

Kingsley Home Care Services Limited

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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

About the service

Kingsley Home Care Services Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection the service provided personal care and support to four people. They provided companionship visits to another three people.

People's experience of using this service and what we found

The service had been registered since July 2020 but following COVID 19 a number of people cancelled their care and the service was dormant for a while. It has only recently become established. The previous manager had left, and a new manager was appointed at the beginning of February 2022.

People were positive about their experiences of the agency and said it was both reliable and person-centred. People had confidence with the care staff, but one relative told us there had been regular staff turnover. Their family member had three different care staff in the last six months as staff had left, but emphasised they had all been very good. Two care packages could not continue to be fulfilled and were handed back to the Local Authority due to staffing shortages. This had a negative impact on the people requiring care, but the service had done all it could to help ensure alternative care was found and people were not left without care.

Staff spoken with were confident about the service they were providing and said the induction, training and care practices particularly around infection control were very good. The head of care told us they were expanding the service slowly, and carefully assessing any new referrals to ensure they had the right staffing in place and staff with the right competencies.

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 supported this practice.

The manager and head of care regularly sought feedback from people and their relatives about the care delivered so this could be adapted where necessary.

There were clear processes in place to escalate concerns and people and staff were confident that things would be effectively resolved. There were systems in place to protect people from harm and abuse and staff understood actions they should take if abuse was identified.

A robust electronic system was in place to plan, monitor and track care calls. The service was well planned and well delivered with no late or missed calls.

Care reviews were taking place regularly to ensure the effectiveness and responsiveness of care and preadmission assessment were robust.

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

Rating at last inspection and update

This service was registered with us on 22 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well-led findings below.

Good ●

Kingsley Home Care Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides the regulated activity of personal care to people living in their own houses and flats.

The service had a manager, but they were not yet registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we wanted to get details of staff and people using the service so we could contact them ahead of the inspection.

Inspection activity started on 7 March 2022 and ended on 9 March 2022.

What we did before the inspection

We reviewed information held about the service including the provider information return completed and returned prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three relatives and one person using the service about their experiences. We spoke with the manager and head of care. We spoke with one member of staff and sent questionnaires to three members of staff. We also spoke with a health care professional. We conducted a virtual inspection and requested documentation including policies, staffing rotas, training records and supervision records. We requested a preadmission assessment and care plan.

After the inspection

We continued to seek clarification from the provider and requested additional evidence.

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 of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- This service was registered in 2020 but growth has been slow due to the impact of COVID-19. Recruiting and retaining staff had been challenging and two care packages had previously needed to be handed back to the local authority. This was due to staff leaving with no notice and in the other case the person needed additional care, and this could not be fulfilled. Since then additional staff had been recruited and one returned. The manager was clear that any additional clients could not be accepted unless they had adequate staffing in place.
- Both the manager and care manager were supernumerary and able to pick up additional shifts. All care has been delivered on time with no missed calls since people had started using the service from September 2021.
- People and their relatives told us they were happy with the care staff and one person told us, "The service had been 100 % reliable." They told us they got their rotas so knew who to expect and new care staff completed shadow shifts until confident to work alone.
- Staff told us the work was well organised and they knew what was expected of them.
- Robust recruitment processes were in place to help ensure staff employed were suitable for their role.

Assessing risk, safety monitoring and management: Lessons learnt

- Risks to people's health and safety were assessed before care was delivered. A person told us a comprehensive assessment was carried out and they were confident that staff were competent and knowledgeable to safely meet their needs.
- The management team had regular contact with people and assessed risks in an ongoing way.
- At the time of this inspection no incidents or accidents had occurred but there were clear processes for recording them and escalating them for review.
- Staff understood their responsibilities to record and report incidents and accidents. There were processes in place to ensure lessons were learnt to reduce the further likelihood of another incident

Using medicines safely

- Staff received training to ensure they could administer people's medicines safely and there were processes in place to assess staff's competencies. At the time of our inspection no one using the service was being supported with their medicines.
- The agency said they would be able to assist with administering medicines if they were in the original packaging or could prompt medication if was in a pharmacy prepared dosset box.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe and trusted care staff. Staff were well trained and able to recognise what constituted abuse and actions they should take to safeguard people.
- The manager and head of care understood their safeguarding responsibilities and were able to explain how they were dealing with a recent concern in conjunction with the local authority safeguarding team.

