

Kingfisher Care (Midlands) Ltd

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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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service

Kingfisher Care (Midlands) Limited is a domiciliary care agency providing personal care to people living in their own homes in the community.

Not everyone who used the service received personal care. 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. At the time of inspection 49 people were being supported with personal care.

People's experience of using this service and what we found

People benefitted from an outstanding well-led service, which placed people at the heart of everything they did. The registered manager and operational manager led by example and ensured staff shared their ethos of providing good quality care.

People told us how good the service was and how much their lives had improved since Kingfisher Care had come into their lives. One comment we read was, 'Thank you for your excellent care and attention.'

Kingfisher Care (Midlands) Limited strived continuously to improve people's care and life experience liaising with health professionals and other organisations in the area. Proactively responding to people's physical and mental health well-being.

There were effective systems in place to manage the quality of the service and drive improvements. People's feedback was sought and acted upon and staff were valued and proud they worked for the company.

People were cared for safely and could be assured that staff had been checked for their suitability to work with them. People's medicines were administered safely, and people could rely on them being given at the times they needed them.

People were treated as individuals and were valued and respected. Staff ensured people's privacy and dignity was protected and spent time getting to know people. People described staff as caring with a good attitude. One person said, "Staff are cheerful and smiley and never rush me."

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.

Staff were well motivated and managed. People could be assured they were cared for by staff who had the training, skills and knowledge to provide effective and safe care.

People and staff were confident if they had a complaint they would be listened to and action taken to address the issue. The registered manager was open and honest and welcomed ideas to develop and improve the service.

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

Rating at last inspection

The last rating for this service was Good (published 28 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Kingfisher Care (Midlands) Ltd

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

The inspection was carried out by one inspector, an assistant 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

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

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

We gave the service 48 hours' notice of the inspection. This was because we wanted to ensure there were people we could speak to 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 13 August 2019 and ended on 16 August 2019. We visited the office location on 13 August and made calls to people who used the service and staff on 13, 14 and 16 August.

What we did before the inspection

We reviewed the 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. 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 used all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, operational manager, administrator, five care staff and one senior care staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and information around the development of the service. We spoke with one professional who regularly liaised with the service.

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.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely, they had developed trusting relationships with staff and felt comfortable with the staff that supported them. One person said, "I am safe and comfortable with staff. I have a key safe and they always make sure the door is locked when they leave."
- Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures in place for them to follow. They were confident that if they reported any concerns to the managers they would take the appropriate action. One staff member said, "I would report anything if I did not feel it was right, it is better to report and it not be anything, than leave someone at risk."
- The registered manager understood their responsibilities to keep people safe and had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People's care needs had been risk assessed and care plans provided staff with the information they needed to manage the identified risk. For example, a care plan for someone who needed assistance to move detailed the level of risk, the equipment that was needed and how staff needed to support the person.
- Fire and health and safety checks were in place which ensured that people and staff were safe in the home environment. The service had liaised with the fire service and arranged for people to have fire safety checks and smoke detectors fitted in their homes if they wished. One person said, "Every week they [staff] check my lifeline is on and the fire alarms are working." The registered manager confirmed lifeline's were checked on each visit and smoke alarms checked weekly.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency. The service also ensured they had a 'Fridge friend', this was a small container containing information for emergency services such as contact details and medications, supplied by the local council.

Staffing and recruitment

- Staff recruitment processes protected people from being cared for by unsuitable staff. There were enough staff to provide consistent safe care and support to meet people's needs.
- People told us they had the same care staff and they always arrived on time, stayed for the agreed time and never missed a visit. They were given weekly rotas with pictures of the staff who would be supporting them and were contacted if the staff were running late. One person said, "They [office staff] email me the weekly rota and mostly let me know if they are running late. They are all very nice and very good."

Using medicines safely

- Medicines systems were well organised, and people were receiving their medicines when they should. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- Staff had received training to administer medicines and their competencies were tested regularly.
- Audits of medicine administration were undertaken which ensured any shortfalls were addressed quickly.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff had completed training to ensure they were up to date with the most recent infection control guidance to keep people safe.
- Managers undertook observations of staff to check they followed infection control practices.
- Staff told us they had the appropriate personal protective equipment available to support people safely and people confirmed this. One person said, "They [staff] always wear gloves and aprons when they are helping me [with personal care.]"

