

Knightsbridge Care Services Limited

Knightsbridge Care Services

Inspection report

380 Gospel Lane
Acocks Green
Birmingham
West Midlands
B27 7AN

Tel: 01216930181

Date of inspection visit:
19 January 2016
20 January 2016

Date of publication:
04 March 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Knightsbridge Care Services is a care agency which provides personal care to people in their own homes; this includes people with learning disabilities. At the time of our visit the agency supported approximately 60 people with personal care. This was the first ratings inspection for the service.

We visited the offices of Knightsbridge Care Services on 19 January 2016 and spoke to people who used the service on 19 and 20 January 2016. We told the provider before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run. The registered manager has worked at the service for 20 years and is also a director.

People told us they felt safe using the service and care workers understood how to protect people from abuse. Risks to people were assessed, and care plans informed staff of how to keep people safe. However some plans did not provide staff with the detailed information needed to safely manage people's identified risks.

Background checks were carried out on care workers to ensure their suitability to work with people who used the service. There were enough suitably trained care workers to deliver care and support to people.

Most people had regular care workers who usually arrived on time and stayed the agreed length of time. A few people told us some visits were less than their allocated time. They told us this was because the time it took staff to travel to visits was included within their allocated call time. However, everyone we spoke with told us they received the care they needed. People told us staff knew them and their routines well.

People told us care workers were kind and caring and had the right skills and experience to provide the care and support they required. They told us staff treated them with dignity and ensured their privacy was maintained during personal care.

The registered manager understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and obtained people's consent before they provided personal care. People who required support had enough to eat and drink during the day.

Most people knew how to complain and knew who to contact if they had any concerns. Care workers were confident they could raise any concerns with the registered manager, knowing they would be listened to

and it would be acted upon.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care workers and other checks and audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risk assessments were not always in place to protect people from risks associated with their care and health. People felt safe with the staff who supported them, and staff had received training to safeguard people. The provider's recruitment procedures reduced the risks of unsuitable staff being employed by the service. Medicines were managed

Is the service effective?

Good ●

The service was effective.

Staff received a thorough induction and training considered essential to meet the needs of the people they supported. Staff understood the principles of the Mental Capacity Act. People were supported to eat and drink to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were kind and caring. People were involved in decisions about the support they received and their independence was encouraged and promoted. Staff were aware of people's preferences and respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive

People were involved in the assessment and planning of their care, and their care needs were reviewed when necessary. People felt able to contact the provider if they had any concerns, and formal complaints were thoroughly investigated and acted

on.

Is the service well-led?

Good ●

The service was well-led

There was a culture of openness and transparency and a desire to continually improve the service. Staff felt supported by the provider and management team. The provider carried out audits and checks to monitor and improve the service.

Knightsbridge Care Services

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 January 2016, and spoke to people who used the service on 19 and 20 January 2016. The inspection was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager was in the office at the time of our visit and to arrange for staff to come into the office and speak with us.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

We contacted people who used the service by telephone and spoke with 14 people and their relatives. We also spoke with another person receiving support in person. During our visit we spoke with the registered manager, two of the office team, and five staff. We spoke by telephone to a healthcare professional that supported people who had a learning disability and a social worker.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including their quality assurance audits and records of complaints.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the service. One person said of the service, "It's just perfectly safe and caring. I would say if I wasn't but there has never been any reason not to feel safe." Another told us, "Yes I feel safe, and I have very good carers." One relative told us how staff always walked behind their family member when they were walking with their frame to make sure they didn't fall. Another told us staff stayed with their family member when they were using the stair lift to make sure they remained safe until it had stopped completely.

As part of our inspection we reviewed some people's records. They showed risk assessments had been completed and care was planned to take into account and minimise risks associated with people's care, to keep people safe.

We saw in one person's records they had been assessed as being very "anxious" and also required the use of inhalers to manage a breathing problem. There was little detail about either condition in their care plan and there were no clear guidelines for staff about how to manage these risks. We also saw that on two separate days care staff had recorded a change in this person's health condition. We could not see that this had been reported to the office staff or the registered manager in order for this to be reviewed, to make sure the person remained safe.

We discussed these issues with the registered manager who told us staff would usually bring this to the attention of a family member, or the office, but acknowledged that any actions taken should have been documented clearly. They told us they would address this immediately and discuss with the staff concerned. They said they would review the person's risk assessments straight away to ensure the correct guidance was in place for staff to follow.

