

Kimberley Care Ltd

Kimberley Care Limited

Inspection report

71 Leigh Road
Eastleigh
Hampshire
SO50 9DF

Tel: 02380629072
Website: www.kimberleycare.co.uk

Date of inspection visit:
14 December 2016
21 December 2016

Date of publication:
27 January 2017

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 took place on 16 and 21 December 2016 and was announced. The provider was given 48 hours' because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Kimberley Care provides personal care and support to people in their own homes. At the time of this inspection, they were providing a service to 40 people with a variety of care needs, including people living with physical frailty or memory loss. The service is managed from an office based in Eastleigh.

There was a registered manager in place. 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.

People, relatives, staff and professionals told us the provider had a clear, supportive management structure in place. The registered manager and managing director were actively involved in the day-to-day running of the service and knew people well, stepping in to help deliver care if needed and monitoring and reviewing people's care as their needs changed.

Staff were suitably trained and supported in their work and knew how to meet people's needs. Training included opportunities for staff to experience and practice care tasks. Many staff were completing additional qualifications in health and social care to extend their skills and knowledge in their role. Staff followed legislation designed to protect people's rights and freedom and were confident in identifying and report concerns about people.

People told us that staff were caring and compassionate. Many staff had worked with people over a long period and had formed close working relationships with them. People told us that there were sufficient numbers of staff available who provided consistent care at agreed times.

People were involved in the planning and reviewing of their care needs. The registered manager had an open door policy where feedback was valued and people felt listened too. People told us that they were confident in making a complaint and that issues raised had been resolved quickly and appropriately.

Risks relating to people were managed safely. The service sought to put measures in place to reduce the risk to people and staff, whilst respecting people's choice and independence in their own homes. Risks related to emergencies such as severe weather were managed pro-actively. The services contingency planning helped ensure minimal disruption to the care that people received in these circumstances and staff showed dedication and commitment to ensure that people's needs were met.

Peoples were supported to maintain their health and wellbeing. They received appropriate support around

their nutrition, hydration and medicines. People were supported to health appointments when required.

Incidents were analysed to identify trends and triggers. This led to people's needs being reviewed, additional support being provided to staff and improvements being made. Quality Assurance systems were used to assess the quality of the service being provided and to identify areas for improvement.

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.

There were suitable numbers of staff in place to meet people's needs.

The service had plans in place to sustain people's care visits in the event of emergencies or severe weather.

People were supported to take their medicines as prescribed.

Staff were knowledgeable about safeguarding people from harm.

Is the service effective?

Good ●

The service was effective.

People told us that staff were well trained and skilled in their roles. Staff were supported in their role through supervision, appraisal and additional training.

Staff followed legislation that protected people's rights and freedoms.

People received support with their dietary needs in line with their choice.

People were supported to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People were cared for with kindness and compassion. Staff knew the people they supported well and showed concern for their wellbeing.

People were supported to express their views and make decisions about their care.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in developing and reviewing their care plan.

Care plans were detailed and person centred.

The registered manager sought feedback from people and acted upon complaints to make improvements.

Is the service well-led?

Good ●

The service was well led.

People had confidence in the management team and felt the service was well run.

Auditing and quality assurances processes were in place and resulted in improvements being made to the service.

There was an open and honest culture in the service and the provider had a whistleblowing policy in place.

Kimberley Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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, which took place on 14 and 21 December 2016, was completed by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events, which the service is required to send us by law.

During the inspection, we spoke with 22 people who used the service or their relatives. We spoke to the manager, the managing director, and six staff members. Following the inspection, we spoke with two health care professionals who had regular contact with the service, to obtain their views about the care provided. We looked at care records for four people. We also reviewed records about how the service was managed, including staff training and recruitment records.

Is the service safe?

Our findings

People felt safe receiving care from Kimberley Care. One person said, "I feel safe that staff will watch out for me when I'm unable". Another person told us, "Yes, I feel safe with the carers". A third person commented, "No worries, I feel safe".

People were protected against the risks of potential abuse. All staff had received training in safeguarding which helped them identify the actions they needed to take if they had concerns about people. One member of staff told us, "We keep a check on everything and if there are any concerns then we contact the office". Another member of staff said, "They sent memos around reminding us that if we have any concerns or see any problems with people then we should come to the office to update them". A third member of staff commented, "We have had to put some concerns back to the office before, but they dealt with it straight away".