Learning lessons when things go wrong

- Accidents and Incidents were monitored, and action taken to address any identified concerns. For example, an alternative bed was sought for one person after it had been identified they had several falls from their bed.
- Any lessons learnt from incidents were discussed with staff and action plans put in place to ensure similar incidents did not happen again. For example, learning from fires with high fatalities, the provider had instructed the care staff to test the smoke detectors in people's homes each week and this was audited each month to ensure this is being done. Training in medicine administration was changed to include scenarios based on actual errors found; staff commented that this really brought home to them the importance of the training and understanding potential consequences if staff fail to follow correct procedures.

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 has 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's needs were fully assessed before any care was agreed and delivered. This ensured that there was sufficiently trained staff to provide the care and support required. The information obtained from the assessments was used to develop care plans and guidance for staff.
- People told us they had been involved in developing their care plans and had ensured their preferences, likes and dislikes and communication needs were recorded. Protected characteristics under the Equality Act had been considered. For example, people's religious and cultural needs and lifestyle preferences.

Staff support: induction, training, skills and experience

- People were assured they were being cared for by well trained, competent staff who had the skills and knowledge to provide the care people needed. One person said, "They [staff] are well trained, they know what they are doing. If there are new staff, they always send them with an experienced member of staff and ask me first if that is ok."
- Staff were supported through regular supervisions and yearly appraisals. Managers worked alongside staff when needed, which ensured they had a good knowledge and understanding of people's needs. One staff member said, "I have regular supervision and the managers do 'spot checks' on us all. I have been encouraged to do more qualifications and feel very well supported. I would not work anywhere else."
- New staff undertook a thorough induction and all staff refreshed their training regularly which kept them up to date with best practice. The training was relevant to their work and the provider ensured they included learning from incidents that had happened. One member of staff said, "The training was really good. I have done care work before, but this is the most in-depth training I have had. I was training with someone who had not done care before and they felt it was good enough to know the job. You get lots of shadowing and they ask you if you are ready to go out on your own or need more shadowing."

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

- People were supported to maintain a balanced diet and help was available if they needed help in preparing meals. One person said, "They [staff] make my breakfast and always ask me what I want to eat."
- Staff understood the importance of ensuring people ate and drank sufficiently to remain nourished and hydrated. We saw records for when people's intake of food and fluids needed to be maintained and action taken if someone was not eating or drinking enough. One person said, "They [staff] write down what I eat every day and how many bottles of water I have drunk, it's always noted. The doctor said I need to drink plenty."
- A monthly newsletter to people gave advice on nutritional recipes and 'Fishy Fridays' had been set up. The

staff collect fish and chips for those people who want them from a local fish and chip shop.

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

- People were supported to live healthier lives and were supported to maintain good health. One relative told us, "I help to hoist [lifting equipment] [relative], the manager insisted I was trained properly to use the hoist. It was very helpful, and I picked up little tips and a better way of doing things."
- Staff knew the procedure to follow if they found a person needed urgent medical assistance. They were provided with a 'Must have tool kit for carers' which contained detailed information about different health signs to look out for which may need medical attention, such as pressure sores, urine infections and signs of malnourishment and dehydration.
- Care records included information from when other health professionals had been involved, such as GPs, district nurses, dietitian and occupational therapists. One person told us, "When I was ill the carer called the GP and waited with me until an ambulance came."

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 and we saw they were.

- People's consent was sought before any care was delivered. One person said, "They [staff] always ask me before they do anything." Another person said, "They [staff] ask for my permission and tell me what they are going to do."
- People's mental capacity to make decisions or choices was assessed before they began to use the service and kept under review.
- Where relatives supported people to make choices and decisions about their care, the registered manager ensured appropriate applications had been made in line with legal requirements.
- Staff understood their responsibilities to seek consent and had received training about the MCA. In a 'Must have tool kit for carers' there was information about the MCA.

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.

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

- People continued to be well cared for. People and their relatives consistently told us how kind and caring all the staff were. One person said, "They [staff] are all kind, amenable and pleasant." A relative said, "The staff care 110%, the regular carer is marvellous and puts [relative] before themselves. Nothing is too much trouble."
- Care plans included information on people's likes and dislikes, routines of care and support required. For example, whether they preferred a female or male carer and whether they needed assistance with oral care.
- Staff knew people well and understood the need to respect people's diversity and individuality. One staff member told us, "They [manager] match people so we support people with similar interests and beliefs."

