Kensington Community Care (Gloucester) Ltd

Kensington Community Care Shropshire

Inspection report

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10 July 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
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
Kensington Community Care Shropshire is a domiciliary care agency that provides personal care and support to people living in their own homes. It provides a service to older adults some of whom are living with dementia and younger disabled adults. At this inspection they were providing a regulated activity for 63 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People had inconstant experiences regarding the timeliness of staff members.

The management team did not have effective systems in place to identify inconsistencies in call times. When staff members changed the times of people's calls the management team were unaware of this. As a result, the management team failed to act to ensure people received the care at the time they had agreed.

The provider had systems in place to respond to any complaints or compliments from people. However, most people we spoke with told us they didn't raise any issues as they had little faith they would be resolved. This was specifically in relation to late call times.

People were protected from the risks of harm and abuse as staff members had been trained to recognise and respond to concerns. The management team made appropriate referrals to keep people safe.

The provider had assessed risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the risk of harm to people.

When it was needed people received support with their medicines by trained and competent staff members.

Staff members were aware of the necessary action they should take in the event of an emergency.

Staff members followed effective infection prevention and control procedures when supporting people in their own homes. Staff members had appropriate personal protection equipment supplied by the provider.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to refer themselves for additional healthcare services when required. When it was appropriate people were supported to maintain a healthy diet by a staff team who knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships.

People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

People were supported to develop their independence whilst living in their own homes.

People were provided with information in a way they could understand.

The provider, and management team, had good links with the local communities within which people lived.

Enforcement
We have identified a breach in relation to the overall governance of Kensington Community Care Shropshire.

Please see the action we have told the provider to take at the end of this report.

Rating at last inspection
This was the first rated inspection of Kensington Community Care Shropshire.

Why we inspected
This was a planned inspection to formally rate the service provided.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Kensington Community Care Shropshire

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One inspector, one assistant inspector and an Expert by Experience carried out this inspection.
An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. CQC does not regulate premises used for domiciliary care; this inspection looked at people's personal care and support.

Notice of inspection
This inspection was announced.
The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Inspection activity started on 09 July 2019 and ended on 11 July 2019. We visited the office location on 11 July 2019.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with six staff members including the registered manager, two care coordinators and three carers.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. In addition, we looked at a variety of records relating to the management of the service, including records of call times, quality monitoring checks and incident and accident records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This meant 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.

Staffing and recruitment
• People were not always supported by staff at the expected times. One person said, "My calls can be really erratic, and I can be waiting for what seems like hours." Another person told us, "I don't have any regular continuity with the carers. I think I am just put in on someone else's route and they (staff) are told just to come when they can."
• We checked the records of the call times made to people receiving services from Kensington Community Care Shropshire. We saw many discrepancies between the times carers were expected and the times they arrived.
• The management had a system in place where they could monitor the call times of carers. However, they failed to regularly check these call times or act when carers were late for calls.
• We saw instances where some staff members changed the times they attended people's calls without the knowledge of the management team.
• This meant people had little confidence the staff members would arrive at a time they had agreed with the management team.
• The provider followed safe recruitment processes when employing new staff members.

Learning lessons when things go wrong
• The provider reviewed all incidents, accidents or near misses to see if any further action was needed and to reduce the risk of reoccurrence. However, their systems for identifying and responding to late call times needed to be improved.

Systems and processes to safeguard people from the risk of abuse
• People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
• Information was available to people, staff and relatives on how to report any concerns.
• The provider had systems in place to make appropriate notifications to the local authority to keep people safe.

Assessing risk, safety monitoring and management
• People were supported to identify and mitigate risks associated with their care. We saw assessments of risks associated with people's properties including fire safety and risks associated with mobility and the use of personal equipment.
• Staff members knew the risks associated with people's care and support and knew how to keep people safe.

Using medicines safely
• People were safely supported with their medicines by a trained and competent staff team.
• The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigations into the error and, if needed, retraining of staff members.
• People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members we spoke with were aware of these guidelines.

Preventing and controlling infection
• Staff members told us they had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses.
• Staff members had access to personal protection equipment.

Good

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.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
• People told us they were involved in completing their care and support plan. All those told us they felt the care provided reflected their needs and wishes for support.
• Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
• People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious and cultural diets and preferences.

Staff support: induction, training, skills and experience
• People were supported by a well-trained staff team who felt supported by the provider and the management team. Staff members told us they received regular support and supervision sessions.
• New staff members completed a structured introduction to their role. This included completion of induction training, for example, effective communication skills, infection prevention and control.
• In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively. One staff member told us, "[Management team] always ask us how the new staff are getting on. If we think they need more experience or training this is given before they work on their own."
• Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough to maintain a balanced diet
• Not everyone we spoke with received assistance with their eating and drinking. However, when they did they were supported by staff who knew their preferences and supported them to maintain a healthy diet. One person told us they liked their meals prepared by a family member but (staff) always leave them a few biscuits out during the day for them to nibble on.

