

Kingfisher Domiciliary Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kingfisher Domiciliary Homecare Limited is a domiciliary care service providing personal care and support to older people and younger adults with mental health needs, physical disabilities or sensory issues, living in their own homes. At the time of the inspection 5 people were being supported with personal care.

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

People at Kingfisher Domiciliary Homecare Limited did not always receive a safe and well led service.

The provider had not effectively operated their quality assurance systems to oversee the safety and quality of the service. However, this did not appear to have a negative effect on people using the service.

There were shortfalls in the quality of recording of information. We have made a recommendation about this.

An effective system was not in place to ensure government guidance was adhered to in relation to the management of risks associated with COVID-19. We have made a recommendation about this. The registered manager put procedures in place immediately following the inspection to ensure guidelines were being followed.

Recruitment records were not always completed accurately. We have made a recommendation about this.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible or in their best interests; policies and systems in the service did not support this practice. We have made a recommendation about this.

Medicines were not always managed safely. The provider had not effectively monitored the administration of medicines and failed to provide guidance to staff on how and when to administer 'as and when required medication' (PRN.) We have made a recommendation about this.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported to reach their personal goals due to the person-centred approaches, and staff having the right skills and attitudes to achieve this.

People received person centred care. Relatives spoke positively about the care people received and the registered manager. They felt able to raise concerns and were confident that these would be addressed. Staff knew people well and were knowledgeable about when to refer to other health professionals for advice and support.

Staff provided a consistent, reliable service. Staff developed and implemented individualised risk assessments which mitigated risks to people's safety and wellbeing. Care plans covered all aspects of people's lives and their preferences. People received care from staff who were well trained and knowledgeable.

Systems were in place for communicating with people, their relatives and staff to ensure they were fully involved.

This service was registered with us on 05/03/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on this being the first inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took into account of exceptional circumstances arising as a result of COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of the inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to poor quality assurance and safety monitoring systems.

Full information about CQC's regulatory response to more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kingfisher Domiciliary Home Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

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

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four relatives about their experience of the care provided. We spoke with two members of staff including the registered manager and the provider.

We reviewed a range of records. This included five people's care records and medication records. We looked

at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- People were not always protected against the risks associated with COVID-19. Staff COVID-19 testing was not carried out in line with government guidelines.

We recommend the provider considers best practice in line with government guidelines in relation to COVID 19 testing.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Using medicines safely; Learning lessons when things go wrong

- Medicines were not always managed safely.
- Guidance for staff to administer medicines prescribed on an 'as and when required' basis (PRN) was not always in place.

We recommend the provider ensures PRN protocols are in place in line with NICE Guidelines.

- Staff responsible for supporting people with their medicines were appropriately trained.
- People's needs were assessed to identify what support they needed to take their medicines. Where appropriate, people were supported to manage their own medicines safely.

Staffing and recruitment

- Recruitment checks had been completed to help make sure suitable staff were employed. However, there were some gaps in these records.

We recommend the provider considers best practice to ensure a robust recruitment process is operated.

- There were enough suitably skilled staff to meet people's needs.
- People received a reliable and consistent service, from a regular group of care staff who knew them well. One relative told us, "The carers are lovely, they help support me too if needed."
- New staff completed an induction when they commenced in their role.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had effective safeguarding systems in place to help keep people safe.
- Staff had received safeguarding training and were able to appropriately raise any concerns.
- Relatives were confident that their family member's received safe care. A relative told us, "I can rely on them, I have no issues and they provide good safe care."

Assessing risk, safety monitoring and management

- People received good support to help them live safely at home. People had personalised care plans and risk assessments in place to reduce risk which were regularly reviewed.
- Staff were knowledgeable about risks associated with people's care.

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.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Principles of the MCA were not always followed.
- Assessments of people's mental capacity were not always in place. The registered manager did not ensure an appropriate capacity assessment and best interests' decision was in place for people prior to staff carrying out cares. This meant the care given may not be consented to and may not have been the least restrictive option.

We recommend the provider considers best practice and the MCA (2005) legal framework to ensure MCA principles are followed.

