. Staff we spoke with were knowledgeable about different types of abuse, and could describe the actions they would take if they identified any concerns. Staff, people and their relatives said they were confident that the registered provider would take action if any concerns were raised. The registered provider knew the steps to take if concerns were raised, such as reporting them to CQC and working transparently with the local authority during investigations.

There were enough staff to meet the needs of people using the service. People and their relatives told us that visits were consistently provided as planned. People received support from a small number of staff whom they knew well. One person told us, "I have my usual carer, and if she can't come then they send a different one in her place but I know her too." People received support at the time they wanted and they said staff were not rushed.

People received their medicines safely. Each person receiving a service was able to take their medicines independently, but occasionally might need some support from staff. For example, one relative said, "[The staff member] will remind him to take his medicine if he hasn't done so already." Another person told us a staff member went to pick up some medicines from the pharmacist that had been prescribed at short notice by their GP. Records showed staff had received training on medication awareness at the previous service.

People were protected by the prevention and control of infection. Staff confirmed they had access to personal protective equipment such as aprons and gloves. People told us that staff wore the equipment. Staff had completed infection control and food hygiene training at the previous service.

The registered provider had a procedure for the reporting and management of accidents, incidents and near misses. Although none had been logged since people started to receive a service, staff knew how to report them and there were procedures in place to ensure lessons were learnt if there were issues in the future.



## Is the service effective?

### Our findings

People's needs were not always assessed by taking into account current legislation and best practice. People received an assessment before the service began, but these were brief and the registered provider did not have procedures in place to holistically assess each person prior to them receiving a service. For example, staff assessed one person's nutritional needs, their risk of falling and their needs around their moving and handling abilities. However, their mental health and social needs had not been assessed, and the only need identified during the assessment was listed as 'personal care'. Records did not include details of the person's health conditions. Another person's records were more detailed, but their care plan did not consider any other support that might be required to ensure they did not suffer from discrimination, such as needs around cultural or religious beliefs, and other protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion.

The failure to assess all a person's needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

Staff had the knowledge and experience to deliver effective care and treatment. People and their relatives were complimentary about the skills of staff, with one telling us, "They definitely know what they're doing" and another saying, "It's reassuring to know they get training." Records showed staff had received training at the previous service which had been arranged by the registered provider when they were managing the service. There was a training plan in place which showed staff had been supported with online training in core subjects such as health and safety, basic first aid, lone working, dementia awareness and autism awareness, most of which had been completed in 2018. Other courses such as moving and handling had been provided face-to-face. Although no training had been provided since the service we were inspecting had started to support people, the nominated individual told us the training plan had been adopted by Kings Hill and was being monitored so staff's training was up-to-date. Other training records showed most staff members had completed additional qualifications in the health and social care sector, and those who hadn't were enrolled on courses to further develop their careers.

Although staff had not received formal supervision since they started providing support at Kings Hill in September 2018, they said they felt supported by the registered provider. One staff member said, "I'm happy with my job. [Registered provider] is always at the end of the phone if I need him." Records showed staff had received formal supervision every three months at the previous service and the registered provider told us there were not plans to change this arrangement in the future.

Most people were able to support themselves with their meals and drinks. However, when needed, people were supported to eat and drink enough to maintain a balanced diet. One person told us, "[Staff member] makes me my breakfast, this morning he made porridge with dried fruit in it." Records included details of dietary requirements, allergies and preferences.

People had been supported to have access to healthcare services and receive ongoing healthcare support.

People and their relatives told us staff communicated with them well regarding health appointments and concerns around their care. One relative said, "I like it that [staff member] completed a daily record so I know what has happened. If there are any concerns they will let me know. One day he rang up to say dad wasn't eating much and we called the GP." Staff supported people access health care professionals. One person was being supported by staff to attend appointments at a local clinic. Another had regular visits from the district nurse and staff attended beforehand to ensure they were ready for the visit.

The Mental Capacity Act 2005 (MCA 2005) 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. The registered provider was able to describe the steps they would take if staff supported a person where there were concerns around their ability to make their own decisions. This included assessing their capacity, carrying out best interest meetings and supporting people to make decisions in line with the principles of the MCA.

## Is the service caring?

### Our findings

People and their relatives said they were supported by staff who were caring and treated them with kindness and respect. One person told us, "I'm very pleased with the carer I have, she's extremely reliable, polite and never lets me down." A relative told us, "We couldn't ask for better care. [Staff member] is caring, respectful and adaptable."

People were supported by a small number of staff who knew them and their needs well, including their preferences, personal histories and backgrounds. They said that they had developed positive relationships with staff, with one telling us, "Yes, I think they know how I like things to be done." However, information such as people's personal histories were not being recorded in sufficient detail within people's care records. This meant if a person's regular staff member was not available, an alternative staff member did not have all information they would need readily available. We found this to be an area of improvement.

Staff were mindful of people's dignity when carrying out care. One staff member told us, "I will always knock on the person's door before I enter their house. I make sure the curtains are shut and the bedroom door is shut too." Another said, "We treat people as individuals, I don't make assumptions about what they want or who they are." A relative told us, "The staff are very considerate."

