Ms Deborah Ann Harrison

Kingfisher Care Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Kingfisher Care Service is a domiciliary care service that provides personal care and support to people living in their own homes. There were 42 people receiving personal care at the time of the inspection.

Not everyone who uses the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
Peoples risk assessment and management plans were inconsistent. Some required more detailed information. Where incidents were occurring, these were not consistently monitored and learning applied.

People were not receiving support at their preferred times planned times and they were not supported by a consistent staff group. People told us they were not consistently involved in reviewing their care and support.

Systems were in place to monitor the service, however there were some areas of improvement which had not been identified through these systems.

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

People had their needs assessed and plans put in place to meet them. People were safeguarded from the risk of abuse. People were supported to have their medicines administered as prescribed. People were protected from the risk of cross infection.

People were supported to maintain their health. People were supported to eat and drink safely. People were able to make choices and staff were kind to people. People were supported to consider their wishes for at the end of their life.
The provider encouraged partnership working with other agencies and adopted a learning culture. Staff told us they were supported by the provider.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 10/10/2018 and this is the first inspection.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Kingfisher Care Services

Detailed findings

Background to this inspection

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

Inspection team
This inspection was carried out by two inspectors.

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

The service was managed by the provider. This means the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 December 2019 and ended on 13 December 2019. We visited the office location on 11 December 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with ten people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and updates to documentation.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Risk assessments were in place for most areas and care plans included how to manage risks, however, there were no regular checks on peoples risks to see if there had been any changes. For example, where people had plans in place to prevent the risk of pressure areas developing there was no checks to see if the plans were still effective at reducing the risk.

● People told us they felt safe with the staff and risks were managed. One person said, "I have a commode and they make me feel safe why I am using it they offer me reassurance. They move it so no one can trip over it when they come in."

● Staff understood how to manage risks to people's safety. Staff could describe risks associated with people's mental health needs, pressure care, mobility and falls for example.

● Care plans had guidance in for staff on how to keep people safe. Initial assessments of people's risks had been completed and, in some cases, specific risk assessments had been completed for example medicine, bed rails and manual handling risk assessments.

● The provider told us they had been working with the local authority to improve the way risks were managed and would review other risks assessments and monitoring tools to be introduced.

● The provider sent us examples of how risk would be assessed and monitored following the inspection site visit. We will check this at our next inspection.

Staffing and recruitment

● People did not always receive support at the times they preferred and calls were sometimes late, nobody we spoke with had missed a call. One person told us, "They are often not on time, now I understand that things happen, but it seems to be most days. I don't mind them being late, however I think they should let me know. I have rung the office a couple of times and asked them to make sure they do this, they say they will then they are late again."

● People were not consistently told who would be coming to support them. One person told us, "I don't know when my regular carer isn't coming. Another person said, "[Person's name] has regular staff and they never let us down. When they are off we don't know who is coming or at what time." No one rings you and lets you know."

● Staff told us they did have regular calls but this was sometimes changed if staff were off on holiday or sick. However, people told us staff deployment sometimes meant the staff attending calls were not aware of their needs and preferences in advance of the call.

● The provider manager told us they had introduced a system in the last couple of weeks to monitor call arrival times and ensure there were no missed calls. The system alerted the management team when staff

had not clocked into calls within 15 minutes of the planned time.
● The provider said, this would allow them to ring people if the staff were running late. We will check the call times have improved at our next inspection.
● People were supported by safely recruited staff. Staff told us and records confirmed there were checks carried out to ensure new staff were safe to work with vulnerable people.

Learning lessons when things go wrong
● Accidents and incidents were recorded on the electronic system for people's care delivery and an incident form was completed.
● The provider told us all incidents were reviewed by them and we saw incident forms were in place where incidents had occurred. However, there was no documented process to show these reviews had led to learning and change for the service.
● The provider shared some examples of further incident monitoring they would introduce following the inspection site visit. We will check this at our next inspection.

Systems and processes to safeguard people from the risk of abuse
● One person told us, "I feel safe when they are here, they know what they are doing."
● Staff understood their responsibilities to report and raise any concerns about suspected abuse. Staff had been trained to recognise the signs of abuse and could demonstrate how they would report any concerns.
● The provider had reported concerns to the local authority, however we did see one concern had which had been investigated by the provider had not been reported to the local authority. We discussed this with the provider who reported this matter to the local authority for further investigation.

Using medicines safely
● People received support to manage their medicines safely. One person said, "They do the medication and they always make sure [person's name] has it. It is in blister packs so it is quite easy but they always write down, taken tablets. They give it with breakfast and watch them take it, they never leave it with them."
● Staff understood the support people needed with their medicines and could describe the procedures for administering medicines safely. Staff confirmed they had received training and understood the individual guidance for how to support people.
● Medicine administration records showed people had received their medicines and where people had refused medicines this had been discussed with the relevant health professionals. Checks were carried out to ensure people had received their medicines as prescribed.

