

Mrs Nicola Jane King

# Kings Care

## Inspection report

Unit 9A  
Dene Industrial Estate, Kingstone  
Hereford  
Herefordshire  
HR2 9NP

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31 January 2017

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 31 January 2017 and was announced.

Kings Care is registered to provide personal care to people living in their own homes. There were 17 people using the service on the day of our inspection.

The service is not required to have a registered manager. We met with the provider who is an individual and who carries out the day-to-day management of the service and staff team.

The provider had not carried out consistent checks on prospective staff to ensure they were suitable to work with people. They had not ensured staff had the training, supervision and appraisals needed to support them in fulfilling their roles. The provider's quality assurance systems and processes were not sufficiently robust, and had not enabled them to identify and address significant shortfalls in the quality of the service. The provider had failed to notify CQC of a change in the service's address, as required under their registration with us.

Staff were aware of the different forms and potential signs of abuse, and knew how to report any concerns of this nature. The risks associated with people's individual care and support needs were assessed and managed. People's involvement in decisions about the risks affecting them was encouraged by the provider. People received a consistent and reliable service, because the provider assessed, monitored and organised their staffing requirements. People had the level of support they needed to take their prescribed medicines.

Staff respected people's choices and supported their decision making. Staff supported people to have enough to eat and drink as required. Staff helped people to request professional medical advice and treated whenever they needed this.

Staff adopted a caring and compassionate approach to their work with people. People were able to express their views to the provider and be involved in decisions about their care and support. People were treated with dignity and respect.

People's care and support took into account their individual needs and preferences. People's care plans reflected an individualised approach, and staff made use of these. The provider had developed procedures to ensure any concerns or complaints about the service were handled appropriately.

People and their relatives had an open, ongoing dialogue with the provider. Staff felt well-supported by the management team and had confidence in their ability to act on issues brought to their attention.

## 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 not always safe.

The provider did not always carry out the necessary checks to ensure staff were suitable to work with people. Staff understand how to recognise and report abuse. The risks associated with people's care and support needs had been assessed and managed. Staff helped people to take their prescribed medicines safely.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff had not received appropriate training, supervision and appraisals to support them in fulfilling their roles. Staff sought people's consent before carrying out care tasks, and protected their rights under the Mental Capacity Act 2005. People had the support they needed with meal preparation. Staff monitored people's health and helped them seek professional medical advice and treatment when needed.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People's care and support needs were met with kindness and compassion. People were encouraged to have their say about the service and be involved in decisions affecting them. Staff protected people's privacy and dignity.

**Good** ●

### Is the service responsive?

The service was responsive.

People received care and support tailored to their individual needs and preferences. Their participation in the assessment and planning of their care was encouraged by the provider. People knew how to raise concerns and complaints about the service, and were confident these would be dealt with appropriately.

**Good** ●

**Is the service well-led?**

The service was not always well-led.

The provider's quality assurance systems had not enabled them to address significant shortfalls in the quality of the service. The provider had not submitted the necessary notifications to CQC. The provider promoted a positive and inclusive culture within the service. Staff felt well-supported by an approachable management team.

**Requires Improvement** 

# Kings Care

## **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 checked 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.

This inspection took place on 31 January 2017 and was carried out by one inspector. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

Before the inspection, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law.

During our inspection, we spoke with six people who use the service and two relatives. We also talked to the provider, assistant manager, a senior carer and three carers.

We looked at two people's care records, the recruitment records for two staff members, records of staff induction training, selected policies and procedures and records of feedback received on the service.

# Is the service safe?

## Our findings

We looked at how the provider checked successful job applicants were suitable and safe to support people, before allowing them to start work. We found they had not consistently completed the appropriate pre-employment checks to vet prospective staff.

The provider's recruitment procedures stated they obtained a minimum of two satisfactory employment references and a Disclosure and Barring Service (DBS) check for all prospective staff. The DBS carries out criminal records checks to help employers make safer recruitment decisions. Staff confirmed they had undergone a DBS check before commencing their duties, and we saw evidence of this in the staff recruitment records we looked at. However, these records contained no evidence of employment references.

We discussed this issue with provider. They acknowledged that they had not always obtained the necessary employment references before allowing new staff to start work. On occasions, they had chosen to rely on their existing knowledge of job applicants, having worked alongside them in previous employment. The provider recognised they were not working in accordance with their own recruitment procedures.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt the care and support staff provided helped them stay safe in their own homes. One person told us, "I feel very safe because they (staff) always walk with me from the front room to the bathroom, in case I fall or slip. I would trust them with my life." Another person said, "Just knowing someone's coming here makes me feel safe, because I have a lot of falls." People's relatives also felt staff protected their family members' safety and wellbeing. One relative told us, "They (family member) are perfectly safe with staff and, if there are any problems, they (provider) will let me know."