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

- People's needs were assessed and regularly reviewed, so staff had information about how to support them effectively.
- People's care plans were person centred and took in to account people's wishes, promoting independence and choice.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to support people. Staff received an induction when they commenced

in post. This included shadowing other staff before working independently.

- Staff received supervision however, records relating to staff supervision often lacked detail. We spoke with the manager who agreed to address this.
- Staff completed training to ensure they could meet people's specific needs.

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

- People received appropriate support with eating and drinking. Staff understood people's dietary needs and supported them to have a varied and nutritional diet.
- Staff supported people to plan meals, shop for ingredients and cook meals.
- Information about people's nutritional needs and preferences were recorded in their care plans, so staff had access to the information they needed.

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

- Staff were aware of any changes in people's needs and supported them to access any healthcare if required.
- Staff sought advice and guidance from external health professionals where necessary.
- Care plans included detailed information about people's medical conditions and how to manage any associated risks.

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; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect. Relatives told us staff treated people well and with kindness. Their comments included, "The staff are kind and caring and know (name) well" and, "We can really rely on them, they really care."
- Staff supported people in a dignified way and ensured they were respecting privacy in people's homes.
- People's individual needs and preferences were recorded and known by staff.
- Care plans showed people were encouraged and supported to be independent.

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

- People and their relatives were involved and supported in making decisions about their care. However, records of reviews carried out did not always reflect this. One relative said " I am always involved in any decisions, they will always talk to me and ask what I would like to do, I feel really involved in (family member's) care."
- The provider ensured people were able to express their views about their care by sending out questionnaires to people using the service and their relatives.

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

- People had personalised support plans which covered all aspects of their life and the support they required. Support plans were reviewed regularly so staff had access to up to date information about how to support people.
- Staff were responsive to the needs of people they supported and tailored their support accordingly. For example, staff realised one person required further support to enable them to go out in the community and had contacted the local authority to discuss this further.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider assessed and recorded information about people's communication needs, in line with the AIS.
- People could request information in different formats if they required.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place, the registered manager informed us they had not received any complaints. .
- People told us they would feel confident to raise any concerns. Their comments included, "I know who to complain to if I am not happy" and, "I would tell [Name] if I wasn't happy but I am really happy."

End of life care and support

- The service were not supporting anyone with end of life care at the time of inspection. However, the registered manager explained they would adapt their care plans to meet the needs and wishes of people requiring end of life support to support them to remain in their own homes if needed.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had failed to complete effective monitoring of the quality and safety of the service. The issues had not been identified by the provider related to poor standards of record keeping, MCA and lack of staff COVID-19 testing.
- Audits had not been carried out regularly to help monitor and make sure medicines were managed safely. This meant opportunities to learn lessons when things go wrong may have been missed.
- The provider had a lack of knowledge in relation to completion of capacity assessments, best interests' decisions and who could support making these decisions for people.

The failure to operate robust quality assurance and safety monitoring systems was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were shortfalls in the quality of recording of information. For example, COVID-19 testing was not recorded appropriately, and inaccuracies were found in recruitment records which had not been identified by the provider.
- The service did not have a staff rota in place. Which meant they could not consistently monitor staff working hours and sickness.

We recommend the provider consider best practice in relation to record keeping and take action to update their practice accordingly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager promoted a positive, person-centred culture. Relatives were happy with the care provided and how this supported people to remain in their own homes.
- The registered manager was aware of, and understood, requirements in relation to the duty of candour.
- The registered manager and staff worked closely to build good working relationships with other agencies such as the local authority.

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

characteristics; Continuous learning and improving care

- Staff communicated with each other regularly however, staff meetings were not carried out to ensure consistency and understanding of changing policies and procedures. For example, changes in government guidance in relation to COVID-19.
- People and their relatives were involved in the running of the service. One relative told us "Staff go above and beyond for [family member.] We are in regular contact with staff as a family and they really know [family members] care needs and communicate well with them."
- The registered manager sent out questionnaires to give people and their relatives an opportunity to provide open and honest feedback. Feedback received was positive.
- The registered manager was open with the inspector during the inspection and took on board suggestions for improvements.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective governance systems to ensure the safety and quality of the service.</p> <p>Regulation 17 (1) (2) (a) (b)</p>