

Knightingles Healthcare Limited

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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

This inspection was carried out on 17 March 2016 and was announced. This was the first inspection since the service had registered with the Care Quality Commission on 23 December 2014.

Knightingles Healthcare Limited provides personal care to people living in their own homes. There were two people using the service on the day of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. In this instance the registered manager was also the provider.

People received personalised care that met their needs. They were involved in planning their care and felt listened to. People told us that staff were kind, caring and that they went over and above what was expected. Staff were aware of the importance of gaining people's consent and respecting their choices, dignity and privacy.

Staff received training, supervision and support for their role. Staff told us they felt well equipped to carry out their role and they knew the standards expected of them.

Everyone was positive about the leadership and the management team. There were sufficient staff to meet people's needs at their chosen times. As a result of this inspection the registered manager had made arrangements to further strengthen the recruitment process.

The registered manager had systems in place to monitor the quality of the service, check staff competency and share lessons learned. There were regular meetings held to review any accidents, incidents and complaints and to ensure that all risks to people's health, safety and welfare were appropriately managed.

People felt safe using the service and staff knew how to recognise and respond to abuse. Medicines were managed safely and staff had received training in this area.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and were supported by staff who were aware of individual risks and could recognise abuse.

Accidents and risks were reviewed by the management team.

People were supported by sufficient numbers of staff.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's consent and choices were obtained before support was given.

People were supported by staff who had been trained and appropriately supported.

People were encouraged to eat and drink sufficient amounts to maintain their health and welfare.

Is the service caring?

Good ●

The service was caring.

People were involved in planning their care and felt listened to.

People were treated with dignity and respect.

People's preferences and life histories were shared with staff who supported them.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs.

People's care plans were clear and gave appropriate information to staff who supported them.

Staff considered how they could support people with their interests during their visits.

People knew how to make a complaint and were confident this would be dealt with robustly.

Is the service well-led?

Good ●

The service was well led.

People and staff were positive about the management and leadership of the service.

There were systems in place to monitor and to help continuously improve the service.

Staff shared the registered manager's views and ethos of a people first service.

Knightingles Healthcare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of Knightingles Healthcare Limited on 17 March 2016. We gave the provider 48 hours' notice of the inspection to ensure the registered manager would be available to meet with us. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

The inspection was undertaken by one inspector.

During the inspection we spoke with one person who used the service, one relative, three care staff, and the registered manager. We viewed three people's support plans. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe receiving support from the service. When asked if they felt safe using the service, one person said, "Definitely." People were supported by staff who knew how to recognise and report abuse appropriately. One staff member said, "I saw something I wasn't happy with [relating to a family member], I reported it to [the registered manager] and it was dealt with straight away." We saw that there was a policy on how to safeguard people from the risk of abuse and information was displayed in the office. This was also a set item on each meeting agenda and staff had received training in the subject.

People's individual risks were assessed and plans were put into place to mitigate these risks. For example, where a person may have been at risk of self-neglect the plans recorded what staff could do to reduce this, such as supporting with household tasks when this impacted on a person's health. Staff were made aware of these risks prior to providing support to people. There was a system in place to log, monitor and review any accidents or incidents to help identify any trends or themes. This included sharing lessons learned following an incident. One staff member told us, "If something happens, they call an urgent meeting so they can share it with us to make sure it doesn't happen again."

There were sufficient numbers of staff to meet people's needs at the time they required. People and their relatives told us that calls were not late and never missed. One relative told us, "They made sure they could do the visits [relative] needed before saying they would provide [their] care." The registered manager told us, "We need to assess people before providing care to make sure we have enough staff to meet their needs." We noted that calls were monitored informally as they were only providing one hour per day to one person up until 16 March 2016, where they commenced support for a second person. A new system was due to start in April 2016 which would electronically monitor staff numbers and availability to ensure all calls were covered.

People were supported by staff who had been recruited through a robust process. This included a face to face interview, interview notes, criminal records check, proof of identity and written references. However, we noted that some applications did not have a record of full employment history and some references were not verified. We saw that the registered manager had tried to follow up on this but had been unsuccessful. We discussed that they needed to satisfy themselves that each staff member was fit for their role. The registered manager assured us that all future employees would have a full employment history noted and gaps in employment explained.

People were responsible for taking their own medicines either independently or with a relative's support. Staff at times prompted people to ensure their medicines had been taken. Training in relation to administration of medicines had been delivered to staff and their competency had been assessed.

Is the service effective?

Our findings

People were supported by staff who had the appropriate skills and supervision. One relative said, "I've been impressed by the care, very professional."

Staff had received training in all key areas such as moving and handling, safeguarding people from abuse and first aid. They told us they felt well equipped for their role. We also saw that they received regular one to one supervision and appraisals if they had worked at the service for more than one year. Staff told us they felt well supported. One staff member said, "[The registered manager] is really good, very supportive and encourages further training."

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 who used the service were able to consent to care. However, where people may have had fluctuating capacity, a relative was involved in the decision making to ensure everything was completed in the person's best interest. Staff were aware of the Mental Capacity Act and the need to ensure they obtained people's consent and respect their choices when providing them with care. One staff member said, "If they don't have capacity, they still have a choice and an opinion, their views wouldn't be overridden."

