

Kingsway Care 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?

Good ●

Summary of findings

Overall summary

About the service

Kingsway Care Ltd is a domiciliary care agency providing care to people living in their own homes. At the time of inspection, the service was providing personal care to 29 people.

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

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

People's assessments of need and risk were completed with them and reviewed regularly. People were kept safe with infection prevention and control processes. Staff were trained to recognise and respond to safeguarding concerns.

People's choices and preferences were clearly recorded in care plans and records. An electronic care system was in place which managers used to monitor the service people received. The registered manager actively reviewed processes to ensure people's health needs were effectively monitored.

People were supported by kind and friendly care staff. People felt respected and well supported by carers and managers.

Managers and staff were proud of the care they provided, there was a positive culture of teamwork and commitment to work in a person-centred way with people.

Care plans were person-centred. The registered manager actively looked for ways to improve and develop care plans to respond to their individual preferences and changing needs. People and staff felt comfortable approaching the management with feedback, questions and concerns, they felt listened to.

Training and care quality was audited regularly. There were systems and processes in place to address any concerns. The care staff and management team shared strong values for teamwork, development and respect.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 4 January 2021 and this is the first inspection.

Why we inspected

This inspection was carried out because the service had not been inspected since it was registered.

Follow up

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

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.

Kingsway Care 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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 24 hours' notice of the inspection. This was because the service is small, and we wanted to be sure there would be someone available to support the inspection when we visited.

Inspection activity started on 13 April 2022 and ended on 22 April 2022. We visited the location's office on 13 April 2022.

What we did before the 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 reviewed information we had received about the service since it

registered with us. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager by video link and the nominated individual who was based in the office. The nominated individual is responsible for supervising the management of the service. The nominated individual of this service is also the provider. We spoke with members of the management team and office staff, including the Training Manager and the Director of Systems and Compliance.

We reviewed a range of records. We looked at four staff files in relation to recruitment and staff supervision. We looked at four electronic care plans and medication records. We looked at training data and quality assurance records. A variety of records relating to the management of the service, including audits, were reviewed.

After the inspection

We continued to seek clarification from the registered manager and nominated individual to validate evidence found. We looked at records shared with us by the nominated individual including policies, procedures and further details of care plan records.

We spoke with seven people and relatives who used the service, about their experience. We spoke with five staff members about working for the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Learning lessons when things go wrong

- Where people required support with administering prescribed medicine or applying topical creams this was recorded in care plans and in daily tasks. The registered manager and management team regularly looked for ways to improve their records.
- Some care staff told us guidance in people's records could be more detailed. For example, when supporting 'as required' medicine administration, known as PRN, and supporting people who self-administered their medicine. The registered manager was reviewing these processes as well as medicine management and use of body maps to improve how information was shared. This was partly in response to learning lessons when things went wrong.

We recommend the registered manager reviews PRN guidance in care plans as part of their review of medicine management.

- The service had processes in place for medicine administration to be monitored and audited. An electronic system was used to keep people's medicine administration records (MAR) up to date and the office team had real-time access to these.
- When medicine errors were found, service protocol was followed to ensure people were safe. Staff were offered support to ensure they understood good practice and refresher training was offered when needed.
- Staff who supported people with medicine and topical creams had received appropriate training.

Systems and processes to safeguard people from the risk of abuse

- People were confident about their safety and wellbeing and felt staff would respond swiftly to signs of abuse. One person told us, "I feel very safe, the carers are always looking out for me. I get the same people every week, so it feels personal."
- Staff we spoke with had received training to recognise signs of abuse and were confident about reporting these to protect people from harm. Safeguarding policies and processes were in place for recording and reporting concerns.
- Safeguarding concerns had been appropriately reported or discussed with the local authority.

Assessing risk, safety monitoring and management

- People and their relatives felt involved in discussions about risks and how these could be managed. People told us they felt confident because the service was thorough and sought their contribution during assessments and reviews. Care plans showed people were actively involved in their care arrangements.
- Care records were checked weekly by the management team to monitor risks. There were clear processes

for staff and managers to record and respond to risks and concerns.