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

- People were involved in planning their care and felt in control. One person said, "I have a care plan, I made it myself." A relative said, "We review the care plan and if we need to make any changes we can."
- People were listened to. People told us if they needed to change the time of a visit or needed assistance to go to an appointment changes were made, and their request accommodated. One relative said, "A carer from the old service came to work for Kingfisher and we asked if they could come back to us and that was organised."
- The registered manager was aware of the need for people's voice to be heard so ensured people had access to an advocate if they needed to have someone to help them speak up about their care. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Respecting and promoting people's privacy, dignity and independence

- People remained in control of their care and were encouraged to be as independent as possible. One person said, "The staff do what they need to do and leave me to do the things I can and want to do."
- People's privacy was respected, and their dignity maintained. One person said, "They [staff] are respectful. I was asked about male or female carers." A relative said, "They [staff] respect [person] dignity well and they listen should [person] say no."
- Staff described to us how they maintained people's dignity such as ensuring doors were closed, curtains closed and providing people with a towel to cover them. They knew not to speak about people outside of the home. People confirmed they felt their confidentiality was always maintained.

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 were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were at the heart of planning their care and this was regularly monitored and reviewed with them. We read feedback from one person, who said 'For years I have not gone out, but recently I have made friends, we have changed my evening call times to enable me to go out with my friends. We had also made my morning calls earlier which meant I could get to my day time social activity at the church hall, which is where I made friends. This is really good because I have a life now.'
- Care plans detailed people's life history, family members, interests, choices and preferences including those related to the protected characteristics to protect people against discrimination. Staff built positive professional relationships with people and provided consistent care. One person said, "I have a regular carer who is very good, they know me better than I know myself, they know what I like and what I don't like."
- People were matched with staff who shared their interests and staff were responsive and recognised people's changing needs. One person told us, "I feel cared for. They [staff] know and understand if I'm upset, they check my mood and we have a good chat." Another person said, "We have a good laugh and chuckle at times. They [staff] keep check on me and are very observant." [With health needs]
- People told us the service went the extra mile to meet their needs. For example, staff recognised when one person's physical and mental health deteriorated, they needed more support and the person's living conditions needed to be improved to give them a better quality of life. The operations manager contacted the GP, district nurses, speech and language therapist and social services and ensured specialist support and equipment was in place to meet all the person's needs. Staff treated the person with take away meals on occasions. The family expressed how happy and appreciative they were with the support given.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider proactively looked at ways to respond to people's social and emotional needs, to prevent people from being socially isolated. In response to one person saying how lonely they felt, the provider secured funding from the local authority for them to be supported with regular social calls. As the person expressed a love of the theatre the provider had arranged for the person to be taken to the theatre. Another person said, "What I like the most about my social calls is being able to be myself away from the house and the problems bringing me down. Being able to say can we go here and not having it questioned like [some of the people in my life] would do, nothing's too much trouble. [Name of care staff] makes me feel good about myself which is just what I need right now."
- Staff supported people with activities and going out into the community. One member of staff told us about an 'activities box' the provider had put together for them to share with people. It had different games and activities staff could do with people, which helped stimulate them and enhanced the opportunity for

conversations with people. This was particularly helpful for people living with dementia and people who may be feeling socially isolated. One relative commented, 'Thank you for the 'activities box' [relative] really enjoys playing the games, it's a great idea and helps to pass the time with people.'

- We saw a comment from one family thanking the service for assisting their relative to attend a family lunch and making them feel so at ease and relaxed. The person had been unable to get out without assistance for several years following a stroke. The care staff had encouraged and supported them to gain the confidence to go out. The person had commented, 'They [care staff] are amazing, I felt so at ease, first time I have been out with my family for a meal since 2013. The carers are wonderful.'

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 care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, for example, information was produced in large print for people with a sight problems and other forms of communication could be made available if needed.

Improving care quality in response to complaints or concerns

- People and relatives were confident if they made a complaint it would be investigated and responded to. One person said, "I did make a complaint and it was resolved quickly. I made a statement and they [registered manager] rang me with the outcome. It was resolved to my satisfaction and took about 10 days. The people in the office are easy to get in touch with, there is always someone available even at weekends."

- There was a complaints procedure in place and people knew how to make a complaint. We saw when a complaint was raised the registered manager had promptly responded and took the necessary action to address it.

End of life care and support

- There was no one being supported with end of life care at the time of the inspection. However, there was information in people's care plans about their wishes around whether they wanted to be resuscitated. The provider was aware of the need to develop plans with people to ensure people's preferences and choices in relation to end of life care were known.

- Staff told us they had been offered the opportunity to undertake training in end of life care and the provider had systems in place to provide emotional support and guidance to staff who supported people at the end of life.