The provider had given staff guidance and information on how to protect people from harm and abuse. Staff understood the different forms and potential signs of abuse. They gave us examples of the kinds of things that would give them cause for concern, such as unexplained bruising or sudden changes in people's mood or behaviour. Staff knew they must immediately report any such concerns to the provider. One staff member told us, "I have Herefordshire safeguarding team's number on my phone, and I know there is information on safeguarding in the office. If I had any concerns, my first port of call would be [provider]." The provider had developed procedures to ensure any abuse was reported to the appropriate external authorities and thoroughly investigated.

The provider assessed and recorded the risks related to people's individual care and support needs before their care started. This assessment took into account important aspects of the individual's safety and wellbeing, including their physical and mental health, mobility, pressure care and the home environment. Plans had been implemented to reduce any risks to people by giving staff clear guidance on how to safely meet people's needs. These plans were kept under regular review by the provider.

People confirmed the provider had encouraged them to participate in decision making about their safety and wellbeing. On this subject, one person told us, "I was involved with all decisions. They (provider) made it perfectly clear what they were able to do, and the care they could give me. They never gave me any cause to worry."

Staff understood the importance of following people's risk assessments, and demonstrated a good insight into the specific risks to individuals. They told us the provider promptly updated them if the risks to people changed, through the group messaging system, email, texts or phone calls. This included any significant changes in people's health, mobility or personal care needs. On this subject, one staff member explained, "They (provider) will make you aware straightaway by text or email. I will ask them to explain again if I'm unsure about anything." Staff understood the need to document and report any accidents or incidents involving the people who used the service. Although there had been no such events to date, the provider had procedures in place enabling them to monitor, investigate and learn from any accidents or incidents.

People praised the reliability and punctuality of staff, which contributed to their feelings of safety. One person told us, "If they (staff) are going to be late, they always ring or text message me. Otherwise, they are pretty good at timing; they don't leave me hanging about." People confirmed that they knew who was coming to support them, and that staff stayed with them for the agreed amount of time. One person explained, "They (staff) always do the hour or half hour; they never leave early." Staff confirmed they were paid travel time between care calls and were able to work in an unpressured way. The provider explained that they assessed, monitored and planned their staffing requirements based upon the total number of care hours provided and people's specific care and support needs.

The majority of the people we spoke with managed their own medicines without support or assistance from staff. One person told us staff applied their topical medication, and that they were happy with how this was done. The provider had put systems and procedures in place to make sure people received their medicines safely and as prescribed, including up-to-date medicine administration records. Staff received medication training from the provider before playing any role in the handling or administration of people's medicines. They understood the importance of recording and reporting any refusal of medicines or medication errors to the provider without delay.

## Is the service effective?

### Our findings

We looked at how the provider ensured staff had the knowledge and skills needed to carry out their roles effectively and provide high quality care based on current best practice. As part of this, we asked to look at the provider's staff training records, which they were unable to show us. The provider explained that they had not yet formally assessed the training, learning and development needs of their staff in order to develop a clear training plan. They acknowledged that this was an oversight on their part, due to their focus having been on other matters. The provider had largely relied upon the training staff had undertaken in their previous employment, but they had not properly analysed the extent or nature of this prior training. The provider had arranged for new staff to shadow them, in order to be shown, for example, how to move people safely and assist them with their medicines. We also saw evidence that some staff were working towards the Care Certificate. The Care Certificate is a minimum set of standards care staff should cover as part of their induction training.

We discussed the current arrangements for staff supervision and appraisal with the provider. The provider informed us that no formal staff supervision meetings or appraisals had taken place to date, as they had not had the opportunity to put these systems into place.

The provider's responses did not assure us they fully understood the importance of staff training, supervision and appraisal in enabling staff to provide safe, effective and high quality care and support. In addition, they were not working in accordance with their own policies on staff training, supervision and appraisal.

We were not assured that staff had received the consistent training, supervision or appraisals needed to support them in carrying out their duties.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the provider protected people's rights under the Mental Capacity Act 2005. The Mental Capacity Act (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.