People were supported to eat and drink. Some of the visits included preparing meals, drinks and snacks. Staff recorded this on the visit records so that there was a record of how much had been consumed to help ensure people had a balanced diet and sufficient amount of fluid to prevent dehydration.

People were generally supported by their relatives to attend medical appointments. However we saw that on one occasion a member of staff had noted someone felt unwell and was awaiting the GP to call. They checked in with the person later that day to see how they were feeling. We also saw that where there was information from a healthcare professional setting out guidelines for their care, this information was shared and recorded in their care plan. For example, in regards to thickened fluids or soft foods for a person who was at risk of choking. This helped to ensure that people were supported in accordance with health advice and maintained their welfare.

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person said, "I now have a new quality of life." They told us that staff went over and above when supporting them and that they were, "Very, very happy." A relative also told us, "They show genuine interest in [relative]." They went on to say, "They put more in than just [their] physical needs, they spend time interacting with [them]."

People told us they were involved in planning their care and felt that they got to know staff well. Staff told us that before they were to start supporting a person they had to go to the office and read their care plan so they were aware of their needs and life history. This was then followed by a visit to meet the person. One staff member said, "We are called to the office to get to know about the client and then they take us to meet them." Another staff member said, "[The registered manager] sits with them and goes through exactly what they want and records it in their care plan."

People and their relatives were given information when they started to use the service to help keep them informed. One relative said, "We were given a big folder with all the information."

Staff were aware of how to promote dignity and privacy and were respectful that they visited people in their own homes. One staff member said, "You need to give people time, you sit with them, listen and hear what they have to say, even if it's only one or two words."

Personal and private information was stored confidentially at the office with access given to only those authorised to view it.

Is the service responsive?

Our findings

People received care that met their needs. One person said, "I'm very well cared for." They went on to say, "I wish all care people [agencies] would do exactly the same as they do." A relative also told us they were happy with the care provided to their family member. We saw, and we were told, that prior to a person receiving a care package, the registered manager arranged to meet with the person to carry out a full assessment of their individual needs.

People's care plans were clear and in depth so gave clear guidance to staff. Staff were instructed to read through each care plan before providing a service to people to ensure they knew what care they needed and what their preferences were. One staff member said, "There's no point in doing it if it's not suitable for them."

Although staff were predominantly providing care, the service prided itself on having a holistic approach. One person told us, "They go overboard, there's no more praise than that." Staff told us about the way they cared for the whole person, supporting their interests and not just their physical needs. One staff member said, "[Name] really like strawberries so this week we are planting some together." Another person enjoyed the sunshine so it was being made part of the routine to get out into the sun on nice day.

People knew how to make a complaint and felt confident that anything they raised would be managed appropriately. One person said when they raised something previously, "It was dealt with straight away." We saw that where there was a difference in personalities between a person and staff member, the registered manager reacted promptly to ensure the person was supported by a staff member they had more in common with.

The registered manager kept a record of any complaints or grumbles and reviewed these with staff at each monthly meeting to ensure all action had been taken to address any issues.

Is the service well-led?

Our findings

People and their relatives were positive about the management of the service. We were told that their experience of the service was so much better than their experiences with other care providers. A relative told us, "They are always contactable, it's very reassuring."

Staff were positive about the management and leadership of the service. One staff member said, "[The registered manager] is fantastic at what she does." Another staff member said, "I can say leadership is strong without hesitation, she is open and honest and listens to our views."

There were systems in place to assess the quality of the service and address any shortfalls. We saw that the registered manager had assessed themselves and the nominated individual using the Commissions fit and proper person's criteria which we use to assess if a provider is able to be registered to provide a service. In addition, they had assessed the service against the commissions key questions to ensure they were doing all they could to not only comply with regulation, but to exceed the standards. Where they felt there were improvements to be made, an action plan was developed. For example, they felt that the surveys they currently used to gain people's views were not user friendly so they had plans to develop something more usable.

The registered manager had an extensive background working in health and social care but was aware that now working in the private sector they needed to ensure they kept their knowledge and skills up to date. To address this they had obtained the services of a professional within the NHS to provide them with regular supervision.

There was a copy of this person's CV to demonstrate that they were equipped to provide supervision that was effective. In addition to this, the registered manager had signed up to receive policies from a company that kept them informed of any changes to practice and legislation to help ensure they worked with the most up to date information.

Staff were clear on their role and what was expected of them. One staff member said, "There are high standards expected of us and I'm really, really happy with it." They told us that this was set out at interview, supervision and team meetings. Staff also told that the registered manager shared any lessons learned with them. One staff member said, "If something happens that we all need to know about, then an urgent meeting gets called." The staff member told us they appreciated this as it made them feel confident to be working with an organisation who really cared about the service they provided.

Staff were very positive about the communication within the service. One staff member said, "Communication is excellent, any changes they let you know." All the staff we spoke with told us they respected the registered manager and shared their vision of a holistic, person centred service.

There were spot checks carried out on staff to ensure they were working in accordance with the service's vision, but also safe working practice. One staff member said, "They [the registered manager] spot check unexpectedly, they are very good and they check clients are happy." We saw that these checks included the

views of the people they supported to ensure they were happy with the service.