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Staff were knowledgeable about people's individual needs and the steps required to keep people safe. People had risk assessments in place in relation to: medicines, moving and handling, pressure injuries, fluid and nutrition and home safety. One person had a moving and handling risk assessment in place, which stated the person required specialist moving, and handling equipment to be used and assistance from two staff when they were in poor health. Another person had a risk assessment in place around their mobility. Staff were instructed to support the person to carry out a regular exercise programme to maintain their flexibility and decrease the risk of their mobility deteriorating. This support was documented in the person's daily logs.

People were kept safe from risks associated with emergencies such as adverse weather. The service had prioritised people's needs to ensure the most vulnerable would receive care. The managing director told us that they had mapped out which staff lived closest to people; staff would then visit people by foot if car journeys were not possible. The managing director also had arranged for two all-weather vehicles to transport staff to visit people if roads were difficult to access in extreme weather. They told us, "We have a couple of 4x4 vehicles available and will ensure that everybody gets a phone call and everybody gets a visit. We take round essentials like bread, milk or pharmacy deliveries, do double up calls (spend additional time with people) so people have enough food prepared for the rest of the day". The service had received many letters of thanks from people, relatives and commissioners from the local authority praising their efforts in providing a service to people during bad weather.

People told us there were sufficient staff to meet their needs. One person said, "I have three regular carers and two others who pop in occasionally". Another person commented, "Never any problems with getting the staff I want". Some people's support hours were determined by assessments from funding local authorities, whilst other people purchased their support privately and were able to request hours as required. Many of the services staff had worked for the company for a long period. The registered manager told us, "We are lucky that we are able to keep our staff, we usually get referrals for new staff through word of mouth or through our links to the local college". The retention of staff helped to create stability and

consistency for people's staff teams, which benefitted the quality of care provided.

Most people told us staff were reliable and usually arrived on time. One person said, "My wife is very precise and insisted her carers came at 0715, which they did". A member of staff commented, "They (the registered manager) give me plenty of travel time in-between calls, sometimes they will come and pick me up to take me to calls". The service had an 'On Call' system where a senior member of staff was available on the phone in times where the office was closed. This enabled people and staff to call for advice or support. The On Call service would also call people if staff were running late for their calls. One person remarked, "If they are running late they ring and let us know". The managing director told us, "We have flexibility of 15 minutes either way (from agreed time). If the call is going to outside these times, we call people to let them know staff are still coming so they don't worry". The registered manager and managing director alternated being the nominated individual to be contacted by The On Call service if they required additional assistance. The service had a system in place whereby staff would call the On Call system to confirm they had completed their calls and they were home safely. This helped to give staff who were working alone additional support, if required and helped to ensure people received their care calls as needed.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. The registered manager and managing director conducted interviews themselves to help ensure the right staff were employed to work with people. Staff files included application forms, records of interview and references from previous employment. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

There were safe medication administration systems in place and people received their medicines when required. The service had assessed people to identify their capacity to manage their medicines independently. Where they required support, the provider had agreed with people the appropriate level of support needed to manage their medicines safely. One person told us, "yes, they make sure I take them".

People's medicines were recorded on Medicine administration records (MAR). When people had new medicines, staff would call the registered manager to update their care records. This ensured the service had the most up to date information about people's medicines. Staff told us they would call the office immediately if saw a missing entry on the MAR chart at time of administration. One member of staff told us, "I would call the office about that; they always know what to do and where to get advice". This helped identify any errors or gaps in administration and ensure medical advice was sought.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled in meeting their needs. Comments included, "They [staff] all seem to know what they are doing", "I'd say 99% are well trained", "We have bath aids, wheelchairs and a stair lift. Yes, the care staff use them properly", and, "The older ones are absolutely brilliant". Relatives also told us that staff were skilled in their role. One relative said, "[My relative's] carers know her and are very good". Other relatives commented, "Some of the carers have been absolutely wonderful with her [my relative]", and "We get very good care".

Staff received training specific to the needs of the people using the service. They were knowledgeable about the people they worked with and how to support and maintain their health and wellbeing. New staff received training that was in line with the Care Certificate. This is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate care to people. Training included practical elements, which involved staff being hoisted, using moving and handling equipment or testing of hand washing techniques by using ultra violet lights to demonstrate the spread of germs. One member of staff told us, "The on-site training is very good; I specifically enjoyed the classroom based training". Another member of staff said, "The important and practical part of moving and handling was explained simply and concisely".