We saw there was clear information for staff to follow in other people's support plans to minimise risks to themselves or others.

Most people told us staff were reliable and attended their care calls at the expected time. They told us; "I am happy, I get what I want and if they are going to be late they let us know." And "Yes they are here on time, usually within 10 or 15 minutes and if they are late they phone me."

We asked people if staff stayed the allocated time for them to receive their care and most told us they did. Everyone we spoke with told us that staff always met their care and support needs during each call. One person told us, "They are here for about 20 minutes to half an hour; they stay the full half an hour if I am showered." A relative said, "They do what they have to do and go but they make sure (person) is comfortable before they go, they have never rushed and not done what they are supposed to do." A few people told us that they received their calls within half an hour either way of their allocated time and some said occasional visits had been late. The registered manager told us this was discussed with people when they first starting receiving support from the service. Other people told us staff sometimes stayed beyond the allocated time to provide additional support where needed.

We saw on some people's records that staff had recorded times that were less than the full allocated time;

however the care people required had been given. The manager told us on occasion, visits may be shorter if the family had already carried out some of the care but acknowledged that travel time was currently included in people's allocated time. They told us a new monitoring system was being implemented whereby staff would electronically scan their arrival and departure times at people's homes. The new system would also record travel time separately. This meant people would receive their full allocated time for care.

Most people we spoke with told us the office staff would contact them if staff were running late. There were procedures for care staff to follow to ensure the office staff knew when they were going to be late, or were not able to attend the calls on their rota. The provider had an inclement weather policy to follow in case of bad weather, or other untoward occurrences, which could impact on staff attending calls on time.

People and staff told us there were enough staff to care for people and we asked the office manager how staff vacancies were covered. They told us agency staff were never used and the service employed 'bank' care staff that could provide cover as and when needed. This ensured people received support from staff familiar with the service. The care manager confirmed there were enough staff to cover all the calls. They showed us on their computer system how unallocated calls would be highlighted for their attention. They showed us how the system did not permit them to allocate calls for staff to attend different people at the same time. This meant people received their care around the time expected.

Staff told us they had undertaken training about safeguarding people. They explained how they would identify if abuse had happened and what they would do in response, to ensure people were safe. They told us; "I would report concerns to the manager and if I wasn't happy with the response I would even contact the CQC." Another told us, "We have a safeguarding policy that we follow but I would report to safeguarding and go higher if it wasn't acted on."

The provider had a good understanding of their responsibilities to identify and report potential abuse to the local authority. All staff were aware of the safeguarding policy and where to obtain relevant contact numbers if they wanted to report any concerns. The staff handbook also gave staff instructions and guidance if they wanted to report any concerns anonymously, this is known as whistle blowing.

At the time of our visit there was an on-going safeguarding investigation and the registered manager informed us they were carrying out an investigation alongside the local authority. They told us any learning from the investigation would be shared with staff. Another safeguarding investigation earlier in the year had been fully investigated by the registered manager and positive action taken.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured only suitable staff were employed. Prior to staff working at the service, the provider checked prospective staff member's suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at Knightsbridge Care Services until checks had been received from the DBS and reference requests had been returned.

Staff administered and prompted people to take their medicines safely, as required. We asked people if staff gave them their medicines, one person told us, "Yes, and they do the creams, they write everything on the medication charts." We asked if people received their medicines on time another person told us; "Yes, they remember." Staff told us they had received training to administer medicines, and had been observed by senior staff to check that they had put their training into practice and were administering medicines safely.

When medicines were given staff signed a medicine administration record, these were checked by care workers during visits and by senior staff during spot checks for any gaps or errors. These procedures made sure people were given their medicines safely and as prescribed.

Is the service effective?

Our findings

People told us staff had the skills and knowledge to meet their needs effectively. One person told us, "Yes they are competent." Other people said, "Yes they are skilled." and "We've got a ceiling hoist and the care staff are all trained to use it."

Staff told us the training provided helped them to do their work effectively. One staff member new to the service told us; "I shadowed someone (worked with experienced staff) for about a month they made sure I was happy before becoming independent." Another staff member told us, "The company are very good with training; they ask us if we want more. I have done training on dementia and palliative care."