Staff demonstrated an appropriate understanding of the MCA, and what this meant in terms of people's day-to-day care and support. They understood the need to respect people's choices, support their decision-making, and seek further advice if people lacked capacity to make decisions. One staff member told us, "If people don't have the capacity to make decisions, you have to make them in their best interests." The provider informed us that the people who currently used the service had the capacity to make their own decisions. They recognised the need for a best interests meeting in the event that people lacked capacity to make any significant decision. People and their relatives told us staff sought people's consent before



carrying out care tasks. One person told us, "They (staff) always ask me, 'Are you ready for your wash?' They always tell me what they're going to do before they do it." Another person said, "They (staff) won't do anything I don't want them to do."

The majority of the people we spoke with told us they did not need any support from staff with eating, drinking or meal preparation. One relative said their family member did require some help to make meals, and that staff consistently provided this assistance. One person told us that staff regularly prepared their meals, based upon what they said they wanted to eat. We saw the provider assessed people's individual support needs in relation to eating, drinking and meal preparation and put plans in place to address these as necessary. The provider told us they would seek specialist advice on people's nutritional or dietary requirements whenever needed. Staff described the consistent support and encouragement they gave one person to eat, who was prone to refusing food. They used their knowledge of this person's favourite meals to offer them something they would find appetising. We saw provider maintained records of people's food and fluid intake. They explained that they did so to check people were getting enough to eat and drink, and to assist in the general monitoring of people's health and wellbeing.

People and their relatives told us staff helped people maintain good health. They said staff monitored any changes in people's health on a day-to-day basis, and helped them seek professional medical advice and attention where needed. One person described how staff had recently found them on the ground outside of their home, following a fall. They were impressed by the prompt and caring action staff had taken to ensure they were comfortable, safe and warm whilst the ambulance was on its way. This person added, "They (staff) also rang [provider] and [assistant manager] who came straightaway." We saw people's care files contained details of people's medical histories and current health needs. The staff we spoke with demonstrated good insight into this aspect of people's care and support needs. The provider supported people to attend medical appointments and routine health check-ups where they requested this.

## Is the service caring?

### Our findings

People told us staff met their care needs in a kind and compassionate way. One person described staff as "very caring and very nice." People felt staff had taken the time to get to know them well as individuals, and understood their particular needs. One person explained, "Most of them (staff) can gauge how I feel. If I'm not well or am quieter than usual, they will act accordingly." Another person said, "They (staff) seem to pick up when I'm going into a low mood. They sit, talk to me and hold my hand. They let me open up to them. They know my problems and the care I need as well."

People praised staff for their empathy and willingness to go the extra mile. One person described how staff had helped them write notes to their family and friends, following a fall that had affected their ability to use their hands. Another person was touched by the kindness of a staff member who had made sure they had enough food and drink in the house whilst their partner, and main carer, was recovering from an operation. This person added, "If you are going through a rough time, or just need a bit of shopping, they (staff) will pop in on their way to another client." The staff we spoke with understood the importance of maintaining positive, caring relationships with people. One staff member explained, "It's about being warm and friendly, so that they (people) can trust you enough. You need a foundation of trust, so that they feel confident and know you're professional enough to do the job."

People and their relatives felt involved in decisions about their care and support, and able to put their views forward to the provider at any time. One person explained, "If I want anything done differently, I will tell them (provider)." People felt the provider welcomed their opinions, ideas and suggestions, and took these seriously. One person told us, "If I do have a query about anything or need an earlier call, they (provider) are very good. They'll do their best to get something sorted." The provider ensured people had the contact numbers they needed to get hold of them whenever needed. They continued to provide direct care and support, giving people opportunities to share their views on the service with them face-to-face. One person explained, "[Provider] comes along from time to time and asks if everything is going ok."

People told us staff respected their rights to privacy and dignity. One person described the steps staff took to protect their dignity whilst helping them to wash. They explained, "As soon as I come out of the shower, they (staff) wrap a towel around me. They do look after my modesty." This person was impressed by the sensitivity staff had shown to their initial feelings of embarrassment during personal care tasks. They explained, "They (staff) were the sweetest when I felt ashamed and embarrassed. They reassured me by talking to me." The staff we spoke with understood the need to treat people in a respectful and dignified manner. They told us they achieved this by seeking out and respecting people's opinions, promoting their independence and protecting people's confidential information. One staff member told us, "We (staff) have to be very careful. We don't talk about clients in front of other clients." Staff told us they promoted people's independence by encouraging them to complete personal care tasks as independently as possible.

## Is the service responsive?

### Our findings

People and their relatives told us the provider and staff team adapted the care and support provided to suit individual needs and preferences. One person explained that they chose to use part of their care hours for support getting out and about. They went on to describe the pleasure these fortnightly trips out into the community gave them, and the confidence they gained from having staff with them. People felt they were at the centre of decisions about their care and support, and that their views and opinions were taken into account by the provider.

