

Knightsbridge Care Services Limited

Knightsbridge Care Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Knightbridge Care Service is a domiciliary care agency and a support living service. At the time of the inspection 49 people who had a learning disability and/or adults over 65

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 received safe care which had been risked assessed to maintain their health and welfare. Staff were recruited safely and were training to support people, including any medicine administration.

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.

The management team reviewed people's care and supported staff to understand their role and responsibilities.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 8 May 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced inspection of this service on 20 March 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staff training.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Knightsbridge Care Services on our website at www.cqc.org.uk.

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?

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Knightsbridge Care Services

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

Two inspectors and 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. The Expert by Experience made phone calls to people and relatives.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in [their own houses and flats.

This service also provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 May 2021 and ended on 25 May 2021. We visited the office location and one supported living site on 18 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with five people who used the service and seven relatives about their experience of the care provided by telephone. We also spoke with three people in a supported living home. We spoke with three members of staff and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care from staff who knew them well. Staff were able to tell us about the people and how to report any safeguarding concerns. One person told us, "Yes, they are a nice lot of girls, they come to get me up in the morning. They stay with me when I have a shower that makes me feel safe." People and their relatives told us should they have any safety concerns they would happily contact the registered manager to report these. One person told us, "I am quite happy. I would speak to the manager, never had to raise a concern. She is very approachable; I find they are all very easy to get on with."
- The registered manager had systems and processes in place to make appropriate referrals to the local authority where needed.

Assessing risk, safety monitoring and management

- People had their risks assessed, for example their risk of falls by the registered manager. These had been recorded with action for staff to follow to maintain people's safety. One family member told us, "They use a hoist and commode, it is always here. Two carers always come."
- The risks had been reviewed often or if the person's risk had changed.

Staffing and recruitment

- The registered manager recruited staff through a process of application and interviews. These included their previous employment history and a criminal records check.
- There were enough staff to ensure consistent and timely calls from staff people knew. One person told us, "They pretty are much on time and they haven't missed a call. They come every day including weekends. Never found problem at weekends." One relative told us, "There is a quite a regular group of staff that come. That does help, it is better for as she can be insecure sometimes with new people."

Using medicines safely

- People were supported to take their medicines and staff recorded when they administered these.
- People told us staff had done this to ensure they were taking the correct medicines.
- The registered manager checked people had received their medicines safely every month.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing Covid-19 testing for staff.
- We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager was open to improving people's care and welcomed any feedback or suggestions.
- People and their families told us when they shared information about what was not working, changes were made to improve the care. One relative told us "I mentioned it to them and it seems to have settled down" in relation to the consistency of call times.

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 Requires improvement. At this inspection this key question has now improved to good. 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

- The registered manager recorded people's choices in the care plans. One person told us, "Yes, it is suitable for me. They read my mail to me, which is very important to me. They find a phone number, if I need one, or look at my leg if I am concerned. Sometimes if I don't want anything we have a drink and a chat they are nice people."
- The registered manager kept up to date with best practice to maintain a high quality of care. The registered manager also had access to support networks, for example Skills for Care and SCiE. This helped them to gain information which promoted good outcomes for people.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received the appropriate training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- New staff completed an induction and then went on to complete regular training, monitored by the registered manager.
- Staff received supervision and had their skills checked by senior care staff in a person's home.
- People told us staff knew and understood their care needs and were able to support them appropriately. One person told us, "Never found them not knowing what they are doing. Every morning, they make sure I am up and dressed."

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

- People were supported with their meals. People were supported to develop menus and go shopping for the ingredients needed. One person told us, "They make me breakfast. They bring me a piece of toast and they put a banana on the plate and bring me a coffee. I think they want to make sure I have enough to eat."
- Where needed, staff supported people to prepare ready meals or jugs of drinks for them to access throughout the day. One relative told us, "Any concerns they [staff] had, they would contact me. If he wasn't drinking sufficiently they would make a record of what was happening so they could take some action."

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

- Staff looked to support people to access health and social care professionals, such as GP's.
- People were confident staff reported any health concerns to the right people. One relative told us, "Even the district nurses said they were doing a good job. Either the carers called professionals in or I called them in. They seem to get things sorted very quickly"

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 had consented to their care and treatment and their views and feelings were listened to. For example, people had agreed to COVID-19 testing.
- One person told us, I have one carer who says 'Its my job to make you to be as independent as you can be'."
- Staff understood people were deemed to have capacity for decision, unless an assessment had been complete to show a person had not been able to make a decision on their own. One person told us, "They would do anything for me and don't make me do anything I didn't want to. They always ask; 'is it alright to get so and so out of the pantry."

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were pleased with the care provided and were able to talk easily with staff and the registered manager. One relative told us, "I think it is well managed. I rang up today, somebody answered they knew who he was. It's very sweet."
- People were involved in their care and liked the care staff, one person told us, "They are nice people, helpful, they don't complain. I am very glad to see them. They never say 'No it's not my job.'"

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

- Staff were supported in their role and had regular feedback (?) and support from the management team.
- The registered manager completed checks on the quality of care provided and took action to make any improvements needed. They were open, honest and offered an apology if something had gone wrong.
- The registered manager knew when to notify CQC of certain incidents and understood the regulatory commitments. These were used to ensure good quality care was provided to people.

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

- People were comfortable to be themselves and staff knew to respect people's lives and histories. One family member told us, "They are caring, nice ordinary people, they care made my [relative] feel comfortable, with them just by being themselves."
- Care plans reflected people's thought and feelings, with clear information about any protected characteristics.
- Staff told us they worked well together as a team. They were encouraged to work together and where possible engage people using the service.

Continuous learning and improving care

- Since the last inspection the registered manager had made improvements to the training provided to staff. This ensured people using the service were supported by staff who had the correct skills and knowledge.
- The provider had introduced a system of checks which demonstrated the registered manager had clear oversight of the care provided. One relative told us, "We are quite happy with it. I really would say they [staff] are caring, they respect the patients they are coming in to see."

Working in partnership with others

- The management team had established and maintained good links with local healthcare professionals, for example, GP practices and district nurse teams.