Preventing and controlling infection

- People using the service were protected from the risk of cross contamination and infection because the service had implemented good infection control practices.
- We spoke with people using the service and relatives and they all told us care staff wore gloves, aprons and masks and had a strict uniform code.
- Staff had regular infection control training and up to date guidance to follow. Induction, training and spot checks on staff helped to ensure staff were following procedures.
- Staff completed daily lateral flow tests which helped to identify staff who may be carrying the COVID-19 virus and could unknowingly be spreading it.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments were used as an effective tool to assess and review people's needs.
- Care plans and risk assessments helped ensure continuity of care and these were person-centred and took into account people's needs and preferences.
- People told us they were aware of their care plans and had been asked for their input when they were created. They told us they had planned care which was provided consistently and was appropriate to their needs.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction and training to ensure they were confident and competent to meet people's needs.
- A staff member told us, "I've progressed through the training, my confidence has built, and I am now progressing to doing solo calls with clients I feel adequately trained and confident in my skills."
- People using the service and their relatives said they were confident in their experiences so far and had found all staff well trained. They said staff were paired up with more experienced staff until they were confident to work independently.
- Kingsley Home Care Services Limited had their own comprehensive staff induction programme which staff completed. Staff then had the opportunity to complete the care certificate if they had no formal qualifications in care. This is a standardised induction framework devised by the Health Education England, Skills for Care and Skills for Health.
- Staff were supported by a competent manager and head of care and a comprehensive range of training was available.
- Staff were supported through face to face supervision, annual appraisal, spot checks and given the opportunity to meet regularly to discuss their workload and practices and receive updates.
- Staff told us the management team were accessible and they could pop into the office to have a chat. The office was central and accessible to people using the service and their relatives.

Supporting people to eat and drink enough to maintain a balanced diet: Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Assessments established the needs and risks for people, and care plans documented how that care should be provided. Where it was part of the agreed package of care, people were supported to eat and drink, and/or have help with meal preparation.

- Resources and training were available to staff to help ensure they had the knowledge and competencies to meet people's individual health care needs. For example, staff told us they were accessing training on Parkinson's disease and there was a specific care plan for this where needed.
- During the initial care assessment and subsequent review of people's care any unmet need identified and any risks identified were flagged to other health or social care agencies where appropriate. For example, a recent referral had been made to the speech and language therapy department.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law 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.

- There were processes in place including policies and training to help ensure staff understood the legal requirements of the MCA. The manager was clear that if best interest decisions were required this would be with the involvement and consensus of the person and other parties both professionals and family with appropriate powers. A family member with power of attorney, (POA) told us they were involved and consulted about best interest decisions.
- People told us that staff gave them choices, respected their decisions and requests, which were recorded and reviewed. This helped ensure people received consistent care and their consent was sought. Care arrangements were reviewed in an ongoing way.

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 [Good]. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their families were treated well and in line with their needs and preferences.
- People gave positive feedback about their experiences of this care agency. One person told us, "Care staff are very encouraging and patient. Nothing can be improved upon. We have everything we need."
- A staff member told us, "Care should always be provided in a person-centred way, following the care plan to ensure the right level of care is given in line with the individual's wishes and preferences. I always treat people how I would like to be treated by putting myself in their shoes. I feel it is very important to maintain and respect dignity at all times."

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

- Care and support was tailored around the needs of individuals and their families. One relative told us that staff had a good understanding of both their needs and had offered to help both of them both where they could.
- Regular management contact with families helped ensure the care was running smoothly and any changes in need identified early.
- Consent was sought before the delivery of care, and people's preferences were documented to help ensure care was person-centred.