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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- Truly person-centred care remained at the heart of everything. Individual packages of care were developed which respected people's individual and diverse needs.
- People consistently told us how pleased they were with the service and felt in control of their care and would recommend it. One person said, "I would definitely rate Kingfisher care, five out of five, and I recommend them to other people. I don't know what they could do to make things better." Another person said, "It's a brilliant company and I am very happy with them."
- The registered manager and operational manager knew people and their families and there was a real 'can do' emphasis which filtered through the service. We observed a conversation the registered manager had with a member of staff in relation to the support a person needed, they explained carefully how the person liked staff to approach them and where information was kept.
- We saw several examples where the service worked tirelessly to deliver better outcomes for people. For example, working closely with district nurses to improve a person's skin integrity and supporting the person to get additional support from an occupational therapist. The person told us, "I have suffered with pressure sores for over 13 years, they have only cleared up since Kingfisher Care started to look after me. Coming to Kingfisher has been like winning the lottery."
- Seeking additional equipment for a person so they could safely access all areas of their home and remain as independent as possible, the registered manager had collected the equipment them self to prevent any further delay.
- Working with a family of a person living with dementia to look at how their home environment could be improved to support the person's memory loss and keep them safe. Ensuring a person had access to reablement support and funding from the local authority following an operation that had affected their mobility.

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

- People and their families were regularly asked about the care they received, and feedback was used to continuously drive improvements. For example, 'Fishy Fridays' were developed following the positive feedback received from one person, so more people could have a fish meal delivered to them on a Friday.
- A monthly newsletter 'Kingfisher news' was sent out to people which kept them up to date with what was happening in the service, informed them about groups they may like to attend so they were not socially isolated and gave top tips on keeping physically and mentally well.

- Staff training was delivered in a way that supported individual staff learning methods; this included supporting staff on a one to one basis to ensure everyone had access to the training they needed and wanted.
- Staff were extremely valued and supported. There were staff benefits such as additional pay as a reward for a good attendance record. 'Employee of the month' which both people and staff could vote for. Staff who were chosen were given drinks and chocolate or a voucher which could involve being taken on a pamper day. The operations manager had also developed a mental health awareness and wellness pack for staff to support them to have a healthy home and work life balance.
- Staff told us they felt listened to and had regular opportunities at staff meetings to share their experiences and ideas. We saw from minutes of the meeting staff were fully informed of what was happening in the service and any incidents shared for lessons learnt.

Continuous learning and improving care; Working in partnership with others

- Training was continuously developed and accessed by both staff and family members. The operations manager liaised with local health professionals to provide training for staff, so they could provide more specialist support to people. For example, Passport training, which was delivered by the district nurses and equipped staff with the knowledge and skills to support people with wound dressings. One person said, "The difference to me has been a 100% in my health condition." One member of staff said, "Once I have completed my national vocational level 2 training (Nationally recognised qualification in care) I want to do the passport training, so I can help people more."
- Kingfisher Care (Midlands) Limited continuously looked at ways to improve care and life experience for people. They liaised with local GPs, pharmacies and district nurses to coordinate better care for people. They promoted local day services to people to prevent people from becoming socially isolated. They were actively looking to develop their own day service for people. They provided opportunities for people and staff to come together with regular coffee mornings and fundraising events and celebrated people and staff birthdays making everyone feel appreciated.
- We received positive feedback from a local reablement service. They were complimentary on how well the service communicated with them and followed the agreed plan for people which delivered positive outcomes to people.

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

- The registered manager and operations manager provided good leadership and were open and honest. Positive comments were received from people and their relatives such as, "The managers are good with a good attitude and always say don't be afraid to ask anything."
- The registered manager worked in a transparent and open way and informed the relevant people and families and external agencies such as the Care Quality Commission (CQC), in line with the duty of candour. They had notified the CQC of certain incidents, and the previous inspection report and rating was displayed within the service and on the provider's website.
- Clear and accurate records were kept about people's care and staff. The management system for complaints, incidents and accidents provided an oversight which ensured if things had gone wrong appropriate action was taken.

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

- The management structure remained clear which ensured everyone understood their roles and responsibilities. Providing good quality care continued to be the aim of everyone working within the service.
- The systems in place to monitor the quality and effectiveness of the service were thorough and continued

to ensure that risks were identified and mitigated to enable and empower people to remain in their own homes for as long as they could.

- The registered manager and operational manager played an active role in recruiting the right staff who shared the same approach and commitment to deliver high quality person-centred care. One person said, "They have and keep high quality staff."
- Staff were proud to work for Kingfisher Care (Midlands) Limited. One said, "I researched before I started to work with them as I wanted to work for them, I would not work anywhere else. They look after you, the door is always open." Another member of staff said, "One of the main things that made me want to work for Kingfisher was that after reading staff reviews about the service I knew staff were listened to, that's why I came here."