

Knightingles Healthcare Limited

Knightingles Healthcare Bedfordshire Limited

Inspection report

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Date of inspection visit:

04 December 2018

06 December 2018

Date of publication:

31 December 2018

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

This was the first inspection since the service was registered in December 2017.

Knightingles Healthcare Bedfordshire Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger adults who have a learning disability. The service also supports children who may have a physical or learning disability. The service was supporting 24 people with the regulated activity of personal care.

Not everyone using Knightingles Healthcare Bedfordshire Limited receives 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.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. In this instance, the registered manager is also the provider.

People, their relatives and staff were positive about the management of the service. There were systems in place to maintain and to further develop the service to ensure everyone consistently received care and support to a high standard. The ethos of the service was putting people at the heart of what they do and staff were aware of this expectation. Staff were happy to work with a management team who listened to them and put people first.

People felt safe using the service. The staff and management of the service knew how to effectively manage risks to reduce the risk of harm. There were enough staff who were recruited safely to meet people's needs. Peoples' medicines were managed safely and effective infection control was practised.

People were supported by staff who were trained and received regular supervision. People were supported with eating and drinking when needed. The staff worked in accordance of the principles of the Mental Capacity Act. The staff and management liaised with health and social care professionals to assist people as needed.

People told us staff were kind and caring. People were involved in planning and reviewing their care. Confidentiality, privacy and dignity was promoted. People's care and support needs were met. People's support plans were detailed and person centred. Complaints were responded to appropriately and feedback was sought.

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.

People felt safe using the service.

The staff and management of the service knew how to effectively manage risks to reduce the risk of harm.

There were enough staff who were recruited safely to meet people's needs.

Peoples' medicines were managed safely.

Effective infection control was practised.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and received regular supervision.

People were supported with eating and drinking when needed.

The staff worked in accordance of the principles of the Mental Capacity Act 2005.

The staff and management liaised with health and social care professionals to assist people as needed.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring.

People were involved in planning and reviewing their care.

Confidentiality was promoted.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were met.

People's support plans were detailed and person centred.

Complaints were responded to appropriately.

Is the service well-led?

The service was well led.

People, their relatives and staff were positive about the management of the service.

There were systems in place to maintain and to further develop the service to ensure everyone consistently received care and support to a high standard.

The ethos of the service was putting people at the heart of what they did and staff were aware of this expectation.

Staff were happy to work with a management team who listened to them and put people first

Good ●

Knightingles Healthcare Bedfordshire Limited

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received a provider information return (PIR) for this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection commenced on 4 December 2018 with a visit to the provider's office. The inspection was announced and carried out by one inspector. We gave the provider 48 hours' notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection. Following the office visit, we made telephone calls to people who received a service and their relatives.

During the inspection we spoke with two people who used the service, two relatives, four staff members, and the registered manager and the nominated individual. We reviewed information from service commissioners and health and social care professionals. We viewed information relating to two people's care and support. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. Relatives also told us that they felt people were safe using the service. One relative said, "I have no worries."

People were supported by staff who had a clear understanding of how to keep people safe. This included how to recognise and report abuse. Staff received regular training and updates. Information was displayed in the office for staff to follow and people were visited by members of the management team to ensure people were safe and satisfied with the care they received. The registered manager had responded appropriately to an allegation of abuse. In response to these concerns had implemented a 'secret carer' role to give oversight of the care people received. This helped assure them that the people they supported were being treated well.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly. Risk assessments were in place for areas including falls, skin integrity, health conditions, mobility and general safety. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

Where staff members or managers had concerns about a person's or a child's welfare, they took immediate action which included providing the support needed at that time and liaising with the local authorities. The management team went above and beyond what was expected in their contractual agreement by ensuring people had food when they had none at their homes and clothing where finances were limited.

All accidents and incidents were logged so that they could be reviewed to ensure remedial actions had been taken and the risk of a further incident was reduced.

