

Kensington Community Care (Gloucester) Ltd

Kensington Community Care (Bristol)

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 started on 5 December 2018 and was announced. We gave the service 24 hours notice of the start of the inspection because we wanted key people to be available. The service was last inspected in April 2018. At that time, we found there were four breaches of regulations. The service was rated as Inadequate and was placed in special measures.

When we place services in special measures we expect providers to take action to significantly improve the quality and safety of their service. Services placed in special measures will be inspected within six months and kept under review during this period. The purpose of this inspection is to check the service had improved and to provide a new quality rating. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At the time of this inspection the service was providing support to 36 people who lived in their own homes. The service had previously handed back, to both Bristol City Council and South Gloucestershire Council, funded care packages to enable the service to stabilise and improve. The service was provided to people who lived within the South Gloucestershire and Bristol local authorities. The service employed 23 care staff but were actively recruiting to enable the service to expand again.

There was no registered manager in post, however an application to be registered with CQC had already been submitted and accepted. 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 manager will be registered to carry on the regulated activity at two branches – Bristol and Birmingham. They will be supported by a deputy manager in both branches.

The findings from the inspection have been very positive. Significant improvements have been made. The office had been tidied up and was organised. The atmosphere in the office was good and the staff were working together for the benefit of the people they were providing a service to.

Why we have rated the service Good ?

The service was safe. Care staff had received further training about safeguarding adults and were fully aware of their responsibilities to protect people. They knew what to do if safeguarding concerns were raised. The service followed safe recruitment procedures to ensure unsuitable staff were not employed.

The management of medicines had been significantly improved and care staff had been trained to administer medicines safely with their competence checked. However, we recommend that protocols be put in place to give guidance to care staff where they need to help people with 'as required' medicines.

The service was responsive. Significant improvements had been made to ensure that people received a person centred service. People's care and support needs were assessed so that their care plan could be agreed with them. People were involved in making decisions about how they wanted to be looked after. Risks to people's health and welfare were assessed and measures put in place to reduce or eliminate the risks. Where people needed support with their meals and drinks, their needs were assessed and detailed in their care plan. Care staff assisted people to make contact with any health care professionals and their GP as necessary. People's care and support needs were reviewed and their care plans were amended as necessary.

The service was effective. The provider had a four day induction training for new staff to complete and this was in line with the Care Certificate. All other staff had a programme of refresher training to complete and records evidenced the training staff had completed. Staff were supervised and their work performance was spot checked. These measures ensured the staff team had the appropriate skills and knowledge to meet people's care and support needs.

Care staff asked people for consent before they provided care and support and we found the service was working within the principles of the Mental Capacity Act 2005.

At this inspection, we found that the service was caring. Better work planning meant people were supported by the same care staff or the least number of care staff. This provided people with a consistent service and feedback we received from them was good.

People were encouraged to have a say about the service and could do this during their care plan review meetings, quality assurance surveys and via the provider's complaints procedure. Those complaints the service had received since the last inspection had been handled correctly.

At the last inspection, we found there was a lack of leadership and management of the service and the culture amongst the staff was poor. This had been due to many management changes and incompatible office staff. The provider has taken appropriate action since the last inspection. The previous registered manager had returned to the branch and there were two new care coordinators in post. The measures to monitor the quality, safety and 'customer' satisfaction with service provision had been re-introduced and the provider had set up processes to ensure they kept an overview of how the service was performing. There was a regular programme of auditing and people were being asked to provide feedback regarding their views and opinions of the service.

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.

The management of medicines was safe, however we identified one minor improvement.

The service had measures in place to safeguard people from harm. Care staff received training and knew what to do when concerns were raised. Risk assessment and management plans aimed to mitigate any identified risks.

Safe recruitment procedures were followed to ensure unsuitable staff were not employed.

Is the service effective?

Good ●

The service had improved and was effective.

People's care and support needs were assessed so they could receive the service they needed.

Care staff were trained, supervised and well supported. They were equipped to do their jobs well.

People were asked to give consent before care and support was provided and care staff worked within the principles of the Mental Health Act 2005.

Is the service caring?

Good ●

The service had improved and was caring.

People told us they were well cared for and their care staff were kind, caring and respectful.

People told us they were supported in the way they liked and they were listened to.

Is the service responsive?

Good ●

The service had improved and was responsive to people's individual care and support needs.

People's care and support needs had been reviewed and people were provided with a person centred service.