- Staff told us they understood care records and how to identify and respond to assessed risks, as well as informing the management team when people's risks had changed.

Staffing and recruitment

- The provider had safe recruitment processes in place. New staff had appropriate checks before starting work, these included previous employment references and Disclosure and Barring Service (DBS) checks.
- People received a reliable service and felt staffing levels met their needs. People told us they were informed if care staff were going to be late. We saw staff rotas covered all of people's required care calls.
- Staff recruitment ensured there was a range of staff skills and experience to form a flexible team. One member of care staff told us, "I think care staff are well supported by the office team. You can call in and speak with anyone, everyone is there to help if you have an issue or a question when you're out on a care call."

Preventing and controlling infection

- Staff wore personal protective equipment (PPE) appropriately and were confident about managing infection prevention and control when they supported people.
- Staff had good access to appropriate PPE which was supplied to them when required.
- The service had infection prevention and control (IPC) policies and procedures to respond to infection control risks and the current COVID-19 pandemic.
- Staff received training and updates about managing IPC and COVID-19 when government guidance changed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where people's food and fluid intake needed to be recorded to monitor their health, managers and office staff monitored this. Care staff could not accurately see how much people had eaten and drunk when they visited, in order to respond, so the registered manager was reviewing their system for improvements.
- The service worked in partnership with people and their health professionals to promote good hydration and nutrition when this had been identified as being at risk of deterioration.
- People's choices and preferences for food and drinks were assessed and recorded in their care plans.
- People and their relatives told us staff and managers worked well to identify changing health needs and made prompt referrals to health services when required.
- People's care plans showed when GPs and other health professionals had been called for advice and referrals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed with them prior to a service being delivered and were reviewed regularly with them. People and their relatives told us this made them confident that their service was meeting their needs.
- The assessment process reflected what was important to people. People's care plans recorded key information such as medical needs, significant relatives, choices made about health and personal care preferences. Care plans had people's pen pictures and 'word clouds' which identified important aspects people had shared about their lives.
- People told us they were asked their consent to care before support was provided. Care staff recorded when people did not want a task to be completed and this was respected and monitored with people.

Staff support: induction, training, skills and experience

- Staff received a robust training program when they joined the service. The induction process including training and shadowing other staff, observation and feedback about practice and signoff for working independently. All staff we spoke with told us their induction and initial training had provided good preparation for the expectations of their role. One staff member told us, "It's very easy to ask for the training I need." Another member of staff told us they had requested more in-depth training about dementia and this was being sourced.
- Managers were committed to providing ongoing training and ensuring care staff received tailored training according to their experience and skills. The training lead talked passionately with us about developing staff

members skills so that people received safe and effective support which was person centred.

- Staff new to care work were supported to complete the nationally recognised Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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 MCA 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

- The service was not supporting anyone who was subject to a deprivation of liberty authorisation.
- Mental capacity assessments were carried out by managers. Staff knew where to check in people's care plans to find this information.
- People's consent to care was sought and recorded in their care plans and daily records, for example regarding medicine administration.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and their relatives told us care staff were kind, caring and helpful. Several people told us care staff felt like family. One person said, "My carers are wonderful, they're the best." A relative told us, "I think [the carers] are fantastic. They treat [my relative] like a human being, they're respectful, sweet and considerate."
- Care staff told us the whole service valued kindness and care. All the staff we spoke with talked about the importance of caring for people they support and that this was a genuine value held by the provider, managers and care givers. One staff member told us, "They really make sure they recruit caring people, my clients speak highly of the care they receive."

