Kensington Community Care (Gloucester) Ltd

Kensington Community Care (Gloucester)

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

Overall summary

The inspection took place on 17 and 18 November 2015 and was announced. We gave the provider 48 hours notice of the inspection to ensure that the people we needed to meet with were available.

The agency was providing support to 97 people who lived in their own homes, at the time of the inspection. These people lived in the South Gloucestershire and Bristol area.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were safe with the care staff who were supporting them. Staff were trained to use any moving and handling equipment they needed to use. They had received training to ensure they were aware of safeguarding issues

Summary of findings

and knew how to report any concerns. Staff were recruited following robust recruitment procedures. Risk assessments were undertaken and plans to manage any risks were put in place. Those who needed help with their medicines were looked after by staff who had received training and were competent in the administration of medicines.

People were looked after by the least number of care staff which meant they were able to get to know them. People had good relationships with the staff who were supporting them. People were treated with kindness and respect.

People were involved in the process of deciding what care and support they needed and received the service they expected and had agreed. The service used a call monitoring system in order to ensure people received the service they expected. Staff were knowledgeable about the people they supported. They received the appropriate training and support to enable them to undertake their roles effectively. Where people were assessed as needing support with food and drink, they were provided with the service they needed. People were supported to access health care services as required.

Assessment and care planning processes ensured that each person received the service they needed and met their individual needs. The package of support provided to each person was kept under regular review and amended as and when necessary. People's preferences and choices were respected. People were provided with copies of their plans, knew what service was provided and who was going to support them.

People and staff said the service was well-led and they were encouraged to provide feedback. The quality and safety of the service was regularly monitored and used to make improvements. The service had a plan in place for making improvements and was already implementing some of those changes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and from being looked after by unsuitable staff. Staff recruitment procedures were robust.

Staff had a good awareness of safeguarding issues and their responsibilities to protect people from coming to harm. Risk assessments were completed to ensure people were looked after safely.

There were sufficient care staff available to meet the needs of people.

Where people needed assistance with their medicines the level of support was detailed in the care plan. Staff were competent to support people with their medicines.

Is the service effective?

Good

The service was effective.

People received the service they needed and were included in the decision making process about how the service was provided. Staff were competent in their roles, were well trained and supported to carry out their jobs.

Staff had a sufficient understanding of the Mental Capacity Act (2005). They knew the importance of gaining people's consent before providing a service.

Where appropriate people were provided with the agreed level of support to eat and drink and maintain a balanced diet. People were supported where necessary, to access the health care services they needed.

Is the service caring?

Good

The service was caring.

People were looked after by care staff who were kind and caring and supported them in the way they wanted. They were listened to and their views and opinions were seen as important.

Staff spoke well about the people they were supporting and knew the importance of good working relationships.

Is the service responsive?

Good

The service was responsive.

People were provided with a service that met their individual needs. Assessments and the delivery of the care and support was personalised to each person. All plans were regularly reviewed and the service amended to take account of any changes.

People were encouraged to have a say about the service they received during care plan reviews, via questionnaires or through direct contact with the office. People were provided with a copy of the complaints procedure if they needed to raised concerns.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People and staff said the service was well managed and the management team were all approachable. Feedback from people who used the service was used to make improvements were needed. Learning took place following any accidents, incidents or complaints to prevent reoccurrences.

Kensington Community Care (Gloucester)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We last inspected Kensington Community Care in April 2014. At that time there were no breaches of regulations. The inspection team consisted of one inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We had not asked the service to submit their Provider Information Record (PIR) prior to our visit. The PIR would have given us key information about the service, told us what the service did well and the improvements they planned to make. We sent out survey forms to people using the service prior to our inspection and asked them to rate the service from their experience of receiving support from Kensington Community Care.

We contacted four healthcare and social care professionals before the inspection and asked them to tell us about their experience of working with the staff from Kensington Community Care. They provided us with positive feedback which we have included in the main report.

During the inspection we spoke with the registered manager, the operations manager and seven members of care staff. We visited five people in their own home and met with the relative of one of them.

We looked at five people's care records, seven staff recruitment files and training records, key policies and procedures and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People said, “Everyone is very good to me and I don’t feel at all unsafe”, “I am always spoken to politely and with kindness”, “They use the hoist very competently. I have care staff from other agencies too and they don’t do as well. The Kensington girls are very good” and “I feel completely safe and always know who is going to arrive to assist me”. People who responded via our survey forms commented they agreed or strongly agreed that they felt safe from abuse or harm and that the care staff protected them from any infections.

All staff completed safeguarding training and had to complete a knowledge-check worksheet. They understood their responsibility to safeguard people from harm, what constituted abuse and what their responsibilities were to keep people safe. They knew to report any concerns they had about a person’s safety to the registered manager or the coordinator. There was a senior on call member of staff in the evenings and at weekends that staff could refer to. Staff were aware they could report concerns directly to the police, the local authority safeguarding team or the Care Quality Commission. The registered manager had completed safeguarding training with South Gloucestershire Council and was fully aware of their responsibilities to act if safeguarding issues were raised. The registered manager had raised a number of concerns and taken the appropriate actions to safeguard people.