People were listened to and their views and opinions were considered important. Any complaints that had been made were handled correctly.

Is the service well-led?

The service had improved and was now well-led.

Good leadership and management had been re-established which meant the service was running smoothly and 'customer satisfaction' was positive.

Quality assurance measures were in place to check on the quality and safety of the service.

Good ●

Kensington Community Care (Bristol)

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 2008, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we looked at information we had received about the service since the last inspection. This included information passed to us by the service themselves, the safeguarding adults team and other health and social care professionals. The comments they made about the improvements made in the service have been included in the main body of the report. We also looked at the notifications submitted by the service. A notification is information about important events which the service is required to send us by law.

We looked at the Provider Information Record (PIR) submitted by the service on 5 November 2018. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they planned to make. The information provided was detailed and included all the areas where improvements had been made since the last inspection.

During the inspection we spoke with the manager, the two care coordinators and the operations manager. We also spoke with four home care assistants, four people who received a service in their own home and three relatives. We looked at six people's care records, three staff recruitment files, training records for the whole staff team, key policies and procedures and other records relating to the management of the service.

Is the service safe?

Our findings

People and relatives told us the service they received was safe. They said, "I like the familiarity of having the same staff. It makes me feel safe knowing who is going to come through the door", "They use the hoist well and know what they are doing" and "I have no concerns when the staff are tending to (named person). They are very kind to him and very gentle".

When we inspected the service in April 2018 the management of people's medicines was not safe. This was because care staff had not received adequate training and were not following safe practice. Significant improvements had been made with staff training. All staff had completed the training and workbooks. Staff had been observed administering medicines competently and safely. The medicines administration records were being returned to the office monthly and checked for completeness. For those people who were being assisted with medicines on an "as required or PRN basis", the care staff did not have access to PRN protocols. These would detail what type of medicine it was, the dosage and how often it could be administered. Whilst the service was no longer in breach of the relevant regulation, this requires improvement and guidance should be sought from a pharmacist.

People were encouraged to remain responsible for their own medicines where possible. Where they needed assistance, an assessment would identify the level of support they needed and consent was obtained from the person. This was recorded in their care plan. Those people we spoke with said they were helped appropriately with their medicines. Where people required specialised support with their medicines (for example medicines administered via a PEG tube, a feeding tube directly in to the stomach) the care staff had received additional training from a health care professional.

When we inspected in April 2018, we found that not all staff were not up to date with their safeguarding training. Records evidenced that all staff have now completed an on-line safeguarding adults module with some having done face-to-face training regarding safeguarding children and whistle blowing. Safeguarding adults training was included in both the induction training programme for new staff and the provider's mandatory training programme. All the staff we spoke with knew what was meant by safeguarding people and would report any concerns they had about a person's safety to the office, the local authority or CQC. Since the last inspection in April 2018 three safeguarding concerns had been reported to South Gloucestershire Council and the manager had worked with them to address the issues.

Where people needed care staff to move them from one place to another, a moving and handling assessment was completed. The person's care plan detailed the equipment to be used and the number of staff required. Practical manual handling training had been completed by all staff since the last inspection. Risk assessments were also undertaken in respect of the person's home to ensure it was a safe place for the care staff to work in. Care staff were expected to report any new or emerging health and safety concerns to the office, so action could be taken to mitigate any risks.

Staff received infection prevention and control training and were supplied with personal protective equipment (PPE). This included gloves and plastic aprons to be worn when they were delivering personal

care. Care staff understood their role and responsibilities to maintain good hygiene standards.

The service was actively recruiting new care staff in order to grow their service. The service was currently providing up to 500 care hours support each week and wanted to gradually increase this to 1000 hours per week. At the last inspection the service did not have sufficient care staff to safely cover all care calls and they had handed back a number of care packages to the local authorities. The service have already recruited three new care staff and were still looking to recruit one more office based coordinator.

The service followed safe recruitment procedures to ensure only suitable workers were employed to work with the people they supported. Pre-employment checks were undertaken and included an interview and interview assessment, written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

Is the service effective?

Our findings

We asked people if the service was effective. People and relatives told us, "Things are much better now, running smoothly and I get regular staff", "I was asked what help I needed and on the whole, this is what I get", "Yes, I am very satisfied with how (named care staff) looks after me. She spoils me at times" and "I am determined to stay in my own home and not go in to care. Kensington are making that possible for me".