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

- People told us the service respected their personal wishes and preferences. Managers sought to match care staff to people to promote trust and help people feel comfortable receiving care. Several people told us managers had been flexible and responsive when they expressed their preferences.
- Managers regularly contacted people to check if the service was meeting their needs. People and relatives were asked what was working well and if there were any improvements they wanted.
- People and their relatives told us they felt comfortable giving feedback to managers and staff and would share positive views as well as things they wanted to happen differently. A relative said, "They pay attention to what we say, and changes have been made when needed."
- Staff told us people's views were valued and they knew how to support people to share their views and give feedback about their care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. All staff told us the service promoted people's independence and choices in their lives. One relative told us, "Everyone who comes, without exception, is friendly and considerate. Each one allows for dignity." A person told us, "I would say they really do respect me and my home. They're very friendly but I still feel I can say how I want things done."
- Care and support was provided in an agreed and unhurried way. People felt relaxed and at ease when they were supported.
- Managers and office staff told us how proud they were of care staff, and the teamwork through the organisation, to support people's independence and links to their community. One example of this was the sponsorship and voluntary support provided to the local Food and Friendship charity group.
- People were supported to increase their independence and quality of life in ways they wanted. The provider gave us examples of how the service had supported people to remain at home safely, to increase their social contact and develop fulfilling social lives.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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

- We saw people's care plans and records were person-centred and individualised to them. Personal histories, aspirations and outcomes could be developed further with people during support planning. The registered manager was reviewing how to implement this.
- There was a missed call policy and process in place to respond and keep people informed in a timely way about any missed calls. The registered manager had recently reviewed and was implementing a system for monitoring late calls using the same electronic record system.
- People generally knew their carers and felt their needs and preferences were well known by staff. One person told us, "I am very satisfied with how I'm supported. I get help to attend some appointments and I think they are very flexible and wonderful." Another person told us, "This the first time I've had carers. I think they do a good job. I like that they are friendly and approachable when I speak with them about what I need."
- Where people were also supported to go out and remain connected to their community and local services, they valued this. People and staff gave us examples of how they used the provider's coffee shop as a base for meeting, socialising and staying in contact with people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's assessments identified sensory support needs. For example, we saw care plans reflected people's sensory and communication needs, and the service had explored the use of clear masks when communicating with people who needed to lip read.

Improving care quality in response to complaints or concerns

- People's feedback was sought by managers. The service carried out audits of feedback to identify areas for improvement. One recent aspect highlighted was the communication about late calls which the service is reviewing for improvement.
- People, relatives and staff knew how to contact the registered manager and raise a concern if they needed to.
- There was a complaint policy and process in place. People's concerns were recorded and addressed,

there were processes in place to review how the service managed these.

End of life care and support

- At the time of inspection, the service was not supporting anyone receiving end of life care. We saw there was an end of life policy in place and the manager talked of their commitment to compassionate care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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; Working in partnership with others

- There was a positive culture of teamwork within the service. Care staff told us they felt well supported by managers and office staff. There was a large office team, office staff and managers were clear about their roles and areas of responsibility.
- Care staff told us the culture of the service was positive and they felt valued, regularly receiving praise and thanks for the work they did. Staff told us they were made aware of thank-you notes and positive feedback from people.
- The service had a social media and marketing culture where people accessed information about the organisation and its achievements. People and staff were updated about the service regularly.
- Staff were committed to delivering person centred care and support and were proud of the way they promoted people's individuality.
- There was a Disability Liaison Champion who provided feedback to the service about good practices in promoting equality and diversity within the organisation. The provider told us there were plans to support clubs and events for people with disabilities, older people and people experiencing dementia.

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 understood their duty of candour. We saw evidence that people and relatives were contacted appropriately about concerns or issues and that managers worked swiftly to seek resolutions.

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

- There was a COVID-19 and business contingency plan in place. The registered manager was actively reviewing the emergency contingency plans to ensure measures for communication and continuity could be improved.
- There were governance and audit processes in place for the management team to have oversight of service quality. The management team told us how proud they were of how the service had developed thus far and they were actively engaged in finding further aspects to develop and improve.

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

- People and relatives were regularly contacted by the management team to review their care and seek feedback about their experiences of support. People knew how to contact managers if they wanted to talk about their service.
- The registered manager and management team regularly reviewed feedback and discussed what part of the service was working well and what could be improved.
- Staff told us their views were valued and they were listened to and supported by the management team. Staff felt there was a very open culture focused on raising questions, sharing information and finding solutions.