

Kingfisher Care (Midlands) Ltd

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## 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

The inspection took place on 6 March 2017 and was announced. We gave the provider 48 hours' notice because the service is a small home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Kingfisher Care (Midlands) Ltd is a home care agency supporting people who live in their own homes in the Leicester and Leicestershire. At the time of our inspection 21 people used the service.

The service had a registered manager. 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 who used the service were safe when they received care and support. The provider had a recruitment procedure that ensured as far as possible that only staff suited to support people who used the service were employed.

People's care plans included risk assessments of activities associated with their personal care routines. The risk assessments provided information for care workers that enabled them to support people safely but without restricting people's independence.

Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the people who used the service. This meant that home care visits were consistently made at times that people expected. Staff arranging home care visits were skilled and knowledgeable about people's needs and ensured that people were supported by care workers with the right skills and knowledge.

People were supported to take their medicines at the right times. On an occasion that had not happened the provider took action to ensure the person was safe.

People were cared for and supported by care workers who had the appropriate training and support to understand their needs. People who used the service and their relatives spoke about staff in consistently complimentary and positive terms. Staff were supported through supervision, appraisal and training. Staff valued the support that they received.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2005. People were presumed to have mental capacity to make decisions about their care and support unless there was evidence to the contrary. Assessments of people's mental capacity were made but had not been recorded using suitable assessment forms. The registered manager attended to this after we brought it to their attention. Staff had awareness of the MCA. They understood they could provide care and support only if a person consented to it.

Care workers either prepared meals for people or supported people to make their meals.

Care workers received training to help them understand about medical conditions people lived with. They supported people to attend healthcare appointments and to access health services when they needed them.

Care workers were caring and knowledgeable about people's needs. People were consistently supported by the same care workers. The registered manager 'matched' care workers with people who used the service which supported them to build caring relationships.

People who used the service were involved in decisions about their care and support. They received the information they needed about the service and about their care and support. People told us they were always treated with dignity and respect.

People contributed to the assessment of their needs and to reviews of their care plans. People's care plans were centred on their individual needs. People knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider.

The registered manager and care workers were well regarded by people who used the service and their relatives.

The provider had effective arrangements for monitoring the quality of the service. These arrangements placed a high value to people's feedback which was acted upon. The quality assurance procedures were used to continually improve people's experience 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.

Staff understood and consistently practised their responsibilities for protecting people from abuse and avoidable harm.

The provider's recruitment procedures ensured as far as possible that only staff suited to work at the service were employed. Care workers were effectively deployed to meet the needs of people using the service.

People were supported to take their medicines at the right times by staff who were trained in safe management of medicines.

### Is the service effective?

Good 

The service was effective.

People told us they were supported by staff who had the right skills and knowledge to meet their needs.

Staff were supported through supervision, appraisal and training that enabled them to understand and provide for people's needs.

Staff understood and practised their responsibilities under the Mental Capacity Act 2005.

When people required it, they were supported with their meals. Staff supported people to access health services.

### Is the service caring?

Good 

The service was caring.

Staff developed caring relationships with people they supported. They were able to do this because they consistently supported the same people.

People were involved in decisions about their care and support and they understood the information they received about their care and support.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was centred on their personal and individual needs.

People knew how to raise concerns and they were confident their concerns would be listened to and acted upon.

### Is the service well-led?

Good ●

The service was well led.

People using the service and staff had opportunities to be involved in developing the service.

The provider had arrangements for monitoring the quality of the service that were used to drive continual improvement.

The registered manager and staff shared the same vision of providing the best possible care to people using the service.

# Kingfisher Care (Midlands) Ltd

## **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 took place on 6 March 2017 and was announced. The provider was given 48 hours' notice because the service is a small home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our site visit we spoke with eight of the people who used the service and relatives of two other people. We looked at six people's care plans and associated records. We looked at information about the support that staff received through training and appraisal. We looked at two staff recruitment files to see how the provider operated their recruitment procedures. We looked at records associated with the provider's monitoring of the quality of the service.

We spoke with the registered manager, an office manager and two care workers.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

# Is the service safe?

## Our findings

People who used the service consistently told us they felt safe during home care visits. Some explained they felt safe because care workers were very careful with how they supported them. A person told us, "They wash and dress me in the morning and are so careful when doing it. I feel quite safe with them" and another said, "handle me very safely when washing and dressing me." Another person told us they felt safe and secure in their home because of the support they received. They told us, "I certainly do feel safe. I have a key safe and they use that and lock up when they leave. Yes, I'm very safe thank you." Another person said, "I wouldn't do without them. They wash and dress me safely and ensure everything is safely put away around the place before they go."