Staff were supported to increase their skills and knowledge through additional training and qualifications relevant to their role. Some staff had completed training in stoma care and care involving, percutaneous endoscopic gastrostomy (PEG). A PEG provides a means of feeding through a tube directly into a person's stomach, which replaces oral intake. This helped people receive effective care and support in managing their Stoma's or PEG's. The majority of staff were pursuing additional qualifications in health and social care. The managing director had established links with a local college to facilitate these courses. One member of staff said, "They put me through for my level three (NVQ in Health and Social Care), I never thought I would have done that".

New staff were supported to complete an induction programme before working on their own. This consisted of being issued with a handbook containing the services policies and procedures, meeting registered manager, reading people's care plans and working alongside more experienced staff. The managing director told us, "In some things, you just need that practical element, experience and support, for example, washing somebody. You can read a care plan about it, but it is really different when you actually have to do it".

Staff were supported in their role through supervision and appraisal. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We have supervisions every three months", another member of staff said, "Yes, I'm happy with supervisions and the support the management give". Staff had regular appraisals of their performance with the managing director. These reviewed their working skills and behaviours and set them performance targets. The managing director told us, "The supervisions are for staff's day to day needs, the development plans (appraisals) are about assessing their strengths and weaknesses and its how they move forward".

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Some people had a cognitive impairment and assessments showed they were not able to make certain decisions, such as the decision to fit a key safe device to enable staff to access the property if nobody answered the door. Where necessary, the provider consulted the person's power attorney for their health to make decisions in people's best interests. An appointed power of attorney is somebody with legal authority to make decisions on your behalf, if either you are unable to in the future or you no longer wish to make decisions for yourself. These actions were in line with the requirements of the Mental Capacity Act (MCA) 2008.

Staff sought consent from people using a range of communication strategies before providing support by checking they were ready and willing to receive it. Staff told us they referred back to guidance in people's care plans around how people make and communicate choices. One member of staff told us, "You have to be positive with people, explain to them in a way which they can understand, communicate clearly, don't hurry and always let them lead". The registered manager had also recently sent out guidance and information regarding following the principles of MCA to staff. This helped to refresh their knowledge and helped them apply best practice when supporting people.

Most people's meals were prepared independently or by family members. However, where care staff were responsible for preparing meals, they encouraged people to maintain a diet in line with their needs and their preferences. One person told us, "They heat up a meal or make me a sandwich if I want one. They ask me what I want". Staff encouraged people with drinks and ensured that people had access to drinks after their care visits. In one person's care plan, it instructed staff to ensure they filled a water bottle and attached it to the back of the person's wheelchair in easy reach. This would enable them to drink independently and reduced the risk of urine infections for that person.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People were supported to access healthcare services. For example, people's care records detailed that staff had supported them to access district nurses, occupational therapists and other healthcare professionals as required. One person told us, "They (Kimberley Care) helped me get a new bed as mine was no good anymore, they arranged for somebody (Occupational Therapists) to come round and measure it up and everything".

Is the service caring?

Our findings

People told us they were happy with the care they received and the staff who supported them. One person told us, "I think they [staff] are smashing, I get on well with all of them, all the time. They are very polite, the two men carers treat me like their grandma, and it's lovely". Other comments from people included, "They [staff] have a caring nature", "I love them [staff] very much", and, "Most [staff] are absolutely lovely".

People were treated with kindness and compassion in their day-to-day care. People and their relatives consistently told us of the strong relationships they had forged with staff, who often went 'above and beyond' to ensure people were comfortable and happy. One person told us, "We all have a good relationship with the carers; they become a sort of friend". Another person said, "We have always been very happy with them, they are extended members of the family". Two further people commented, "We feel we can trust them, they've become friends", and, "Sometimes they do extras for me in their own time, I asked the carer this morning if he was going anywhere near a Tesco. He's going to get me some boxes of chocolates for Christmas; we can't get out to do it".

Staff show concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. The managing director told us that staff would frequently stay longer than their allocated time if people required additional assistance. They said, "We pay the staff ourselves if they need to go over their time with people for any reason. It amounted to over 100 hours of support one month, but you cannot leave people if they need your help, if they are waiting for an ambulance or doctor or if they have no food. It would not be right to leave them, and the staff deserve to be paid".