People were supported to make decisions about their day-to-day care, and staff supported people to be as independent as they could be. People were asked about what support from staff they needed, and care was delivered taking this into account. One person had been assessed to need support with showering. A staff member said, "We are there to offer support, to help them remain confident. I wouldn't just go in and wash them, I encourage them to do it themselves. It's about knowing them as an individual, and knowing what they can and can't do." The registered provider knew the situations where they would refer people to external advocates, such as if people did not have family or they needed additional support to make decisions. An advocate is an independent person who helps people express their needs and to get the care and support they need.

People's right to confidentiality was respected. Their records were stored securely in an office only accessible to staff. Computers were password protected. People told us they had provided consent when asked if their personal information could be shared with other organisations.

## Is the service responsive?

### Our findings

People and their relatives told us they thought the service was responsive to their needs. One relative said, "I've never had anything to complain about, but if I did I would speak to [regular staff member] or [registered provider]." A relative told us, "She gets the support she needs, which means I don't have to worry about her so much anymore."

People's care and support was planned and delivered in a person-centred way. The records we examined for three people confirmed that they had promptly been offered the practical assistance they had agreed to receive. This included assistance with washing and dressing, getting about safely and promoting their continence. The registered provider worked with the person, their family members and friends when drawing up care plans. Each person had their own plan which provided staff with details on how and where the person wanted to be supported, what support they needed and how they were to be involved in their support. Staff were able to describe to us what people's preferences were and how they were met, making sure people had as much choice and control in their care as possible.

The service was meeting the accessible information standard because people told us they received information in a way they could understand. The standard sets out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss. However, we found the registered provider did not have a systematic way to record people's communication needs. Additionally, neither the registered provider or service manager were aware of their obligations to meet the accessible information standards. This meant there was a risk that those referred to the service in the future might not have their communication needs met. We found this to be an area of improvement.

People and their relatives were confident to raise complaints and concerns with the registered provider or care staff, and thought steps would be taken to address anything they raised. Each person had access to a complaints policy and procedure in their homes. One person told us they had made a complaint about an invoice they received, and we found this had been resolved quickly.

At the time of our inspection staff were not supporting people at the end of their lives. The registered provider told us that there were policies and procedures in place for staff to follow if they did so in the future, such as how to gather people's end of life wishes, and how to work closely with health professionals.

## Is the service well-led?

### Our findings

A condition of registration for a registered provider is that they must ensure that the service is managed by an individual who is a registered manager. 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.

The service did not have a registered manager in post. The registered provider informed us they had recruited the service manager with plans for them to become the registered manager. However, the service manager told us they were still considering the offer and as of the time of the inspection had not submitted an application to CQC.

Failure to have a registered manager in post for the carrying on of the regulated activity was a breach of Regulation 5 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service like a serious injury or allegations of abuse. This is so we can check that appropriate action had been taken. The registered provider and service manager were aware of these responsibilities and were able to describe situations and concerns where notices would need to be reported to us and the process of doing so.

Quality assurance procedures were in place which were used to identify areas for improvement. The registered provider had carried out monthly audits on people's care records to ensure details were up to date. This included checking risk assessments and care plans were in place, and medicine records were reviewed for accuracy. However, the checks were brief and did not identify all areas of concern we had identified throughout our inspection. For example, although the audits checked each person had a risk assessment in place, the audits did not check the accuracy of the risk assessment so had not identified the concerns we had when we visited one person in their home. The registered provider had not checked staff recruitment records, so was not aware of our concerns relating to insufficient checks being made when staff started working for Kings Hill. Additionally, audits did not identify that the assessments of people's needs were not being carried out taking into account best practice and current legislation guidelines.

Failure to assess, monitor and improve the quality and safety of the services in the carrying on of the regulated activity was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that the registered provider was supportive and available either in person or by phone to give advice and support. The registered provider had known the staff for a number of years so knew the staff well. People and their relatives told us they found the registered provider to be approachable and responded to them when needed.

The registered provider told us that there were policies and procedures in place which informed them on

how to manage the service. However, since the service had only started supporting people three months before the inspection some had not yet been put into practice. For example, there was a procedure to gather the views of people using the service, their relatives and staff. Although the surveys had yet to take place, when we spoke to people and relatives they told us they felt included in the development of the service, with one relative telling us, "I think it's well led. [Registered provider] seems to want to listen to suggestions about how we can improve things].

In the short period of time since the service had started supporting people, there were some examples of where staff had worked in partnership with other agencies to make sure people received joined up care. One example was where the registered provider and care staff worked in conjunction with district nurses with one person who had a number of health conditions. This included making sure the person was ready for appointments.

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 9 HSCA RA Regulations 2014 Person-centred care  Regulation 9(3)(a)  The registered provider did not carry out an assessment of all a person's needs and preferences.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Regulation 12(2)(a)  The registered provider had not assessed all risks relating to the health and safety of people using the service.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17(2)(a)  The registered manager did not use systems and processes to effectively monitor the quality and safety of the service being delivered.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Regulation 19 (2)(a)

The registered provider did not operate effective recruitment procedures which would ensure persons employed were of good character.