People told us they felt safe when care workers used equipment to support them with transfers. A person told us, "These are first class. I have a hoist to get me in and out of bed and they are all well versed how to use it and move me safely" and another said, "They get me safely in and out of bed as I have a hoist." A relative told us, "It is very safe. [Person] has a rotunda [a standing-aid] to assist him in and out of bed and they are very careful with him." Care workers checked that equipment was safe to use. A care worker who spotted that a 'sling' had loose stitches immediately arranged for a new one to be ordered.

Another reason people gave for feeling safe was that their care was not rushed. People's comments included, "They never rush and make sure I am always settle" and "They don't rush and always find time for a chat."

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with understood the provider's procedures for identifying and reporting abuse. They told us they were very confident that if they raised any concerns with the registered manager they would be taken seriously.

People we spoke with told us that they were confident about raising concerns about their safety. They knew they could raise concerns with the registered manager and care workers. A person said, "I would speak to the carers first." Others told us they would speak with the registered manager. A person told us that on a single occasion they had raised a concern about a care worker, the registered manager acted immediately. The registered manager supported the care worker to improve through retraining and supervision.

The provider had policies that protected people from abuse. These included policies about safeguarding people from harm and policies concerning staff conduct. The provider also had a policy which stated that staff were not able to accept presents or gifts from people. Staff were also not permitted to enter into any private care arrangements. These policies protected people from financial abuse.

People's care plans had risk assessments of activities associated with their personal care routines. The risk assessments were detailed. Risks were assessed according to a person's dependency levels for a wide range of their daily needs; for example their mobility, their dietary needs, health and care routines. Care workers

told us that they referred to people's risk assessments to read how people could be supported safely. People told us when we spoke with them that care workers supported them safely.

The provider had procedures for care workers to report incidents and accidents that occurred or were in connection with home care visits. Care workers were aware of those procedures. We found that the registered manager carried out thorough investigations of incidents. They established what happened, why it happened and made changes to prevent similar incident happening again.

People using the service had no concerns about the suitability of the care workers who supported them. A person told us, "They are all so nice and polite and I feel very safe with them when they are here." Another person said of the care workers who supported them, "We are like friends now." A reason this had been achieved was that the provider's recruitment procedures were based on finding staff who had the right skills, experience, and temperament to match the needs of people who used the service. Job applicant's skills, knowledge and suitability were thoroughly assessed when they were interviewed. The provider was careful not to employ people who harm the reputation of the service. All necessary pre-employment checks were carried out before new staff were allowed to make home care visits. These included Disclosure Barring Service (DBS) checks. DBS checks help to keep those people who are known to pose a risk to people using social care services out of the workforce. Other checks included two satisfactory references and identity checks.

People who used the service were either reminded or supported to take their medicines at the right times. A person told us, "They give me my medication. The chemist delivers all my tablets and they sort them all and give me them." Care workers were knowledgeable about people's medicines. One had been alert to identify an error with how medicines had been delivered to a person. This prevented a person the person from taking early morning and bed-time medicines in the wrong order. People who were prescribed medicinal creams told us that care workers supported them by applying the creams. Care workers knew how to do that because of the instructions in people's care plans. On an occasion when a person had not been supported to take their medicines because of a missed home care visit, the provider took action to ensure the person was safe.

Care workers recorded whether a person had taken their medicines. All staff had training in the safe management of medicines. This meant that if in future a person required more support, care workers were suitably trained to provide that support. The registered manager advised people about safe storage of medicines in their homes.



# Is the service effective?

## Our findings

People who used the service told us they felt that staff had the right skills and knowledge to meet their individual needs. A person told us, "They are very good, excellent in fact." Another person said, "They are very good. In fact they have been brilliant all the way through." Other people's comments included, "They do a very good job" and "They are excellent. I can't speak highly enough of them" A relative told us, "Oh, they are first class. They do everything for them. I feel we are very lucky to have them. I would put my trust and faith in them".

Care workers received training that was relevant and helped equip them with skills and knowledge to carry out their roles. All care workers had induction training that was based on the Care Certificate that was introduced in April 2015. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. New care workers 'shadowed' an experienced care worker for up to two weeks before they provided care and support alone.

