

Knightingles Healthcare Limited

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Inspection report

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Date of inspection visit:
04 December 2018
05 December 2018
06 December 2018
10 December 2018

Date of publication:
04 January 2019

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

The service had recently re-registered with the Care Quality Commission with a new address, therefore this was their first rated inspection under the current registration. When we inspected under their previous registration, we rated the service good. At this inspection we found the evidence continued to support the rating of good there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Knightingles Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger adults who have a learning disability. The service also supports children who may have a physical or learning disability. The service was supporting 34 people with the regulated activity of personal care. The service was supporting others but they were not receiving assistance with the regulated activity.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 is also the provider.

People, their relatives and staff were positive about the management of the service. There were systems in place to maintain and to further develop the service to ensure everyone consistently received care and support to a high standard. The ethos of the service was putting people at the heart of what they do and staff were aware of this expectation. Staff were happy to work with a management team who listened to them and put people first.

People felt safe using the service. The staff and management of the service knew how to effectively manage risks to reduce the risk of harm. There were enough staff who were recruited safely to meet people's needs. Peoples' medicines were managed safely and effective infection control was practised.

People were supported by staff who were trained and received regular supervision. People were supported with eating and drinking when needed. The staff worked in accordance of the principles of the Mental Capacity Act. The staff and management liaised with health and social care professionals to assist people as needed.

People told us staff were kind and caring. People were involved in planning and reviewing their care. Confidentiality, privacy and dignity was promoted. People's care and support needs were met. People's support plans were detailed and person centred. Complaints were responded to appropriately and feedback was sought.

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 using the service.

The staff and management of the service knew how to effectively manage risks to reduce the risk of harm.

There were enough staff who were recruited safely to meet people's needs.

Peoples' medicines were managed safely.

Effective infection control was practised.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and received regular supervision.

People were supported with eating and drinking when needed.

The staff worked in accordance of the principles of the Mental Capacity Act.

The staff and management liaised with health and social care professionals to assist people as needed.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring.

People were involved in planning and reviewing their care.

Confidentiality was promoted.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were met.

People's support plans were detailed and person centred.

Complaints were responded to appropriately.

Is the service well-led?

The service was well led.

People, their relatives and staff were positive about the management of the service.

There were systems in place to maintain and also to further develop the service to ensure everyone consistently received care and support to a high standard.

The ethos of the service was putting people at the heart of what they do and staff were aware of this expectation. Staff were happy to work with a management team who listened to them and put people first.

Good ●

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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.

Before the 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. We received a provider information return (PIR) for this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection commenced on 4 December 2018 with a visit to the provider's office. The inspection was announced and carried out by one inspector. We gave the provider 48 hours' notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection. Following the office visit, we made telephone calls to people who received a service and their relatives to request feedback about the service.

During the inspection we spoke with three people who used the service, two relatives, four staff members, the registered manager and the nominated individual. We reviewed information from service commissioners and health and social care professionals. We viewed information relating to two people's care and support plans. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "Yes, I feel very safe they are all so good." Relatives also told us that they felt people were safe using the service. One relative said, "I feel that [my relative] is safe with the care staff."

People were supported by staff who had a clear understanding of how to keep people safe. This included how to recognise and report abuse. Staff received regular training and updates. Information was displayed in the office for staff to follow and people were visited by members of the management team to ensure things were ok. The registered manager had responded appropriately to an allegation of abuse. In response to these concerns they had implemented a 'secret carer' role to give oversight of the care people received. This helped assure them that the people they supported were being treated well.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly. Risk assessments were in place for areas including falls, skin integrity, health conditions, mobility and general safety. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

Where staff members or managers had concerns about a person's or a child's welfare, they took immediate action which included providing the support needed at that time and liaising with the local authorities. The management team went above and beyond what was expected in their contractual agreement by ensuring people had food when they had none at their homes and clothing where finances were tight.

All accidents and incidents were logged so that they could be reviewed to ensure all remedial actions had been taken and the risk of a further incident was reduced.

People and their relatives and staff told us that there were enough staff available to meet people's needs. One person told us, "Yes they are normally on time, unless something unforeseen happens but they let me know." Another person said, "They always turn up and they are not usually late." There was an electronic call monitoring system and missed or late calls were flagged to members of the management team. This was then resolved. One staff member said, "If you haven't logged in they are on the phone to you." Members of the management team provided support with care visits if this was needed. Staff told us that calls were never missed.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. This included written references and criminal record checks. There was a checklist kept of staff and all recruitment documents to help ensure they complied with regulations. The registered manager told us that they maintained a membership with a recruitment and employment federation to ensure their knowledge was up to date in regards to employment and recruitment. They also leased an ID scanner to ensure that all identification, such as passports, seen were authentic and not forgeries.