Preventing and controlling infection
● People were protected from the risk of cross infection. One person told us, "The staff always have gloves with them, I think they must carry them around in the car. They wash their hands before they do my cooking or tablets."
● Staff understood the importance of preventing the risk of cross infection. Staff had been trained in infection control and told us they had access to gloves and aprons.
● The provider confirmed infection control procedures were checked when they carried out spot checks on peoples calls.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff working with other agencies to provide consistent, effective, timely care

- People did not always receive consistent and timely care. Staff attending people's care calls were not always aware of people's needs and preferences. People told us the staff did not consistently understand their needs ahead of attending the call for the first time.
- The provider told us they tried to ensure people were supported by a consistent staff team. The new system for monitoring calls would allow them to monitor if people were having different members of staff supporting them.
- Staff worked in partnership with other agencies to ensure peoples care plans reflected health professional advice and this was followed to ensure people received the care they needed.

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

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

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

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

We checked whether the service was working within the principles of the MCA.

- People were supported in line with the principles of the MCA. The staff understood how to seek consent and demonstrated a knowledge of people's ability to make decisions.
- Where people lacked capacity to make decisions staff were able to share who decisions had been made in their best interests.
- However, the provider told us they did not record the individual mental capacity assessment and the best interest decision was recorded within the relevant care plan. The provider told us they would make changes to how this was recorded.

We recommend the provider consider current guidance on recording mental capacity assessments and best interest decisions to update their practice.

Staff support: induction, training, skills and experience
● People were supported by staff that had been trained.
● Staff told us they received an induction which included office-based training and shadowing. One staff member said, "The care certificate training really helped me to learn about the role." The care certificate is an agreed set of standards that define the knowledge, skills and behaviours of staff working in health and social care.
● Records showed staff received an induction into their role and regular updates to training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had their needs assessed and plans were put in place to meet them. One person told us, "When I first started having the service come in all the family sat down with them and went through everything. I was involved with everything to start with, I read the paperwork and I had to agree to it, which I did."
● Staff told us the initial assessment and care plan guided them in how to support people effectively. We saw people's care plans identified the care they needed and gave specific guidance to staff on how to keep people safe and provide effective care.
● The provider had introduced an electronic assessment and care planning system. This had recently gone live and there was plans in place to continue to develop the system including making some of the care plans more person centred.
● Oral health care needs were assessed and details of the support people needed to maintain good oral health care was included in peoples care plans.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to maintain a balanced diet and were given choices about meals and drinks. One person told us, "The staff do me a snack when they come, one of the staff will shout what I have in the fridge or the cupboards. I usually have a sandwich and a small snack."
● Where people had risks associated with their food and drink these had been clearly documented and there was guidance in place for staff. There was engagement with other health professionals to ensure people were supported safely.
● Staff had a good knowledge of people's needs and told us how they ensured people had enough to eat and drink and had choices during their visits.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to access health care professionals where required and had support to maintain their health and wellbeing. One person told us, "If I feel a bit under the weather they will ask if I want them to ring a GP, I say leave it to the hubby. They will leave him a note in case I forget to mention it."
● Staff understood people's health needs and could give examples of where they had sought advice from health professionals.
● Care plans showed where required, support had been sought from health professionals. For example, the Speech and Language Therapy Team were involved with one person and had provide staff with interim guidance whilst they carried out assessments.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported and involved in their care.

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

- People were not consistently involved in their care and support. People told us they were not involved in reviewing their care plans and were not asked for their views of the service.
- Staff told us people were given choices about how their care was delivered. People confirmed they had choices during their care calls. One person told us, "I like to tell them what I want on, depends what I am doing and if I have any visitors coming around. They know I like to look nice."
- Care plans showed people had been involved in their assessments and there were individual documented choices about how they wanted to receive their support.

Respecting and promoting people's privacy, dignity and independence

- People were not consistently supported at their preferred times. One relative told us, "We were asked when we started what time we wanted the call and we told them, but they haven't stuck to it." The relative went on to explain call times were not spaced evenly which often meant their relative was having tea only three hours after lunch and the morning call was over an hour later than they had originally requested.
- Inconsistent call times impacted on people's independence as they could not be sure when staff would arrive to support them.
- Staff were aware of the importance of maintaining people's independence and could demonstrate how they supported people to achieve the maximum independence. For example, describing how they maintained privacy whilst supporting people with personal care.
- People were treated with respect and their privacy was protected. One person told us, "The staff give me a shout when they arrive before they come in, which I think is really nice. They don't just walk straight in my home, it's very respectful." Another person told us, "They keep the curtains shut until I am fully dressed and give me 10 minutes privacy on the toilet, which I think is lovely."
- Care plans showed people were supported to do things for themselves where they were able and guided staff to encourage independence. For example, detailed descriptions of how people could manage aspects of their personal care were included.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked the staff and they were treated well and with respect. One person told us, "I'm happy with the staff they are all lovely. I have four calls a day, so I have lots of different staff come so there is always a familiar face." One relative told us, "The staff who do come are lovely, they make sure [person's name] uses their frame as sometimes they forget. They all have a giggle and a laugh, and [person's name] enjoys their company."