The registered manager organised a staff training plan that reflected the needs of the people who used the service and prepared care workers to have the right skills and knowledge. Training also included teaching about medical conditions people lived with. The training included DVDs, on-line training and 'classroom' training, for example on how to move people safely and use equipment such as hoists. Some training focused on the particular needs of individuals who used the service. Care workers we spoke with told us their training equipped them with the right skills and knowledge. A care worker told us, "I really enjoyed my training. That and the support from colleagues and the manager has been really good. It has given me confidence to support people".

The registered manager evaluated the effectiveness of training by monitoring whether care workers put their training into practice. This was done through visits when they supported a care worker as part of a 'double-up' team (where two care workers supported a person at the same time) or when they visited people who used the service and carried out a 'spot-check' of a care worker's practice. New care workers had a 'spot check' after two weeks of working. Every care worker has at least four 'spot check' observations every 12 months.

All care workers were provided with an employee handbook that explained their responsibilities and referred them to the provider's policies. They received support through 'hands-on' support from the registered manager and a senior care worker who acted as a 'field supervisor'. They had one-to-one meetings with the registered manager every three months and an end of year appraisal of their performance. Care workers told us they felt supported through supervision. A care worker said, "I never feel anxious because I feel so well supported."

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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

People who used the service were presumed to have mental capacity to make their own decisions about the care and support they received, unless there were reasons not to. That was the correct position to take, because under the MCA a person must be presumed to have mental capacity unless there is evidence to the contrary. Where a person's mental capacity was not presumed the reasons why that was so were recorded in their care plans. However, this was not in the form of mental capacity assessment forms that were contained in the provider's policy about mental capacity. We discussed this with the registered manager who immediately arranged to schedule assessments of two peoples' mental capacity using the assessment forms.

The registered manager demonstrated understanding of the MCA when we spoke with them. Care workers we spoke with were aware of the MCA. They understood that they could provide care and support to a person using the service only with the person's consent. They told us that if a person decided they did not want all or part of their personal care during a home care visit they explained the benefits of the care so that the person could make an informed decision. If a person decided they did not want support they recorded that in their notes of their visit and reported it to the registered manager.

None of the people using the service had nutritional needs that they required support with. None were assessed as at risk of malnutrition. This meant the support they required was limited to staff preparing meals or supporting people to make their meals. Staff were trained in food hygiene. They knew from information in people's care plans what foods people liked. People were positive in their comments about how they were supported with their eating and drinking. A person told us, "Yes they do my breakfast; I have fruit, bran flakes, toast and tea. They prepare and get my lunch, for that I have sandwiches or soup, it's what I want. That's enough for me at lunch." Other people told us they had the meals they wanted. Staff took care to ensure people had their favourite foods. A person explained, "For tea I have [name or brand] foods which they do in the microwave for me with a pudding as well if I want one." Another person told us that care workers told them when the food supply at home was at a level where they needed to shop. A person told us, "If they spot I am short of things they tell me and likewise I tell them if I see something that needs doing or getting." This showed that staff supported people with their nutritional needs.

Care workers supported people with their health needs. They were able to do that because they had received training about medical conditions people experienced in their daily lives. This meant that they were able to identify signs of changes in a person's health. People told us how they had been supported with their health needs. A person told us, "They won't leave me if I am unwell and have called the doctor." Another person said, "They certainly would and they have done. I had an angina attack and they called 999. They waited until the ambulance came and informed the office and my daughter. They were excellent." People told us they were confident that care workers would support them if they were unwell. Comments about that included, "They are all wonderful, yes they would definitely call for help if I was poorly" and "I have no doubt in my mind that they would. They are all so good."

Care workers also supported people to attend healthcare appointment. We saw the office manager arranging for that to happen during our inspection visit. The service rearranged people's home care visits to accommodate healthcare appointments. This showed that people were supported to access health services when they needed to.

## Is the service caring?

### Our findings

Care workers were able to develop caring relationships with people because they were regularly supported by the same care workers. The registered manager had a practise of matching care workers to people who used the service. For example, if a care worker had the same interests and hobbies as people using the service, they were allocated home care visits to that person.

The combination of having the same care workers with similar interests supported people to forge caring relationships with staff. Comments from people included, "We have a good relationship", "We all get to know each other and nothing is too much trouble for them" and "They are absolutely wonderful! I wouldn't do without them. We are like friends now."

