

Aid With Care Limited

# Kingspark Business Centre

## Inspection report

Unit 26 Kingspark Business Centre  
152-178 Kingston Road  
New Malden  
KT3 3ST

Tel: 07375846765  
Website: [www.aidwithcare.co.uk](http://www.aidwithcare.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●



# Summary of findings

## Overall summary

### About the service

Kingspark Business Centre is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection 43 older people were receiving personal care at home from this provider.

The Care Quality Commission (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 using the service, their relatives and community social care professionals all told us they were satisfied with the standard of care and support provided by this home care agency. For example, one relative said, "I have been blown away with the consistently excellent care my [family member] gets from this agency." While a second relative added, "I am very impressed and happy with the service we received. I know my [family member] is in safe hands."

People were kept safe and protected against the risk of avoidable harm and abuse. People received consistently good-quality and safe care from the same group of staff who were familiar with their needs and preferences. The fitness and suitability of staff to work in adult social care had been thoroughly assessed as part of the providers robust recruitment procedures. Staff followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19. The provider had measures in place to mitigate the risks associated with COVID-19 related staff workforce pressures. Medicines were well-organised and people received their prescribed medicines as and when they should.

Staff who had the right mix of knowledge, skills and support to deliver good-quality, safe care. Assessments of people's support needs and wishes were carried out before they started receiving any care at home support from this agency. Where staff were responsible for assisting people to eat and drink, people's dietary needs and wishes were met. People were supported to stay healthy and well, and to access relevant community health and social care services as and when required. 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 treated equally and had their human rights and diversity respected, including their cultural and spiritual needs and wishes. Staff treated people with dignity and upheld their right to privacy. People typically described staff as "polite" and "kind". People were encouraged and supported to maintain their independent living skills and do as much for themselves as they were willing and capable of doing so safely.

People's care plans were person-centred, which helped staff provide them with the individualised care at home they needed. Staff ensured they communicated and shared information with people in a way they



could easily understand. People were encouraged to make decisions about the care and support they received at home and staff respected their informed choices. Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.

People were all complimentary about the way the office-based managers ran the service, and how approachable they were. The managers promoted an open and inclusive culture which sought the views of people, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care at home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good (published 10 April 2020).

#### Why we inspected

The inspection was prompted in part due to concerns received about staff sometimes being late for their scheduled visits. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the relevant safe key question section of this full report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. 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?

Good ●

The service was 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?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.



# Kingspark Business Centre

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. 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

Kingspark Business Centre is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in their office to support the inspection.

Inspection activity started on 16 September 2022 and ended on 21 September 2022. We visited the provider's office on the second day of this inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the



information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and the nominated individual when we visited the providers office. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also received telephone and/or email feedback from five people using the service, eight relatives, two community health and social care professionals and six care staff in relation to their views and experiences of using, working with or for this home care agency.

Records we looked as part of this inspection included, five people's care plans, four staff files in relation to their recruitment, training and supervision, and a variety of other records relating to the overall management and governance of the agency.

After we visited the provider's office we continued to seek clarification from them to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff training.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People were supported by enough staff who had been safely recruited.
- We received mixed comments from people about staff time keeping, although most told us staff were usually punctual and that the agency was good at letting them know when care staff were running late for their scheduled visit. For example, one person said, "My carers normally turn up on time, subject to the usual delays with traffic or being held up on their previous job. The office do let us know on time if people are going to be late. A relative also remarked, "They're not always on time, but at least they always call to let us know. I have never been let down by them."
- People told us they received consistently safe care from a core group of staff who were familiar with their needs and preferences. One person said, "I always get the same familiar faces visit me at home", while a relative added, "My [family member] gets continuity of care from the same two very well trained carers".
- Staff underwent robust pre-employment checks to ensure their suitability for the role. These checks included proof of prospective new staff identity, previous employment, their character, and right to work in the UK. People's employment was also subject to a satisfactory Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- The provider had systems and processes in place to protect people from the risk of abuse and neglect.
- People told us they felt safe with the care staff who regularly visited them at home and were confident any safeguarding issues would be taken seriously and appropriately dealt with by the provider. One person said, "I feel safe with my regular carers who know how to look after me."
- The provider had safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when workers pass on information concerning perceived wrongdoing, typically witnessed at work.
- Staff knew how to recognise and respond to abuse they might encounter, including how to correctly report it. For example, one member of staff told us, "I have done my training on abuse and know how to spot it and that I must report it to my line manager if I witnessed it happen."
- The registered manager understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies, ensure they were fully investigated, and take appropriate action to minimise the risk of similar incidents reoccurring.

### Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.



- People's care plans contained up to date risk assessments and management plans that covered their personal and health care needs, and daily routines.
- Assessments were regularly reviewed and updated as people's needs changed.
- People told us staff knew how to prevent and manage risks they might face. One person remarked, "Staff know I'm very sensitive and can hoist me without hurting me." A second person added, "My carer noticed I was hurting myself when I cooked, so they talked to me about how we could stop this from happening, which has really helped me."
- Staff demonstrated a good understanding of the risks people might face and the action they needed to take to prevent or minimise those risks. Staff told us risk management plans were easy to access and follow. One member of staff gave us a good example when they told us, "I have undertaken training on falls awareness and know how to reduce the risk of people I regularly support who have mobility needs."

### Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. One person told us, "Staff always wear masks, gloves and aprons when providing me with any personal care." A member of staff added, "I get enough PPE delivered to me in the course of my duties and can get more as and when I need it".
- We were assured staff had received up to date infection prevention and control and PPE training.
- We were assured the provider was accessing COVID-19 testing for staff. A relative said, "I know staff are required to be regularly tested for COVID-19." A member of staff also told us, "We get tested for COVID-19 on a regular basis and have to self-isolate if we test positive".
- We were assured that the provider's infection prevention and control policy was up to date.

### Using medicines safely

- Medicines systems were well-organised, and people received their prescribed medicines safely.
- People told us they or their relatives received their medicines as and when they should.
- We found no recording errors or omissions on any medicines records we looked at.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff were clear about their responsibilities in relation to the safe management of medicines. Staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed and refreshed.
- Medicines were routinely audited by the managers and field supervisors to identify issues, learn lessons and ensure medicines were managed safely.

### Learning lessons when things go wrong

- The provider learned lessons and made improvements when things went wrong.
- The provider had systems in place to routinely analyse accidents, incidents and near misses which enabled managers identify issues, learn lessons and take appropriate action to improve the safety of the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 received care and support that was planned and delivered in line with their identified needs and wishes.
- People's care plans were based on assessments carried out by the provider and various community health and social care professionals prior to people receiving a home care service from this provider.
- Staff were aware of people's individual support needs and preferences.

Staff support: induction, training, skills and experience

- People received personal care at home from staff who had the right mix of skills, knowledge, and support to deliver it safely and effectively.
- People described staff who provided them with care at home as competent and kind.
- Staff had received the training they required to meet the needs of people they supported. This included an induction programme which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was routinely refreshed to ensure it remained up to date and relevant. One member of staff said, "The induction I received when I first started working for this agency was excellent and it's company policy that I keep my knowledge and skills up to date and relevant at all times".
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular in-person individual supervision meetings of care workers and line managers at the provider's offices, as well as annual appraisals of their overall work performance. Staff told us they received all the support they needed. For example, one member of staff said, "I receive all the support from the managers in the office as and when I need it."

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

- People were supported to access food and drink that met their dietary needs and wishes.
- Where staff were responsible for preparing people's meals and/or assisting them to eat and drink, people told us they were satisfied with the quality and choice of the meals and drinks they were offered. A relative told us, "The staff always give my [family member] a choice of meal, either hot or cold, and always prepare what he asks for."
- Care plans included nutritional risk assessments about people's dietary needs and preferences. A relative said, "My [family member] is at risk of choking on their food and losing weight, so the carers make sure they



always puree her meals and fortify her drinks as written down in her care plan."