Some people needed support with the medicines. Staff received training and regular competency

assessments. There were also monthly audits to ensure safe practice was followed. People told us that received their medicines when needed.

There were systems in place to help promote infection control. Staff had received training and a member of the management team reviewed their practice during spot checks of staff performance.

Lessons learned were shared at team meetings, supervisions or as needed. One staff member told us, "The call us, or send a text if there is something we need to know about. We are kept informed."

Is the service effective?

Our findings

People told us that they felt staff were skilled and knowledgeable. One person said, "They are marvellous at it." A relative told us, "They know [my relative] and what they need and they know how to do everything I am confident in how they do their job."

Staff received training to support them to be able to care for people safely. This included training such as moving and handling, first aid, fire safety and safeguarding. There was also training relating to needs of people such as autism and administering emergency medicines for seizures. The registered manager told us, "We had someone waiting for a package but we did not start it until the staff received the training. The school nurse gave the training to six of the staff team." Staff told us that there was enough training. One staff member said, "[Registered manager] always tells us we can ask for more training if we feel we need it."

The training consisted of face to face training and some online training. Members of the management team were also training or had trained to be an in-house trainer. One staff member said, "This means as soon as something comes up, they can just pop back in for an update." This included updates to moving and handling training if the need arose. Staff told us that they felt supported and were able to approach the management team for additional support at any time. We saw that staff had regular one to one supervision and regular spot checks where feedback on their performance was given.

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

Some people who were supported by the service had capacity to make their own decisions. Others had fluctuating capacity. People were supported to make their own decisions about what to wear or eat. One person said, "Staff know what to do and they do it well and always ask me." Staff supported people to ensure they had all the information they needed to make an informed decision. For some, best interest decisions were made with all people relevant to the person and the decision to be made.

People were supported to eat and drink if needed. People told us this was in a way that they requested. Some people managed this independently.

People were supported if needed to manage their day to day health needs. If they were unable to access to health care and social care professionals independently, staff and managers liaised with health and social care professionals to assist people as needed.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "Everyone is so nice to me." Another person said told us, "They are very kind and caring. I have a few who come and they are all really good to me they are kind and look after me." There were several compliments received about the care and kindness of staff. One of these read, "I am grateful that [person] had such great kindness and care from Knightingles. I am very glad we found you."

People were involved in reviews about their care. Plans detailed ways in which staff could try to encourage people's involvement by offering choices and supporting them to live independently where possible. People were at the heart of the plans and the way they wanted to be supported and live their lives. One person told us, "They ask me how it's all going." A relative told us, "They contact me from the office to see if everything is ok- they are really helpful." Plans included what was important to people and how to make them happy.

Staff had about a good understanding of people's needs, life histories and preferences. We found that preferences and wishes were respected. There was a section in the support plans titled 'This is me' and it highlighted what was important to people. A member of the management team told us, "We encourage staff to use this information to strike up conversations."

People were encouraged maintain relationships in whatever form they took. This included with family members and friends.

People told us that their privacy and dignity was promoted. The registered manager told us that staff supporting children in the community usually wore normal clothes so that the children they supported would have their privacy maintained. However, they had recently reviewed this to ensure that public were aware of a child receiving support in the event of the staff needing to take them somewhere as there had been concerns raised about strangers with a child. When in uniform, the care and nursing staff wore tunics but to support children in the community, a polo shirt uniform was now used to help promote privacy as much as possible. People's records were stored securely to promote confidentiality for people who used the service.

Is the service responsive?

Our findings

People told us that they received care that met their needs. One person said, "They look after me so well." Another person said, "Most of the time, sometimes they don't do something." They went on to say they raised this with the management team and it had been resolved.

People's care plans were detailed and person centred. They included information that enabled staff to promote independence where people were able and provide care in a way people preferred. We saw, and people told us, that people were involved in all reviews and were the key person to make and agree plans for care and support. Daily notes included a prompt for all aspects of supporting people. This helped to ensure that nothing was missed.