People and their relatives and staff told us that there were enough staff available to meet people's needs. One person told us, "They always come." Another person said, "They always turn up." There was an electronic call monitoring system and missed or late calls were flagged to members of the management team. This was then resolved. One staff member said, "I am not aware of a call (visit) ever being missed." Members of the management team provided support with care visits if this was needed. Staff told us that visits were never missed.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. These included written references and criminal record checks. There was a checklist kept of staff and all recruitment documents to help ensure they complied with regulations. The registered manager told us that they maintained a membership with a recruitment and employment confederation to ensure their knowledge was up to date in regard to employment and recruitment. They also leased an ID scanner to ensure that all identification, such as passports, seen were genuine.

Some people needed support with the medicines administration. Staff received training and regular competency assessments. There were also monthly audits to help ensure safe practice was followed. People

told us they received their medicines when needed.

There were systems in place to help promote infection control. Staff had received training and a member of the management team reviewed their practice during spot checks of staff performance.

Lessons learned were shared at team meetings, supervisions or as needed. One staff member told us, "They call or text us so that we know."

Is the service effective?

Our findings

People told us that they felt staff were skilled and knowledgeable. One person said, "They are very well trained." A relative told us, "[Registered manager] wrote everything down and makes sure staff all read it so they know what they are doing."

Staff received training to support them to be able to care for people safely. This included training such as moving and handling, first aid, fire safety and safeguarding. There was also training relating to specific needs of people such as autism and administering emergency medicines for seizures. The registered manager told us, "We had someone waiting for a package but we did not start it until the staff received the training. The school nurse gave the training to six of the staff team" Staff told us that there was enough training. One staff member said, "We can always ask for more training if we need it."

The training consisted of face to face training and some online training. Members of the management team were also in the process of training or had trained to be an in-house trainer. One staff member said, "This means as soon as something comes up, they can just pop back in for an update." Staff told us that they felt supported and could approach the management team for additional support at any time. We saw that staff had regular one to one supervision and regular spot checks where feedback on their performance was given.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found that they were.

Some people who were supported by the service had capacity to make their own decisions. Others had fluctuating capacity. People were supported to make their own decisions about what to wear or eat. One person said, "They ask me what I want." Staff supported people to ensure they had all the information they needed to make an informed decision. For some, best interest decisions were made with all people relevant to the person and the decision to be made. A staff member told us, when supporting someone with varying capacity, "I show them food and clothes for them to choose from."

People were supported to eat and drink if needed. Some people managed this independently. One person told us, "They make me what I ask for."

People were supported to manage their day to day health needs if they were unable access to health care and social care professionals independently.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "They are all beautiful people, brilliant all of them." Another person said told us, "They are kind." there were several compliments received about the care and kindness of staff. One of these read, "I am grateful that [person] had such great kindness and care from Knightingles. I am very glad we found you."

People were involved in reviews about their care. Care plans detailed ways in which staff could try to encourage people's involvement by offering choices and supporting them to live independently where possible. People were at the heart of the plans and the way they wanted to be supported and live their lives. One person told us, "They know what I like." A relative told us, "They ask [relative] what [they] want." Plans included what was important to people and how to make them happy.

Staff had about a good understanding of people's needs, life histories and preferences. We found that preferences and wishes were respected. There was a section in the support plans titled, 'This is me' and it raised awareness of what was important to people. A member of the management team told us, "We encourage staff to use this information to strike up conversations."

People were encouraged maintain relationships in whatever form they took. This included with family member and friends.

People told us that their privacy and dignity was promoted. The registered manager told us that staff supporting children in the community usually wore normal clothes so that the children they supported would have their privacy maintained. However, they had recently reviewed this to ensure that public were aware of a child receiving support in the event of the staff needing to take them somewhere as there had been concerns raised about strangers with a child. When in uniform, the care and nursing staff wore tunics but to support children in the community, a polo shirt uniform was now used to help promote privacy as much as possible.

People's records were stored securely to promote confidentiality for people who used the service.

Is the service responsive?

Our findings

People and their relatives told us that they received care that met their needs. One person said, "I'm happy." A relative said, "We are very happy with the support and my [relative] is happy."

People's care plans were detailed and person centred. They included information that enabled staff to promote independence where people were able and provide care in a way people preferred. We saw, and people told us, that people were involved in all reviews and were the key person to make and agree plans for care and support. Daily notes included a prompt for all aspects of supporting people. This helped to ensure that nothing was missed.