Before people started to receive a service from Kensington Community Care an assessment was made of their care and support needs. Since the last inspection in April 2018 the service had not taken on any new packages of care but had reassessed each person who already received a service. This measure ensured assessments and care plans were up to date and people received an effective service, which met their needs. The assessments were comprehensive and covered the person's life history and preferences, their health and the things in their daily life they would need help with. The assessment formed the detail in the person's care plan. Ongoing, the manager said there was an expectation assessments and care plans were fully reviewed on at least a yearly basis.

At the last inspection, we found that staff were not adequately trained, supported or encouraged to keep up to date with best practice. Improvements had been implemented with staff training and all staff had completed an extensive range of training modules. The staff training records confirmed this, as did our conversations with care staff. Training was delivered by a mixture of on-line training modules, workbooks and knowledge tests and classroom based training. The provider had an induction training programme for new care staff. This was a four day classroom based training session. The induction training was in line with the Care Certificate which should be completed by all new-to-care staff within 12 weeks of employment.

All staff will be expected to undertake refresher training. This will include moving and handling, safeguarding adults, the Mental Capacity Act 2005 and consent, health & safety and basic life support. The training matrix showed that all but of couple of care staff were up to date with their training. Care staff said, "I have redone all my training. It was more useful than anything we have done before", "I have just come back to work so I am working through the different subjects" and "I have recently done my moving and handling training". Examples of other training completed included stoma and catheter care, end of life care and equality and diversity.

At the last inspection, care staff were not regularly supervised, or well supported to do their jobs. The manager had set up a programme of one to one supervision with all staff plus spot competency checks where their work performance was assessed. We looked at all the records to evidence these were taking place and care staff confirmed the arrangements. Care staff were able to call in to the office at any time and there were on-call arrangements in place if they worked outside of office hours.

Where people needed support with their meals and drinks, the level of support was detailed in their care plan. The relative of one person told us they felt the care staff should help their parent more with their meal and this was discussed with the manager. Their care plan (seen by the inspector) stated this person was to be encouraged to eat their own meal and maintain a degree of independence. Another person told us the

care staff called at breakfast, lunch and tea-time and helped them with their meals and hot drinks.

The service worked in conjunction with district nurses, occupational therapists and physiotherapists and GPs to ensure people's health care needs were met.

We checked whether the service was working within the principles of the MCA and found that they were. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who lacked 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 told us the care staff asked them to give consent before they started to provide their care and support. The manager explained that although care staff received MCA training, consent and best interest decision making was always discussed in supervisions and staff meetings. When care staff were observed delivering care they were checked to ensure that gained consent properly.

Is the service caring?

Our findings

At the last inspection, we found that people were not always receiving a caring service. This was because people were not supported by the same carers, the service delivery arrangements were chaotic and the care staff were rushed. Improvements have been made and sustained since that inspection and the feedback from people and their relatives was positive. The said, "Things are back like they used to be. I am happy with the service I get and the staff are happy", "I have only just started with the service and all the staff are very kind and helpful" and "The care staff are very good. I can sometimes be a bit fussy but they don't seem to mind".

The manager maintained a log of compliments that had been received by the service since the last inspection. Comments included the following, "(named staff member W) is brilliant, went full out and beyond what had been inspected", "X is very good. She is always pleasant and willing to help", "Y is always happy and cheerful" and "I like the laughter and the fun, the staff bring in to my home". Relatives had said, "Thank you for allowing mum to remain in her own home for as long as possible" and "Z is very kind to my dad and always ensures his needs are met".

The provider had sent out survey forms to people using the service in October 2018 as a means of finding out how they felt about the service they received. Comments included, "The staff are very kind and helpful" and "I cannot fault the organisation, very good". When care and support needs and care plans were reviewed, people were asked to say how they felt about the service they received and the care staff who supported them.

We telephoned a sample of people and their relatives during the inspection period. They told us they were involved in making decisions about their care and support and their wishes and preferences were accommodated. Those who had received a service from Kensington Community Care for some time said they now felt they were listened too and their views were important.

The manager, office staff and the care staff we met, spoke about the people they supported in a kind and respectful manner. Care staff felt better about their job roles now that their work rotas were settled. This meant they were able to provide continuity of care for people and build good working relationships with them.

Is the service responsive?