New staff had a comprehensive induction period and had to work alongside more experienced staff until they were considered competent to work alone. We were told staff did not work alone until they felt confident and competent, and had received the training considered essential to meet people's health and safety needs. The provider also ensured all new staff completed the Care Certificate and understood their Code of Conduct. The Care Certificate standards support care workers to have the relevant knowledge and skills to provide compassionate, safe and high quality care to people.

Staff told us they had good support from the office team and the registered manager to do their jobs. They had regular individual meetings with their manager (supervision) and they also had annual appraisals to review and evaluate their work. A staff member told us, "I have regular supervision; it's a chance to get things sorted and dealt with." Another said, "My supervision is every three months, it's good to give and get feedback."

Staff we spoke with told us they had received training about The Mental Capacity Act 2005. 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. People told us they were able to make choices around their care and support. For example, one person who lived in supported living service told us, "I do my own thing; I go out when I want." We saw where best interest decisions were required families and healthcare professionals had been involved in the process.

Care staff understood the importance of obtaining people's consent before assisting them with care. When asked what they would do if a person refused to allow care staff undertake a care task, a staff member said, "Sometimes we have to encourage people but if they refuse it's their decision." Another said, "I give people choice, it's all about their care." All staff said if they had concerns about the person they would inform the office and also a family member or contact the person's GP.

We gave staff examples of people's changing needs and asked what they would do in response. For example, we asked what they would do if they noticed a change in someone's health condition. They told us they would write this in the person's care record, inform the office staff and contact the GP. They also told us they would inform the person's family. One staff member told us, "You can tell when someone is down or not right, I would document it and tell the office or call the GP myself." Staff told us if there was a change in the person's care needs a review would be undertaken straight away.

The staff handbook gave clear guidance on what staff should do if they found a person had collapsed, or was unwell, and instructions to remain with the person until relevant support had arrived such as the ambulance. All staff we spoke with were clear on their responsibilities in this situation and how to keep the person safe and administer relevant first aid.

Some people who used the service needed support to eat and drink. Most people received support to prepare food which their relatives had made. People told us, "They always ask me if I want anything but I normally have things organised." A relative said, "I do the cooking but if I am going out they will give (person) the food that I left." One person told us that staff heated up their food and would prepare anything that they wanted. These visits were for lunchtime and the person told us, "They are always here."

Another person told us, "They help me but I cook for myself, they make sure I eat proper food." People and their relatives told us staff followed instructions in care plans and made sure drinks and snacks were available before leaving.

Staff demonstrated through discussion, they had a good understanding of people's nutritional needs. They knew to report any changes or concerns to the office team for further investigation by the appropriate health care professional.

People and their relatives told us that staff supported them with their health care needs by helping them to attend appointments. One person told us, "When I need to go to the doctor they go with me." Another person said, "They go with me to the doctors. I don't like going to the hospital so they go with me."

Is the service caring?

Our findings

People and relatives had developed positive relationships with staff who provided their care and support. We asked people if they felt staff were caring and they told us, "Oh yes." and "Yes they are very caring; they aren't looking at their watch every minute." One relative told us, "They are very caring; they put (persons) towel on the radiator to keep it warm. Its little things like that show they care."

One relative we spoke to said of the service, "They came recommended and they have been lovely." Another relative told us their family member had received care from different agencies in the past and Knightsbridge Care Services had just taken over their relations' care package. They told us, "It's a stable company, their carers seem to last much longer and they have empathy and compassion and so far I am very happy." All of the office staff and care workers we spoke with demonstrated that the people who used the service mattered to them. One member of staff told us, "If we have time we sit and chat, it's important as we may be the only person they see." Another told us, "I love helping people, it gives me great pleasure." One staff member told us why they enjoyed their job, "I just love the people I look after."

People felt that staff communicated well and took the time to make sure they were involved in their care. They told us that staff explained clearly what they were going to do before going ahead and carrying out any care tasks. One relative told us staff consulted with them if there were any concerns about their family member, they told us, "They are very thoughtful, it is a team effort and everyone is doing their bit to keep (person) out of the care system and in (person's) own home." The care records we looked at showed people and their relatives had been involved in identifying and reviewing their care and support. A care worker told us when a person was being supported with their care by a relative, with the person's consent; they would discuss any concerns or issues with the family member. They told us in this situation, "We always discuss peoples' care with family members."