- Staff had received basic food hygiene training.

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

- People were supported to stay healthy and well.
- People's care plans detailed their health care needs and conditions and the action staff needed to take to keep people fit and well.
- People told us they were confident staff would call the doctor or emergency services if they were required. A relative told us, "When my [family member's] carers noticed she was developing a pressure sore they reported it straight away to the District Nurse." A second added, "The carers notified us and called the GP as soon as they noticed my [family member's] health deteriorating".
- Systems were in place for staff to alert the office if they became concerned for a person's health. Staff said the registered manager supported them effectively to take the appropriate action and ensure the person's safety.
- Maintaining good working relationships with external healthcare services enabled the registered manager and staff to support people to keep healthy and receive ongoing healthcare support.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received from staff. People told us staff always asked for their consent before providing them with any personal care.
- The registered manager understood their responsibilities regarding mental capacity and staff had received MCA training.
- Care plans clearly described what decisions people could make for themselves. The provider's needs assessment process addressed any specific issues around mental capacity so staff had all the information they needed to care for the person.



# 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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted by the provider.
- People told us staff respected their family members right to privacy, dignity and independence. A relative said, "My [family member] has always liked to shave himself, which the staff encourage him to continue doing as per his wishes." A second relative added, "When a carer supports my [family member] with her personal care they make sure she is always covered with a towel or the sheet."
- Staff demonstrated good awareness about how to respect people's privacy and dignity. One member of staff told us, "I always deliver people their personal care behind closed doors", while a second added, "I always close the curtains/doors while am giving people their personal care".
- Care plans included information about people's different dependency levels and what they were willing and could safely do for themselves and what tasks they needed additional staff support with. For example, care plans made it clear who was willing and capable of managing their own personal care and medicines safely. A member of staff told us, "I always try as much as practically possible to involve people in their own care and encourage individual's to do as much as they can and want to do for themselves."

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion, and had their human rights and diversity respected.
- People told us staff treated them with respect and kindness. A relative said, "The staff are very compassionate and kind", while another commented, "They [staff] are very gentle with my [family member] and always so charming and polite to her". A community social care professional added, "I am very happy to confirm, that my clients have always received an excellent service from this agency. The staff are very caring and professional."
- Care plans contained information about people's spiritual and cultural needs and wishes so staff knew what they were and how to meet them.
- Staff knew how to protect people from discriminatory behaviours and practices. Where people expressed a preference to have staff support them who they had things in common with, such as gender, language, culture, religion and/or social interests. The managers told us they would always take equality and diversity into account when matching people using the service with care staff. For example, requests by families to have female only care staff provide personal care were respected by the provider. One person told us they preferred to have male care staff, which the provider ensured happened.

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

- The service supported people to express their views and be actively involved in making informed decisions



about the care and support they received.

- People told us they had regular opportunities to express their views and were encouraged to be active participants in helping to plan the package of care they or their family member received. People were consulted about their care plan, which they signed to indicate they agreed to its contents. One person said, "I decided what I wanted in my care plan, along with the times I wanted the carers to come and how long for." A second person added, "I was involved in a review of my care plan recently and they made a few changes based on what I had told the agency I now needed and wanted."
- Staff told us they supported people on a daily basis to make informed decisions about the care they received. A member of staff said, "I always encourage people to express a choice about the meals I prepare for them and the clothes I help them dress into every morning."



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs continued to be met through good organisation and delivery.

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

- People received personalised care that was tailored to meet their individual needs and wishes.
- Relatives told us the care their loved ones received from this agency was person-centred.
- People had up to date person-centred care plans in place. These plans included detailed information about people's personal and physical health care needs, daily routines and tasks they wanted completed, and how they preferred for this to be delivered. A relative said, "Carers ask my [family member] if she would like her personal care in the morning or on the afternoon every day and always respect her decision." A community social care professional added, "They [the provider] seem very responsive and able to find the right level of care my client's needs and wants."
- Staff told us they gave people as much choice and control as possible in relation to the care and support they received from the agency. For example, a member of staff told us, "I treat every client I'm sent to support as an individual and deliver care in a way that is unique to them. I do this by listening to what they have to say about how they want me to support them."