Staff were knowledgeable about the people they supported. Many staff had worked for the service for a number of years and knew people in depth. One relative told us, "They [member of staff] help me care for my son, have done for a few years now. He really loves them; they are very good to him". One member of staff reflected, "The people you see are the best thing about the job, sometimes it can be a little sad, but you have a laugh and a giggle with people and it cheers them up".

People's privacy and dignity was respected by staff. One person told us, "They are polite and treat me well". The registered manager asked for feedback about staff upholding people's dignity and respecting their privacy. From the service's survey's sent to people in May 2016, all 20 people asked expressed that they completely agreed that staff treated them with dignity and respected their privacy. People told us that staff were respectful of their homes and were attentive and considerate of their wishes. One person said, "They always wipe their feet before they come in, it's nice really". The registered manager discussed dignity and privacy in staff's supervisions, asking them to reflect on their own behaviours and assess their own practice. This helped enable the registered manager to monitor staff's performance in relation to these issues.

The service provided compassionate care that respected people's wishes at the end of their life. The service had received many letters of thanks from relatives of people who had received end of life care from staff. Testimonials included, "We are grateful for everything Kimberley Care provided for [my relative], it made their life so much better", "The whole team that I have had the chance to meet have been amazing", and,

"They [staff] were attentive and caring, such a lovely team".

People were supported to express their views and make decisions about their care. The registered manager told us in relation to end of life care provided, "The person is in charge of their care. We try to provide them opportunities to spend quality time with families and staff, it's not rushed and it's constantly changing and evolving as people's conditions change". This helped ensure that people's wishes were respected and they were involved in decisions about their care.

Training and support was provided for staff working in end of life care. The managing director told us that staff received additional training in relation to the principles of empathetic end of life care. They were also offered the choice not to continue if they found the situation too distressing. They told us, "Staff get regular de-briefing, to check if they are coping ok. They are always encouraged to attend people's funeral as often it helps them to see through the whole journey".

Is the service responsive?

Our findings

People and their relatives told us that Kimberley Care was responsive to their needs. One person said, "The communication and the team are fantastic". Another person commented, "There are 'out of hours' numbers you can call as well". A third person remarked, "They've never let me down once". A relative told us, "We are very lucky with the amount of information they feedback to us".

People or their relatives were involved in developing and reviewing their care, support and treatment plans. The registered manager visited people to assess and discuss their care needs prior to care commencing. One person said, "They asked lots of questions about things we liked and how things needed to be done". A relative told us, "I remember when they came to assess my wife. We have a care plan". The registered manager held regular scheduled reviews with people where their care plan would be discussed and updated. One person told us, "We have reviews, discussions; I think it is every six months". Another person said, "The care plan was updated just over a year ago".

People had care plans that clearly explained how they would like to receive their care, treatment and support and promoted their independence. One relative told us, "The staff are helping my son to become more independent. They help him make our breakfast which he's never done before". Another relative told us, "Mum can weight bear, we walk a little every day, and the staff helps (maintain her mobility)". People's care plans identified areas in which they would like to receive care and their preferences and routines around these tasks. This helped staff follow their wishes and not support them in areas they wished to remain independent.

Care plans included information that enabled the staff to monitor the well-being of the person. They included short profiles of people, a summary of their background and support needs. This gave new staff a clear understanding of a baseline from which they could monitor the person's health and wellbeing. People also had a 'Hospital grab sheet' in their care records. A hospital grab sheet is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person.

Staff recorded the care and support they provided during their visits in the person's individual logbooks. One person told us, "There is a care plan in the house and the carers write in the folder every day". This helped enable staff to pass on important information to following staff and helped staff to monitor any changes in a person's health and wellbeing. One member of staff said, "You have to keep logs of things, like when they don't take their medicines or when they don't feel well, then call and report it".

When a person's health had changed, it was evident staff worked with other professionals to respond to people's changing needs. One person's care plan promoted staff to monitor the person's skin integrity and for signs of water infection. A relative told us, "They [staff] are good at pointing out if [my relative] is sore anywhere. She also gets frequent water infections and they [staff] highlight to me that they think she may have another infection". Instances where staff identified issues were followed up with contact to the person's GP. Another person's care plan instructed staff to support and monitor a person's mobility. A

member of staff told us, "[Person] was struggling to stand, when you go in every day you can see when something is changing, we contacted the OT's, they came out to reassess, and now the person uses a hoist".