People and their relatives told us staff took their time when providing care and made sure they went at the pace of the person, so that people did not feel rushed. They told us staff treated them with respect and dignity. One relative we spoke with told us staff assisted their family member with personal care but also encouraged them to be independent where they could, to protect their privacy and dignity. Another relative told us, "What I like is when they help wash (person) they turn their back and cover (person) up." They went on to say their family member was a very proud person and it was important their privacy was being respected.

Another relative told us, "My family member is treated very well, and they cover them up as appropriate when giving care." One staff member told us, "I always cover people when washing them and ask them how they would like me to do things." One relative told us their family member could be challenging to staff at times, they told us, "They all respect (person) even when (person) can be awkward." One staff member told us how important it was to remember that they were working in people's own homes and that showing respect for people, and their environment, was essential.

People we spoke with felt staff supported them to maintain independence where possible. They told us

about how staff took time to support them to participate as fully as they could in their care. They told us, "I stay independent as much as I can." One relative commented how staff encouraged their family member to remain independent, and said, "They encourage (person) to wash themselves and they are very respectful the way they do it."

We asked people if staff had time to sit and talk with them, they told us, "Yes they do, all the time. I make them laugh!" A relative told us, "Last night a staff member came and chatted and it was really, really good. I appreciate it. They focus on the person but speak to me as the carer as well."

Some people told us staff did not always have time to sit and talk but during their visits they were constantly chatting and engaging with the people they were caring for and their family members. One person told us, "They are caring but they don't sit and chat, but they always ask "is there anything else you want" before they go."

Staff told us they understood the importance to maintain confidentiality about people and their care and we saw that records containing personal information were stored securely at the office.

Staff knew about advocacy services and the important role family and professionals had in relation to each person's care. They told us they knew how to contact the relevant people if they thought a person required someone to advocate on their behalf.

Is the service responsive?

Our findings

Office and care staff knew the needs of people who used the service. A person told us how the staff made sure their care plan reflected their current needs, "I tell them everything they need to know and they all know my needs now." One relative told us, "They did a very good assessment and went through everything, and I also said what I thought was needed for (persons) care."

We looked at care plans which demonstrated people and their family had been involved in the assessment process prior to staff providing care. Where appropriate, support from other professionals had been sought when people were unable to speak for themselves and had no family members to act on their behalf. For one person with learning disabilities we saw their care plan was in an easy read pictorial format and contained a section entitled "A little bit about me" that gave care staff background information about the person. There was information about how to manage situations which might cause the person to become anxious.

One healthcare professional we spoke with told us they felt staff had a good understanding of this person's behaviour and how to manage any challenges successfully.

Although care plans provided staff with good information about the care people required during visits, some did not contain sufficient detail around the emotional needs of some people and how to support them. The manager told us they had identified through audits that documentation needed to be improved and they were addressing this with staff to improve standards.

People and relatives we spoke with told us that staff would discuss any changes they noticed. One relative told us, "They tell me about any swelling or blemishes." Another relative said, "Communication is very good." One of the healthcare professionals we spoke with also told us communication with staff was very good and information was shared regularly with them about a person's progress.

A social worker we spoke with told us the service provided good care to people who had very complex needs and supported people living with dementia very well. The feedback we received was that staff had a good understanding of the people they supported.

Staff told us the information in care plans helped them understand people's needs and they had time to read care plans before providing care to people. If any clarification was needed or there were concerns they could contact the office staff for support. They told us, "I read the care plans and they are very detailed, everything is in them. If there are any changes to a person one of the senior staff will come and reassess." Another said, "Care plans give good information and it's how we get to know people, we also spend time speaking to them or their families. Some families are very hands on and involved."

One relative told us they felt fully involved in their family members' care, they said, "We changed (person's) care plan when we decided we didn't need a lunchtime visit anymore." Another told us, "The care plan, we have a copy of it and every time they come they fill in the logbook, with what they have done and how

(person) is feeling." One member of staff told us how they might identify changes in a person, "It's about understanding people, and I use their body language and eye contact as clues as well as talking to someone."

We asked staff what they would do if they did not have enough time to provide the care needed. One staff member said, "If we don't think we have enough time to give people the care they need, we inform the office and the senior staff will act on it and review the package."

People and relatives told us that staff not only provided care detailed on their care plans, but staff were also responsive to needs which weren't written down. Relatives told us how staff supported them to maintain a social life, "If we want to go to the theatre they will come later to put (person) to bed." Another told us "When our daughter married they came with us because (person) needed [personal care], they help us to keep attending family events which are so important." Another relative told us they were attending a family event in a few months and staff had arranged to stay with their relative so they could go.