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's communication needs were identified, recorded and highlighted in their care plan. A relative told us, "My [family member] is a bit hard of hearing, so her carers make sure they always talk a bit louder and slower to enable her to hear what they're saying."
- The provider was aware of their responsibility to meet the AIS. The registered manager told us they could provide people with information about the service in accessible formats as and when required. For example, the service users guide, and the providers complaints procedure could be made available in a variety of different formats, including large print, audio and different language versions. The managers gave us two good examples of how they had matched a person using the service whose first language was not English with a care worker who spoke the same language.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to.
- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with their concerns.
- People said they had been given a copy of the provider's complaints policy, which explained how they



could raise any concerns or complaints they might have and how it would be managed. One person told us, "I didn't get on so well with one of my carers, so I told the manager, and they got me someone else straight away."

- Complaints were logged, responded to appropriately and actions were identified to improve the service.

#### End of life care and support

- When people were nearing the end of their life, they received compassionate and supportive care.
- People's care plans had a section in which they could record their end of life care and support needs and wishes, if they wanted to.
- Managers told us they regularly liaised with GP's and other health care professionals to ensure people experienced dignified and comfortable end of life care at home in line with their dying wishes.
- Staff demonstrated a good understanding of how to care and support people nearing the end of their life and had completed end of life care training.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service continued to be consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and, Continuous learning and improving care

- People spoke positively about the approach of the managers and how well the agency was run. A relative told us, "The managers in the office are easy to get in contact with and are both good listeners. They both know exactly who I am and all about my [family member's] needs and state of health."
- The managers were keen to improve the service and they recognised the importance of continuous learning.
- The quality and safety of the home care service people received was routinely monitored and analysed by the managers and senior staff team. For example, field supervisors routinely carried out home monitoring visits to observe staff's working practices, including how staff interacted with the people they were supporting, their time keeping, and how well they manage records they were required to keep. A member of staff told us, "The managers from the office and my field supervisor often visit us when we're out on a call to see how we're getting on." A second member of staff added, "Our support team comes out every Monday in the field to supervise and check on the quality of the care we're providing people."
- The outcome of these audits and feedback the provider gathered from people using the service were routinely analysed to identify issues and learn lessons.
- The provider displayed their rating as required in their offices and on their website and had made their last CQC inspection report available to people. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The managers understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The nominated individual and registered manager worked well together and had a clear vision that she shared with staff. They told us they routinely used in-person and virtual meetings and training to continually remind staff about the organisation's underlying core values and principles.
- The managers were aware of their responsibilities under the Duty of Candour. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

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

- The managers promoted an open and inclusive culture which sought the views of people receiving a



service, their relatives, and staff.

- The provider used a range of methods to gather views about what they did well or might do better. For example, people had ongoing opportunities to share their views about the home care service they or their relatives received through regular in-person home monitoring visits and telephone contact and were actively encouraged to complete annual customer satisfaction surveys. A person told us, "We often get a phone call from the office checking how my carers are doing."
- The provider also valued and listened to the views of staff. Staff stayed in touch with the registered manager through regular telephone and in-person contact, which included individual supervision meetings with the office-based managers and observations of their working practices during a scheduled visit.

#### Working in partnership with others

- The provider worked well with other agencies and bodies.
- The provider worked in partnership with various community health and social care professionals and external agencies, including the relevant Local Authorities, Clinical Commission Groups, GP's and district nurses. A community social care professional told us, "This excellent agency is always willing to assist and work in partnership with us wherever they can." A second community professional added, "The organisation's communication skills are great. They always keep us informed about any concerns or worries they might have with our clients they care for and equally, if we have any concerns they work closely with us to address them promptly."
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.