The service at times supported people at the end of their lives. Trained staff supported people to die pain free in their own homes and with dignity. Care plans were developed to help ensure staff were familiar with how to support people. We reviewed one plan and it stated, 'Please wet my lips to help me stay hydrated when I am not drinking enough.' We reviewed some feedback from people whose relatives had been supported at the end of their lives. One comment said, "In the last few weeks you showed [person] such love and respect in a gentle, caring way, allowing them to feel listened to and still in control, with dignity, until the end."

The registered manager had put a support system in place for people and their relatives and a designated staff member was assigned to people. They were also visited by a manager on alternate days to give support and advice to family members and staff as needed. The registered manager acknowledged that staff became attached to people they supported and having a wellbeing manager was an important role for staff as well as the relatives of people they supported.

Some children or adults who used the service received support to enjoy activities or go out into the community. Some of these children and adults had complex needs and had previously been unable to access the community because of this. The service ensured staff worked well with people through matching them and this had meant people and children were now able to go out more. A relative told us that their child liked being read to and staff did this for them at night before bed.

There had been very few complaints and concerns but those raised had been fully investigated. People told us that they knew how to raise concerns. One person said, "I can ring and speak to them (managers) anytime I like." A relative told us, "We once had a carer we weren't really happy with, we spoke with [Registered manager] and [Care manager] and they sorted it out straight away and we are very happy now." The registered manager told us that they used complaints as a learning tool and told people they welcomed feedback.

The registered manager and other members of the management team also visited people regularly to obtain their views. One person said, "I know [registered manager and nominated individual], they come and see me, we have a right laugh."

Is the service well-led?

Our findings

People and their relatives were positive about the service and how it was run. One person said, "If you have someone who needs help, send them to Knightingles because they are very, very good." One relative said, "The managers ask about everything, and they are good with [family member]."

Staff were also positive about the service and the registered manager. One staff member said, "There is nothing they can do better, you come to them, they always see you." The registered manager told us that they felt one of the most important things was to value and support staff. They said that valuing staff created a loyal team who would support people in a way they expected. Staff told us that the management team had supported them emotionally and financially when it had been needed. One staff member said, "Everything in the company is really nice."

The ethos of the service and culture through the staff team was to put people first. Staff told us that approach came from the registered manager. We noted that there was a message from a relative of a person who had passed away. The message read, "[Name of registered manager], you don't know how much it meant to me knowing that you stayed with [person] and prayed with them until we arrived. It has brought me great comfort knowing that."

There were quality assurance systems in place. These were used consistently and appropriately. These included in medicine audits, audits of daily care notes, observation of staff practice and an action plan so that any shortfalls could be addressed.

The registered manager and their team had put together an action plan based on the Regulations and fundamental standards. Actions included increasing the availability of more face to face training, checking for hand hygiene and medicines competency and developing the care plans further. We saw that these actions were almost all completed with some areas that were due to start or were ongoing. For example, more members of the management team to attend train the trainer sessions to further help keep staff up to date with training. However, other areas, such as development to care plans had been fully completed across all people they supported and all staff had their competency assessed.

There was also an improvement plan where updates made to the service were logged with a reason why, with before and after examples. This included changes to daily notes, spot check records and a better induction booklet. As a result, we saw that notes were more detailed when completed, thorough audits took place and staff received robust checks of their performance.

The provider worked with other agencies. There were links to a local care providers association who provided advice, support and training if needed. The local authority commissioners had awarded the service a Good rating at their last monitoring visit. The provider had recently been awarded the lead contract for children in north Hertfordshire.

There had been a survey completed and we saw that the feedback was mainly positive. The responses were

collated and then reviewed to see if any actions were needed. Feedback about the service was sought not only from people they supported but also their relatives. To try and obtain as many views as possible, the registered manager had arranged for a member of the office team to visit people and assist them to fill in the survey. In addition, a senior staff member well known to people called people to ask for their views. They told us that when posting a survey there had not been much response so they hoped this would give them more feedback.

There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about updates with the provider, reminders and good practice.

Staff were happy to work with a management team who listened to them and put people first. One staff member said, "The communication here is very good." All staff we spoke with told us that anything raised by them was always actioned. One staff member said, "Everything you ask is actioned, nothing they could do better."

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. We found that the registered manager had notified the CQC appropriately.