Care workers did things to show to people that they mattered to the service. For example, a relative told us, "Dad was an engineer and so likes building things so they got him a [construction kit]." People told us that care workers were kind and considerate. A person told us, "I am definitely happy. They care, talk with me, make sure I'm okay. My family are really pleased with them knowing they are caring for me when they are not about." Another person said, "They are excellent. They are all extremely pleasant."

It mattered to people that they received home care visits at times they wanted. The provider strove to ensure that home care visits were at times people expected and they informed people if care workers were delayed by more than 15 minutes. Every person we spoke with told us that they were always informed if a care worker was delayed. A person told us, "They are usually on time. It can vary if they have been held up but they do let me know."

People told us that care workers cared for their well-being and did not rush their care. That was so even when a care worker arrived later than planned. A person told us, "They are sometimes pushed for time but it doesn't worry them and I always get my full half hour." Another person said, "They always stay the full half hour each time they come. We have a nice chat and they never rush me." A relative told us, "They never rush him and if finished doing what they need to early, they always stay for a chat. We have a good laugh with them." This showed that care workers were focused on the needs of the person they were supporting but also cared about their next call because they let the office know they were running late. In those situations staff in the office telephone people to advise them of a delay or they arranged for another care worker to make a home care visit.

People who used the service were involved in decisions about their care and support. For example, people decided the times of their home care visits, which care workers they wanted to support them and the gender of the care worker. A person told us, "I always have girls and am very happy with them." A person who sometimes preferred a male care worker but mostly preferred female care workers had their preferences met.

People who told us they chose not to be involved in discussions about their care plan told us that their relatives were involved on their behalf. A relative told us they discussed a care plan with the registered

manager. We found that people who used the service and relatives were as involved as they wanted to be.

People had access to information about their care and support because they had a care plan in their home. This meant they had access to information about their care and support. People also had a 'service user guide' that included information about the service, details of the complaints procedure and who to contact at the service, the local authority or CQC if they had any concerns.

People who wanted to be informed about which care workers would be visiting them were sent details. This ensured that people knew which care workers to expect. A person told us, "They give me a list every week of who is coming. They are a fantastic group."

Care workers respected people's dignity and privacy when they provided care and support. People we spoke with were unanimous in telling us that they were treated with dignity and respect. One comment summed up what everyone told us, "They most certainly do. I have no issues at all surrounding that." Every person we spoke with told us they were treated with respect. A person told us, "Certainly I am. The ladies are so respectful with me." People's comments to us were consistent with feedback they gave to the provider in a satisfaction survey that was carried out in March 2016.

## Is the service responsive?

### Our findings

Every person we spoke with told us that they were pleased with the care and support they received. A person told us, "They don't rush and are very attentive to my needs." Every person told us that care workers did not rush their care and that they stayed with people for the scheduled period of a home care visit." Other people told us, "They don't rush and I always have my full half hour call" and "Yes they always give me my full time and they don't rush me at all."

People also told us that care workers completed all the care routines they expected, sometimes did more, and they emphasised that care workers did this with care and understanding. A person told us, "Very happy. I have the four calls a day and they are so caring when hoisting me in and out of bed and lifting me out of my chair. I have no complaints at all." Two other people said, "They even clean my floors for me not to mention doing the washing!" and "I am very happy with them. They do care and make my bed and tidy up. I'm very pleased."

People's comments were consistent with what people said about the service in response to a satisfaction survey the provider carried out in March 2016. This showed that people were consistently satisfied with the quality of the care and support they experienced.

People experienced care that was centred in their needs because they were supported by care workers who understood the needs and preferences. Where care workers shared the same interests and hobbies as people the registered manager 'matched' care workers to people. An outcome of this was that care workers and people they supported had meaningful conversations that people enjoyed. People told us about this. Comments from people included, "Yes they are very kind and supportive. We have a good chat together"; "Oh yes they always listen to me and we have a good chat"; "I do like to talk. We always have a good natter and laugh" and "They take their time and sometimes stay longer when they can for a chat." By supporting people this way, care workers sought to provide people with social interaction which reduced any sense people had of social isolation.

Care workers supported people with their hobbies. A relative gave an example of how supported people with their interests. They told us, "Dad was an engineer and so likes building things. The staff got him a [brand name] construction set." Relatives told us they were pleased with the support care workers provided at home care visits. One told us, "They help all they can and do whatever they ask of them. They are really good with them."