People told us staff were reliable and they mostly had the same staff working with them who had got to know their needs. The care manager told us they did not allocate specific staff to care for people however for some people with learning disabilities, or dementia, continuity of care staff was important so people received support from staff that knew them well.

People told us they knew how to make a complaint. A person told us, "I know about the complaints process and I have their contact details." People who had contacted the office felt staff responded well and had dealt with their concerns quickly. One person told us, "They are always polite." Another told us, "It's normally the same person on the end of the phone and when I speak they know who I am and I always know who I am talking to."

We looked at the complaints folder which provided a detailed account of the complaints, the investigation process and the outcomes.

Is the service well-led?

Our findings

People told us they felt the registered manager and office staff were approachable. They knew the name of the registered manager and many had talked with them personally. People told us the office staff phoned regularly to check they were okay and people were aware of the on call number they could contact if they had concerns out of hours. People told us, "Its good having someone there, if I have any problems I can chat to them." And "I have an out of hour's number and they answer very quickly."

Most people we spoke with were happy with the service they received and thought that it was well managed. People told us, "Yes they are very well managed," "Yes it's a good service; it seems to be well led and well managed. It all goes back to leadership and we are happy." And "Yes I am very happy and very satisfied; I've got no hesitation in recommending them."

People were asked for their views and opinions about the service. People told us senior staff visited and spoke with them and carried out spot checks to check on the quality of the service they received. One person told us, "We had a questionnaire come through three weeks ago and also one of the carers came and asked us questions."

The registered manager and staff also told us senior staff undertook unannounced visits to staff when working in people's homes to check they were carrying out their duties effectively. People who used the service confirmed senior staff checked how care staff worked, they told us, "Yes, they did a spot check last week and they do it quite regularly." Another said, "They say who they are so we know they are senior managers." The manager told us any issues identified would be discussed with the relevant member of staff. A member of staff told us; "They come out and do spot checks, you never know when."

The manager told us they conducted three monthly questionnaires of people who used the service and an annual survey. Any concerns outlined by a person would be investigated by the registered manager with a response either in writing or in person. The registered manager told us, "It's essential we get to hear from people what they think about the service and that we sort out any issues quickly." Any learning points from complaints or investigations were shared with staff at team meetings in order to improve practice.

Staff told us that they could contact the provider at any time. They felt supported to carry out their roles and understood their responsibilities. One told us, "I can always speak to the office and we always have a manager we can contact." Staff told us they frequently went into the office during their working week and whilst we carried out our inspection several staff visited.

The professionals we spoke with were positive about the service and felt communication with the registered manager and staff was good.

Office staff had clear roles and responsibilities, for example, one member of staff was responsible for call schedules and making sure there was sufficient staff available to meet people's needs. They had worked for the service for ten years and told us, "This is rewarding, you know you are making a difference and we all

support each other."

Staff told us they had regular team meetings. One staff member told us, "We have our meetings and I can raise any issues I have." The registered manager told us they usually held team meetings every quarter.

Staff spoke positively about the registered manager, comments made were, "She is brilliant, and if I have a problem I can go to her." And, "I can't fault the manager, she sorts out any issues, and everyone is so supportive." We asked one staff member why they wanted to work for the service and they told us, "They always have time for you and are so supportive. We are a very happy ship."

The registered manager told us, "We have an open door policy, staff have my number and address, I always tell them to come to me with any problems."

The provider and registered manager used a range of quality checks to make sure the service was meeting people's needs. Records confirmed people were asked for their opinions of the service through spot checks, senior staff visits, telephone calls, care plan reviews and satisfaction surveys.

People and their relatives told us they were regularly contacted to obtain their views and feedback on the service they received. One person told us, "Yes I get surveys in the post, I do fill them in, its basic good relations to see if people are happy." Another person told us, "The office do come out and ask us how things are going and if we have any concerns. We've got to know them like friends."

We looked at a sample of returned surveys from people, the responses and comments were mainly positive about the service. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans.

The manager had already identified that documentation needed to be improved and had already addressed this with staff but acknowledged that improvements were still required, they told us they would be taking action to improve standards.

The provider ensured there was 24 hour on call cover for staff to speak to a manager if there were concerns.