Staff working with other agencies to provide consistent, effective, timely care
• Staff members had effective, and efficient, communication systems in place to share appropriate information with those involved in the support of people receiving services from Kensington Community Care Shropshire.

Adapting service, design, decoration to meet people's needs

• When people were supported at home they remained responsible for maintaining their own physical environment. However, as part of the providers environmental assessment process they made recommendations for adaptations which would assist people to remain safely in their own home. This included removing any clutter which could cause a potential risk of trips or moving items of furniture closer together to help people with moving around.

Supporting people to live healthier lives, access healthcare services and support
• People had access to healthcare provisions within their own communities and self-referred for services when they needed it. However, when people needed assistance making any such referrals staff members supported them. For example, one person started to experience difficulty with their eating and drinking. This was recognised by the staff member supporting them. With the person's permission they were referred for specialist assessment and additional support was provided.
• Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

Ensuring consent to care and treatment in line with law and guidance
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 when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.
• Staff members had received training and understood how to effectively support people in accordance with the MCA.

Good

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.

This meant 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
• People told us they were treated with care by a helpful, kind and respectful staff team. One person said, "I am treated well by all of the carers but there are two in particular whom I can't fault in any way…it's like being cared for by a family member."
• All those we spoke with were complementary about the staff supporting them and the management team.
• All staff members, we spoke with, talked about those they supported with fondness and compassion.

Supporting people to express their views and be involved in making decisions about their care
• People told us they were supported to make decisions about their care and support. This included the help they needed, the clothes they wished to wear and the food they wanted to eat.
• We saw people were involved in the development of their support plans.

Respecting and promoting people's privacy, dignity and independence
• People told us they were treated with dignity and respect and their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
• People were supported to retain their independence. One relative told us the staff supporting their family member, "Take their time and never rush. They encourage [relative's name] to do what they can for themselves."

Requires Improvement

Is the service responsive?

Our findings

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

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns
• We saw information was available to people, in a format appropriate to their communication styles, for example, on how to raise a complaint or a concern if they needed to do so. However, the majority of those we spoke with were dissatisfied with the complaints process and felt things did not improve as a result of raising a concern. One person said, "I have complained more than once about the timings of calls. Nothing gets done I now accept whatever time they come as normal." Another person told us, "I know it's not the carer's fault they are late most days, so I don't complain. They work so hard and very long hours I feel sorry for them, so I never comment now whatever time they come."
• The provider had systems in place to record and investigate and to respond to any complaints raised with them, yet we only saw one recorded complaint regarding call times. This was investigated and the outcome, along with an apology, was sent out to the person. However, we have seen evidence of ongoing concerns regarding call times and the lack of management response in addressing this level of dissatisfaction.
• This meant people were not confident any concerns or complaints would be appropriately recorded or acted on.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People, and if needed, those close to them, were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted.
• When it was appropriate relatives were kept informed about changes to people's health and needs.
• We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• People had information presented in a way that they found accessible and, in a format, that they could easily comprehend.

End of life care and support
• At the time of this inspection Kensington Community Care Shropshire was not supporting anyone who had been identified at the end of their life at this inspection. However, people's personal choices and wishes had been explored as part of the providers care and support planning. These included any cultural preferences or considerations.

Requires Improvement

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

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care
• The management team had systems in place to monitor the quality of the service they provided. However, these were ineffective in identifying and addressing the level of concern regarding people's expected call times.
• People consistently told us they were dissatisfied with staff members call times. Despite people repeatedly telling us they had raised concerns with the office staff, we only saw one recorded complaint. We did see the local authority had raised concerns with the management team in January 2019 and again in June 2019 regarding staff members call times. We saw detailed records of staff members call times which showed discrepancies between the expected call time and the actual arrival of the staff member. This included staff members starting work late which had not been addressed by the management team.
• We saw evidence where staff members had altered their working rota and schedule of calls to people without informing, or agreeing the changes, with the management team. The management team had not identified this and therefor failed to address it with the staff members concerned.

These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• By the time we had left the locations site visit the management team had introduced alerts which would inform them if a staff member was over 15 minutes late for a call. However, they had failed to do this after concerns had been raised with them in January and then again in June 2019.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or near misses. As already reported improvements were needed regarding their recording and responding to complaints.
• The management team, including the registered manager were open and displayed a transparent

approach when things went wrong. For example, when the conduct of staff members was questioned the management team investigated and provided a transparent, yet confidential, response to the person it concerned.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People and relatives told us they had a positive relationship with the management team who they found to be available and engaging. However, those who had cause to raise concerns regarding the call times felt dissatisfied with the lack of response from the management team.
• Staff members we spoke with told us they found the management team supportive and approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People were involved in decisions about their care and support and were asked for their opinion. People told us they had recently been involved in a satisfaction survey. However, as this was very recent the results had not yet been compiled by the management team.
• Staff members told us they found the management team approachable and their opinions were welcomed and valued.
• Staff members took part in regular staff meetings where they could discuss elements of the work they completed.
• Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others
• The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and District Nurse teams.

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 did not have effective systems in place to identify late or potentially missed care calls.