People who used the service or their relatives contributed to the assessment of their needs. Before people began to use the service the registered manager or a senior care worker visited a person to carry out an assessment of their needs. The registered manager or senior care worker then carried a visit after two weeks, then again after four and eight weeks to review the person's care. After that, people's care plans were reviewed every three months.

People received care and support that was centred on their needs and preferences. Care plans we looked at

contained evidence that people contributed to the assessments of their needs. The care plans included details about the care and support people wanted. The plans included instructions for care workers about how to support people. Care workers we spoke with told us that they read people's care plans before they carried out care routines.

Care workers made written records of their home visits at the end of each visit. We looked at four people's notes. We found that the notes were informative because they recorded how people had been supported with the care routines in their care plans. The notes provided assurance that care workers supported people in line with their care plans, and sometimes did more. Those records and what people and relatives told us about the care and support provided were entirely compatible and together provided evidence about the quality of care people experienced.

People who used the service knew how they could make a complaint about the service. Information about how to complaint was included in their care plan that every person had in their home. People told us that they had no reason to have made a complaint, but they were confident about contacting the registered manager or staff in the office if they wanted to. When people raised a concern or made a request about the delivery of their care they were listened to and their concerns were acted upon. A person told us, "There was a time ages ago when I phoned [registered manager] about a carer who I thought was rude and they replaced her. It wasn't an official complaint as such, I just phoned and they sorted it out immediately."

Relatives of two people who used the service told us, "No, I have no complaints about the service" and "No none at all. I have full trust in them."

The provider's complaints procedure stated that people's complaints and concerns would be used as an opportunity to identify areas of the service that required improvement. The procedure also referred people to organisations they could approach if they felt their complaint was not satisfactorily dealt with, for example the local government ombudsman and CQC.

# Is the service well-led?

## Our findings

The service was led by the registered manager and the 'management team' of a senior care worker and office manager. They supported care workers to provide people who used the service with the care they wanted and needed. People who used the service and their relatives knew who the registered manager was and they knew the names of office staff and care workers.

People told us their views were sought. This was when their needs were first assessed, at reviews of their care plans, when the registered manager or senior care worker visited to carry out 'spot checks' and through an annual survey. The registered manager acted on people's feedback, for example changing which care workers supported a person or changing the times of home care visits.

All care workers had a 'staff handbook' which set out the standards expected of them. The registered manager or a senior care worker supported care workers to maintain those standards through at least four 'practice observations' a year, working alongside care workers, supervision meetings and regular staff meetings. Staff and supervision meetings were used to provide feedback to staff about their performance and the latest needs of the people who used the service.

People's needs were very well known to the registered manager, office manager and senior care worker. This was important because they planned staff rotas and discussed which care workers were most suited to support individuals. People told us they were very pleased with their care workers. A person who compared their care workers to those they experienced when they used another service told us, "They are the best on the market. I've had a few before them and they were awful." A person who had used the service since it started told us, "Well I've been with them a few years now and no complaints." Another person said, "I would not swap them.."

The service had an open and transparent culture, with clear values and vision for the future. This was communicated through policies and procedures, training, supervision meetings, staff meetings and daily dialogue with the registered manager. A care worker told us, "The manager has an open door policy. I know I can go to them at any time if I have a concern about any person we support." People who used the service and their relatives were confident that they could raise any concerns they had without hesitation. A relative told us, "I have full trust in them."

Staff knew that they were able to raise concerns through a whistle blowing policy or directly with the local authority social services or CQC. They told us that if they had concerns they would raise them directly with the registered manager because they had confidence in them.

The provider had effective arrangements for monitoring the quality of the service. This included seeking the views of people who used the service, their relatives and staff. Care plans were reviewed monthly. The registered manager checked care workers daily logs every month for evidence that they had provided care and support in line with people's care plans. They checked records that people were supported with their medicines. The provider had a system for monitoring in 'real time' whether care workers made home care

visits at planned times and whether they stayed for the scheduled period. The results of the monitoring showed that home care visits were made at times people expected and that care workers stayed with people for the time they paid for. This was confirmed by what people told us when we spoke to them a few days before our inspection visit.

The registered manager and management team had reviewed arrangements for seeking people's views through an annual survey. A new survey based on the fundamental standards of care that we inspect was going to be used from the end of March 2017.

The registered manager understood their legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the CQC of serious incidents involving people using the service.