The provider met with people and, where appropriate, their relatives before their care started to gain clear insight into the care and support they needed and wanted. One person told us, "They (provider) came around before staff started coming and checked the sort of thing I wanted them to do." The provider reviewed people's care plans with them on a periodic basis, to identify any change in needs and ensure the care and support provided was still right for them. One person explained, "We have a discussion if I need any extra care."

People's care files reflected an individualised approach to assessment and care planning. Care plans provided staff with guidance on key aspects of each individual's needs, including any support people needed to move around their homes safely. We saw the provider had included limited information about people's preferences and personal backgrounds in their care files. However, staff spoke with a clear sense of people's personality and what was important to them. Staff told us they got to know people as individuals through chatting with over time, and listening to what they had to say. The provider told us they had plans in place to ensure people's personal histories, preferences and interests were better reflected in their care files moving forward.

Staff recognised the importance of working in accordance with people's care plans, and demonstrated good insight into the guidance these provided. They told us they had the time to refer to people's care plans whenever they needed, either at people's homes or in the provider's main office. One staff member explained, "I regularly read the care plans to stay up to date." Another staff member said, "I follow the care plans and, if I think something has changed and they need updating, I will get hold of [provider]."

Although they had not had cause to do so thus far, people and their relatives knew how to raise concerns or complaints with the provider if they needed to. They had confidence the provider would deal with any such issues properly. One person told us, "I'd go to [provider] or [assistant manager] with any concerns. There's no doubt in my mind that they would help me out with anything, if I ever needed to talk to them." The provider had implemented a formal complaints procedure to ensure that any complaints received regarding the service were recorded, investigated and responded to within agreed timescales. We saw they checked people's awareness of how to make a complaint about the service as part of their periodic care reviews with people. The provider actively sought out people's general feedback on the service through, amongst other means, distributing annual feedback surveys. We saw the provider analysed the content of any such surveys returned to them.

## Is the service well-led?

### Our findings

The service is not required to have registered manager in post. We met with the provider who is an individual and carries out the day-to-day management of the service.

When we arrived at the service, we found the provider was in breach of the conditions of their registration, as they had moved location without telling us. The provider assured us they would take the necessary action to put this right without delay.

We looked at how the provider assessed, monitored and improved the quality of the service to ensure people received safe, effective and high quality care. The provider explained that they checked the quality of care through, amongst other things, prompting people to complete feedback surveys, maintaining an open dialogue with people, their relatives and staff and conducting unannounced spot checks on staff. The purpose of these spot checks was to confirm staff were working in line with expectations and to identify any additional guidance or support staff may need. We found the provider's quality assurance systems and processes had not enabled them to identify or address the significant shortfalls in the quality of the service we discovered during our inspection. These included the failure to carry out consistent checks on prospective staff, or provide staff with appropriate training, supervision and appraisals.

We were not assured the provider made use of effective quality assurance systems and processes in assessing, monitoring and addressing the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, their relatives and the staff we spoke with described an open and inclusive culture within the service. People and their relatives felt they had an open line of communication with the provider, who they described as "nice", "approachable" and "obliging". They had faith in the management team's ability to lead their staff, and confidence in their willingness to deal with issues in a fair and reasonable manner. A relative told us, "I speak to them (management) over the phone. Anything raised with them is dealt with straightaway." One person said, "They (management) are always meeting with the staff once a month. [Provider] and [assistant manager] work really, really well together. They're a good team." Another person said, "They (management) couldn't be any better."

Staff felt well supported by the management team. They told us they were able to have their say during regular staff meetings, and that their views were welcomed and acted upon by the provider. Staff found the provider approachable, if they had work-related issues or concerns. One staff member told us, "I find [provider] really easy to talk to; they're really nice. They keep it confidential and won't tell anyone." Another staff member said, "I feel I get on with [provider] very well. If I had any problems, I could talk to them and tell them things in confidence. It's just a nice place to work." Staff spoke with clear enthusiasm for their work and a sense of shared purpose and direction with the provider. One staff member explained, "We have the same expectations and we're on the same page."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's quality assurance systems and processes had not enabled them to identify shortfalls in the quality of the service and respond to these without delay.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not carried out consistent pre-employment checks to confirm prospective staff were suitable to work with people.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not given staff appropriate training, supervision and appraisal to support them in carrying out the duties they were employed to perform.