● Staff told us they had time to get to know people and had built relationships. Staff spoke about people with respect and could demonstrate an understanding of their individual needs.
● The provider told us people's protected characteristics were considered and shared an example with us following the inspection. We saw this included information about people's spiritual needs, sexuality and relationships which were important to them.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans had been reviewed, however people told us they had not been involved in the reviews. One person told us, "When we first started they came out and did an assessment all the family were involved. We haven't been involved with anything since."
- People received care which was person centred and took account of their preferences. People told us this had been discussed in detail with them and they had developed plans which documented their preferences.

- Staff could describe people's preferences for their care and support. For example, one staff member could describe in detail how people were supported in the morning. We could see a detailed description of what people preferred was included in care plans, for example details about preferences for personal care.

Meeting people's communication needs

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

- Care plans gave guidance to staff on how to communicate with people. For example, the support people needed with their vision and hearing was clearly documented. However, some aspects of communication need and guidance required improvement. Staff understood peoples verbal and written communication needs but these were not consistently recorded.
- People had their communication needs assessed and plans were in place to meet them.
- Staff could tell us how they supported people with different communication needs for example, where people had difficulty in making themselves understood staff described how they used gestures and had got to know people sufficiently to know what they needed.

Improving care quality in response to complaints or concerns

- People were not consistently aware of the complaint's procedure. One person told us, "I don't think I have seen a complaint procedure they might have given it to me at the beginning but I would have to check. I would just tell the care staff if I was not happy."
- We saw complaints had been made and the provider was able to provide information about how these had been responded to.
- Records of the outcome of the complaints and actions taken were not accessible during the site visit, the provider was able to share these with us after the inspection site visit however record keeping of responses to complaints, actions taken and how learning had been adopted required some improvement. We will

check this at our next inspection.

End of life care and support

- There was nobody receiving end of life care at the time of the inspection.
- Peoples future wishes were discussed with them as part of their assessment. This included considering people who were important, where people wanted to be supported at the end of their life, pain management and individual preferences.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People did not always feel the service was open and inclusive. One person told us they had to ask several times to gain access to the electronic records of care delivery and this had been delayed. A relative told us, "Communication with the office is an issue, they never ring you back and you have to continually chase them."
- Staff told us they felt able to seek advice from the management team and felt supported.
- The provider told us they were involved in delivering people's care and this helped them to provide opportunities for people to speak with them about their care delivery. The provider gave examples of how issues had been identified and action taken following attending peoples care calls.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood and acted on the duty of candour. We saw the provider had systems in place to ensure people were informed when things went wrong.

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

- The provider had systems in place to monitor the service delivery. However, the systems had not fully identified the areas of improvement we found. For example, with people's experience of call times, staff consistency and the communication with the office team and involvement in reviews.
- Improvements were also needed to some care records; the provider was aware of this and was part way through making improvements to people's care assessments and plans using the electronic system.
- The providers governance systems were not consistently identifying areas for improvement. For example, with recording MCA assessments, monitoring complaint responses and ensuring staff were on time and consistently providing people's care calls.
- The provider shared examples of additional work they completed following the inspection such as changes to how incidents would be monitored and updates to the initial assessment and risk assessments.
- The provider understood their legal responsibilities for submitting notifications. However, we found three incidents had not been notified to CQC. The provider told us this was an oversight and these were submitted the day after the inspection site visit.

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

characteristics

● People told us they had not experienced any surveys or involvement in the service. One person told us, "I don't think I have ever been asked for any feedback. No nothing has come through the post. I can't recall any surveys or anything like that."

● The provider told us they had systems in place to seek people's views regarding the service. They told us they used a system of surveys but these were not completed so they supplemented this with conversations. The provider gave an example of feedback which had been acted on, the person's care plan had been updated and they had been advised of the response.

● Staff told us they were able to share their views about the service with the provider and they felt listened to. Staff could give examples of how things had changed following feedback for example, with call times and durations.

Continuous learning and improving care

● The provider learned from feedback and used this to improve the service. For example, they had received feedback from the local authority about the service and could demonstrate progress in making improvements with areas such as assessments and care planning.

● The provider told us they accessed resources from national sources such as skills for care to help them with designing how the service should run.

● Feedback given at the inspection was received openly and the provider updated us following the inspection about immediate changes they had made. For example, they had introduced a behaviour monitoring form and re-positioning chart.

Working in partnership with others

● There was evidence in people's care plans that the provider worked in partnership with other health professionals.

● Staff could tell us which health professionals were involved in people's care and how advice given was incorporated into people's care plans.