Our findings

When we inspected the service in April 2018, we found people received a poor service that was not responsive to their specific needs. Since this inspection, significant improvements had been made to ensure people received the service as stated in their care plan. The service had handed care packages back to the local authority and had recruited some additional staff. Staff work rotas had been reviewed and amended, meaning the work runs were better planned. Each person's care and support needs had been reviewed. This process had involved the person, and any other relevant people, so that all decisions made regarding their care and support were agreed.

Care plans were in place for each person and provided a detailed account of the person's needs and how Kensington Community Care were meeting them. A list of the tasks the care staff were to complete at each visit was written along with a timetable when support was being provided. The service used an electronic care planning system and the date when care plans were due for review was recorded.

Feedback we received from people and their relatives indicated a person centred service was now being provided. They said, "I am very satisfied with the service I get. Exactly what was agreed", "They come to mum four times a day and do all the tasks on the care plan", "No care calls are missed and they do ring if the staff are going to be delayed" and "They follow my care plan. We get exceptional care".

People were provided with information about how to raise a concern or a complaint and the document was kept in the care file in each person's home. People we spoke with during the inspection told us they would feel happy to raise any complaints about the service. One said, "As things stand at the moment there is no reason to complain". We looked at the complaints log where the manager had recorded three complaints since the last inspection. Records evidenced the complaints had been handled correctly and the complainant responded to in writing.

The service looked after people who were at the end of their life and worked in conjunction with other health care professionals and family members. The service also looked after people whose health had deteriorated and the level of service would be increased to enable the person to remain in their own home.

Is the service well-led?

Our findings

When we inspected the service in April 2018, we found that the service was very disorganised. This was because the long standing registered manager had moved to another Kensington Community Care branch in September 2017 and four branch managers had been appointed by the provider. Three of them had only stayed for short periods of time. The fourth manager, appointed in February 2018 was in post for the April 2018 inspection but had not been there long enough to make improvements or re-establish good leadership and management. In addition to these frequent management changes, there had been changes in the office staff. A poor work culture had developed which had been very disruptive to the service and led to a low level of staff and 'customer' satisfaction. The fourth manager left the service in July 2017.

Following this, the provider and the previous registered manager had a meeting with CQC and had discussed their proposal to re-establish good leadership and management of the branch. We agreed for the previous registered manager to submit their application to manage this service and the other provider's branch and be supported by a 'deputy'. This deputy would be mentored and up-skilled to be a future branch manager. By the time of this inspection the long standing manager had submitted her application to CQC and this was being processed.

The staffing structure consisted of the manager and two care coordinators. The previous care coordinators no longer worked for the service. One of the care coordinators (the deputy) was the member of staff being mentored therefore there were plans to recruit a further coordinator. The manager had been supported since the inspection, by the operations manager and another one of the directors in order to drive improvements and ensure these were sustained.

Robust quality assurance measures had been re-introduced since the last inspection. These included monthly audits of the medicine administration records and the daily progress notes. Audits to check that staff supervisions and spot checks had been completed, and all staff training was in date. Full branch audits had been completed in September and November 2018 reporting on what had gone well, any issues, support requirements and increase/decrease in care hours. These audits also sampled a number of care files, staff files, complaints and compliments received and any safeguarding events reported. These measures ensured the provider was aware of how the service was performing and also meant they could take any action needed.

In addition, monthly statistical reports were prepared and submitted to the operations director. This meant the provider was made aware of any complaints received, accidents and incidents, staffing or 'customer' issues and actions taken.

After the last inspection in April 2018, we imposed a condition of registration on the provider. We required the provider to submit a report on a monthly basis, to CQC telling us about the improvements they were making. We did this to keep an eye on the service and as a means to driving forward the improvements they needed to make. These reports have been submitted as requested and detailed the actions taken.

In October 2018 questionnaire forms were sent out to people using the service but only nine forms had been returned. People were asked about the care staff, the service they received, communication with the office and were also asked to make any comments they wanted. One person had commented, "Very kind and helpful" and another had asked to be told when care staff were going to be late. People using the service scored the questions with four or five – good or very good.

At the last inspection in April 2018 we had found the administrative systems to be disorganised. The manager had been unable to provide records that were required for the inspection. At this inspection all records were available.

The manager was aware when notifications needed to be sent to CQC and had done this appropriately as necessary. The provider now had three branches and the operations manager told us the managers regularly got together for information sharing, audits of a different branch and also cross-branch training. These measures ensured that best practice was followed and people received a better service.