The service at times supported people at the end of their lives. People were supported by trained staff to die pain free and with dignity. Care plans were put into place to help ensure staff were familiar with how to support people. We reviewed one plan and it stated, 'Please wet my lips to help me stay hydrated when I am not drinking enough.' We reviewed some feedback from people whose relatives had been supported at the end of their lives. One comment said, "In the last few weeks you showed her such love and respect in a gentle, caring way, allowing her to feel listened to and still in control, with dignity, until the end."

The registered manager had put a support system in place for people and their relatives and a designated staff member was assigned to people. They were also visited by a manager on alternate days to give support and advice to family members and staff as needed. The registered manager acknowledged that staff got attached to people they supported and having a wellbeing manager was an important role for staff as well as the relatives of people they supported.

Some children or adults supported by the service received support to enjoy activities or go out into the community. Some of these children and adults had complex needs and had previously been unable to access the community because of this. The service was able to ensure staff worked well with people through matching them and this had meant people and children were now able to go out more.

There had been very few complaints and concerns but those raised had been fully investigated. People told us that they knew how to raise concerns. One person said, "I have no complaints what so ever." Another person told us that when they had raised any issues the management team had been very responsive. They said, "They've been very good about it when I've called up." A relative told us, "I would contact the manager if I needed to complain so far I never had to." The registered manager told us that they used complaints as a learning tool and told people they welcomed feedback. The registered manager and other members of the management team also visited people regularly to obtain their views. One person said, "[Compliance manager name] has been out and the chap who runs the company. They (managers) come and check everything is ok." We asked if they felt they could be open and honest and share their real feedback and we were told, "I can speak freely and honestly."

Is the service well-led?

Our findings

People and their relatives were positive about the service and how it was run. One person said, "It's marvellous." They went on to say, "They have made a difference to me, I have more confidence with them." Another person said, "I think it is well run they are all good and know what to do and I would recommend them to anyone." A relative said, "I only manage because they come to support me."

Staff were also positive about the service and the registered manager. One staff member said, "There is nothing they can do better, you come to them, they always see you." The registered manager told us that they felt one of the most important things was to value and support staff. They said that valuing staff created a loyal team who would support people in a way they expected. Staff told us that the management team had supported them emotionally and financially when it had been needed. One staff member said, "The support that the managers have given me during a difficult time in my personal life has been brilliant. They checked up on me, didn't put any pressure on me. I cried, not many employers are like this."

The ethos of the service and culture through the staff team was to put people first. Staff told us that approach came from the registered manager. We noted that there was a message from a relative of a person who had passed away. The message read, "[Name of registered manager], you don't know how much it meant to me knowing that you stayed with her and prayed with her until we arrived. It has brought me great comfort knowing that."

There were quality assurance systems in place. These were used consistently and appropriately. These included in medicine audits, audits of daily care notes, observation of staff practice and an action plan so that they could be addressed.

The registered manager and their team had put together an action plan based on the Regulations and fundamental standards. Actions included increasing the availability of more face to face training, checking for hand hygiene and medicines competency and developing the care plans further. We saw that these actions were almost all completed with some areas that were due to start or were ongoing. For example, more members of the management team to attend train the trainer sessions to further help keep staff up to date with training. However, other areas, such as development to care plans had been fully completed across all people they supported and all staff had their competency assessed.

There was also an improvement plan where updates made to the service were logged with a reason why, with before and after examples. This included changes to daily notes, spot check records and a better induction booklet. As a result, we saw that notes were more detailed when completed, thorough audits took place and staff received robust checks of their performance.

The provider worked with other agencies. There were links to care provider associations who provided advice, support and training if needed. The local authority commissioners had awarded the service a Good rating at their last monitoring visit. The provider had recently been awarded the lead contract for children in north Hertfordshire.

There had been a survey completed and we saw that the feedback was mainly positive. The responses were collated and then reviewed them to see if any actions were needed. Feedback about the service was sought not only from people they supported but also their relatives. To try and obtain as many views as possible, the registered manager had arranged for a member of the office team to visit people and assist them to fill in the survey. In addition, a senior staff member well known to people called people to ask for their views. They told us that when posting a survey there had not been much response so they hoped this would give them more feedback.

There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about updates with the provider, reminders and good practice. Staff were happy to work with a management team who listened to them and put people first. One staff member said, "The communication here is very good." All staff we spoke with told us that anything raised by them was always actioned. One staff member gave an example of a minor change to a person's routine to help improve their continence issues. They said, "This was communicated to everyone and staff made sure it happened. This now means that [person] has some mobility back, their [health needs] have improved and they are so happy."

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. We found that the registered manager had notified the CQC appropriately.