Incidents were used as an opportunity to learn and improve the service. Staff followed the services procedure for reporting and recording changes or concerns in people's health or wellbeing. The registered manager monitored these reports and raised concerns to commissioning authorities or healthcare professionals where appropriate. One person had declined support with their personal care over a period. The registered manager had monitored the situation and arranged a review of the person's needs. This resulted in a change in the person's care plan.

The provider sought feedback about the service provision through a range of sources including reviews and surveys. Feedback from the most recent survey sent was overwhelmingly positive about the support and care people received. The registered manager told us that they go to visit anybody who indicated that they were not completely satisfied. They told us, "What seems silly to others is important to some people; we will always go over to visit people".

The registered manager made regular phone calls to people to check their wellbeing and to receive feedback about the service provided. They explained that this helped people become familiar with the office team so they would feel more confident raising issues to the management. The registered manager said, "We make sure that people know us on a first name basis, they would be more inclined to call you if something was wrong that way".

People and their relatives told us they were confident in raising complaints to the registered manager, who would take their concerns seriously. One person said, "I've nothing to complain about". People who had raised specific issues told us their concerns had been listened to and acted upon. One person said, "I asked for them [a member of staff] not to come again and they haven't". Records of formal complaints received showed that the registered manager had investigated concerns thoroughly and had kept people informed of the outcomes and resolutions.

Is the service well-led?

Our findings

People had confidence in the registered manager and managing director, telling us they were approachable and competent in their roles. One person told us, "Well led? Yes-given the circumstances that the care sector and funding are in they do very well". Another person said, "I'd recommend them to anybody". A relative added, "We can't thank them enough, I met with the manager and thanked her for my wife's care".

The managing director and registered manager promoted a clear vision of the service's values. The managing director told us, "We go by the philosophy that the care provided needs to be good enough for my own mother, I believe that is a really important principle to work from, we run the company as not for profit and all spare funds are reinvested into training and development to improve the service we offer". The registered manager said, "We know every person we support and will not provide a service if we don't think we can do them justice". People felt that services' values came across strongly in the delivery of the service they were provided. One person commented, "They are the best company we've had in the last 10 years, I think they go the extra mile", another person remarked, "On the whole the service is perfect, they are a small company, so it feels very friendly".

There was a clear management structure in place, which included managing director, registered manager and a senior member of staff who helped with the On Call service. The registered manager regularly worked alongside staff, which gave them an insight into peoples' needs and provided back up and support to staff if they needed help or advice.

The registered manager was committed to their role and kept themselves updated with latest guidance and legislation through a combination of local providers groups, updates from professional bodies, internal support and training from the provider.

The managing director had a strong commitment to developing the skills of staff and creating a positive working team. Staff comments included, "It's the second best job I have ever had", "The manager is good, very good", and, "Very fair to work for". The managing director had made links with a local college who provided training and qualifications in health and social care. Many staff were currently studying for additional qualifications and training. This helped increase the staff team's knowledge and skills within their role. The managing director told us, "There's no such thing as a bad member of staff, its bad training, staff come with complications, and they all need some tender loving care sometimes".

There was an open and transparent culture within the service. Providers are required by law to notify CQC of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the service had met the requirements of this regulation. The service had also displayed previous inspection rating on its website and conspicuously in their office.

People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. The provider had a whistleblowing policy, which detailed

organisations staff could contact if they had concerns. The registered manager had also sent out some additional whistleblowing guidance to staff detailing how to raise concerns. The managing director told us, "We have an open door policy; we don't want to create an environment where people feel they can't speak up".

The provider worked in partnership with other organisations to provide positive outcomes for people. Where people were being supported with end of life care, the service had worked in collaboration with doctors, district nursing teams and hospices as people's needs changed. This helped the service provide responsive and flexible care to the needs of individuals.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager arranged for daily log and MAR sheets to be collected monthly. These logs were checked in order to pick up any recording errors, missing entries, visits that came outside specified time and trends for staff performance and engagement with people. In one example, the registered manager picked up that a member of staff was only offering one specific meal on their visits to a person. The registered manager worked with the member of staff to encourage them to show the person pictures of different foods to identify other choices they may like to try. Another person was supported to have an OT assessment resulting in a new bath being fitted after the registered manager picked up some recurrent issues when auditing daily log sheets.