Respecting and promoting people's privacy, dignity and independence

- People's care was provided in a dignified way and staff were clear about upholding people's independence.
- A family member told us, "I am happy with the care. I hear the care staff and my relative laughing together and staff treat both of us with respect and uphold their dignity and choice."
- A staff member told us, "I love my job and feel proud to be helping people remain in their own homes with our support." When asked how they would uphold people's dignity they said, "Communicate with the client before each task, treat with respect and dignity and never expose a client during personal care, keep them covered so they are comfortable, warm and feel safe."

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: Meeting people's communication needs

- Care plans were personalised and included the view of the person supported to identify what was important to them and their care preferences. People were asked to provide their history to help staff understand their needs better. The service was inclusive of the whole family's needs.
- Care and support was reviewed in an ongoing way to ensure it was appropriate to people's needs.
- People using the service and their relatives told us the service was flexible and staff would vary their tasks according to what was needed. The service responded to people's changing circumstances and worked closely with families to ensure they were adequately supported.
- Care plans included people's routines and what tasks they could complete themselves and what they needed assistance with.

Improving care quality in response to complaints or concerns

- The service had an established complaints procedure which was accessible. One complaint had been received which was still being addressed within the timescale of 28 days but had been acknowledged both in writing and in person. The service shared with us compliments that had been received about the service provided.

End of life care and support

- Links had been made with the local hospice and training was available when needed to help staff support people and their families when the person was approaching the end of their life. Joint working with other agencies and hospice care could be provided.
- People were asked if there was a Do Not Attempt Pulmonary Resuscitation, (DNAPR) and this was recorded in the plan of care.
- The manager told us a separate pre-assessment form would be used if a person was receiving end of life care and a specific plan would be put in place and regularly reviewed. This ensured staff were aware of the person's needs and wishes and could support people to have a dignified death.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was good communication across the service and people told us they were confident with the service provided.
- Staff felt able to approach members of the management and they met regularly to discuss any work or personal related issues.
- A positive attitude was displayed by care staff spoken with. A staff member told us person-centred care meant, "ensuring it is tailored directly to their needs and is personalised specifically to them." They said the fundamentals of care were, "Upholding confidentiality, dignity, open communication and independence throughout." People spoken with confirmed staff treated them with respect and care outcomes were agreed.
- A family member described how the care agency supported them as well as their partner and this meant they were able to continue to do things they had once enjoyed.

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

- Effective monitoring systems had been developed to assess and review the quality of the service provided. Regular feedback was requested from people using the service, staff, and relatives. This provided the opportunity to put things right and to identify service strengths or where improvements were required.
- There was a clear escalation process to ensure accidents, incidents, safeguarding concerns, complaints and near misses were adequately recorded and cascaded for action and review. To date the service had not had any untoward events but all staff contacted were able to tell us their understanding of their individual responsibilities with these processes.
- The head of care had a good understanding of regulation and was experienced in this field. The manager was newly appointed and not yet registered with CQC. They however felt comfortable and well supported in their role and were described as very organised and approachable and had already had a positive impact on the service. They were aware of their legal responsibilities.

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

- Care plans and assessments gave insightful information about people's needs, preferences and relevant risk history. Care staff were matched to people carefully to ensure staff had the necessary skills and could

provide consistent support.

- Staff were supported by a head of care and manager who were also available to support with the delivery of care. This meant leaders were aware of people's needs and could discuss with them any concerns or improvements necessary.
- Telephone, and/or face to face reviews were held to ensure ongoing satisfaction with the service. Staff spot checks and structured supervision helped to ensure staff were delivering high standards of care and their performance was monitored.

Continuous learning and improving care: Working in partnership with others.

- The service had identified what its priorities were and how they were going to achieve them. They were actively recruiting staff and had additional care packages they were about to start.
- Robust recruitment, training and development of staff was a key priority and the head of care and manager were passionate about people they supported and ensuring they received the highest level of care they could provide.
- Training was delivered in house and sourced externally and was ongoing to help ensure staff had the skills and confidence they needed.
- The manager told us they were well connected in the community and were establishing important links. For example, with specialist dementia nurses and speech and language departments.
- The registered office was located close to three care homes managed by the same provider so were able to share resources and learn from each other. The manager had the opportunity to attend management meetings and have support from other registered managers to aid their ongoing professional development.