An enviromental risk assessment was undertaken of each person’s home. This was completed as part of the initial setting up of the service and whenever any changes had occured. These measures ensured the person and the staff supporting them were not placed at any preventable risk. Staff were expected to report any health and safety concerns to the registered manager so that action could be taken to prevent accidents, incidences or near-misses. Staff were clear that any accidents or incidents had to be reported.

Moving and handling risk assessments were completed where people needed to be assisted by the staff. A moving and handling plan was prepared and this set out the equipment to be used and the number of carers required to undertaken the procedures. Staff said the level of detail in the assessments and care plans enabled them to carry out the tasks safely.

The provider had a business continuity plan in place. This set out the arrangements to be followed in the case of loss of the business premises, adverse weather conditions affecting the delivery of the service, large scale absence of the staff team and IT failure. The plan contained contact telephone numbers of key staff members.

Staff records evidenced robust recruitment procedures were followed. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. New recruits did not start working with people until their full disclosure had been received by the service.

People said staff were available to support them and there were no ‘missed calls’. People said visits were not shortened (call clipping) and timekeeping was generally “good” or “fairly good”. One person commented they would like to be informed by the office if the care staff were going to be more than half an hour late. The registered manager did not consider offering a service to new people and new care packages unless there was the staff capacity to meet the person’s needs. The registered manager also took account of any specific staff skills and competencies that were essential in meeting people’s needs. Staff told us they generally worked within a geographical area and supported the same people. This meant that people were supported by the least number of care staff as possible. There was an electronic call monitoring system in place where care staff had to log in and out of calls as they visited people.

People were supported with their medicines where this need had been assessed and recorded on their care plan. The registered manager said people were encouraged to be responsible for their own medicines where possible. Staff received safe medicine administration training and competency checks by senior staff were carried out to ensure medicines were administered safely. Staff we spoke with confirmed that training and competency assessments had been carried out and we saw the records of the competency checks in staff files. Where people needed specialist support with their medicines, the staff received instruction and training from the relevant healthcare professionals. Care staff who had not received this training were not permitted to administer those medicines. Staff

Good

Is the service safe?

completed a medicine administration record after medicines had been given. Because of the measures in place people were protected against the risks associated with medicines.

Good

Is the service effective?

Our findings

People told us, “I have used other agencies and this is by far the best”, “ I get the help that was agreed upon and the manager jiggles things around if I have a hospital appointment I need to attend”, “I would not be able to manage without the support from Kensington” and, “The service I receive is very good and the staff do everything that I need them to”. People who responded via our survey forms agreed or strongly agreed that they received care and support from familiar and consistent care staff and the support they received enabled them to be as independent as possible.

Staff were given sufficient information about the people they visited, knew what care and support they required and what tasks they had to complete. Staff also said if they were to visit a person they had never worked with before they would call in to the office and read the care plan. Those staff we spoke with were knowledgeable about the people they were supporting on a regular basis.

New care staff had an induction training programme to complete when they first started working for the service. The provider was already aware of the need to ensure that the induction training was in line with Care Certificate requirements that were introduced in April 2015. Work had already started with their training provider to implement thses changes. We spoke with one new member of staff who said, “The induction training was very good and gave me a good understanding of what was expected of me”.

Staff received appropriate training. They all had to complete a programme of essential training and a training log was kept for each staff member. New staff completed an induction training programme in order to prepare them to do their job. The provider was already in the process of reviewing the programme in order to ensure it met the requirements of the new Care Certificate. For all staff there was a programme of refresher training. Staff were encouraged to complete diplomas in health and social care at level two or three (formerly called a National Vocational Qualification (NVQ)). The registered manager was in the process of working towards their level five leadership and management award.

Staff said they were well supported and had regular supervision sessions. They also said they were able to call in to the office at any time and that out of hours there was always someone they could call on for help and advice. Staff meetings had not recently been held on a regular basis but the plan was to re-introduce these.

Staff asked people what they wanted done during their visit and gained people’s verbal consent before starting to provide any assistance. The Mental Capacity Act 2005 (MCA) was included in the training programme all staff had to complete. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. People we visited told us they were always asked if they were happy with the support to be provided, particularly where intimate personal care was required.

When a care package was set up for a person the support they required to eat and drink was assessed and agreed as part of their care plan. Staff told us they would report any concerns they had about a person’s food and drink intake to the registered manager.

People were registered with a GP and staff would support them by contacting the surgery if necessary to request a home visit if the person was unwell. People would be supported to attend GP or hospital appointments as required. Where required staff would work alongside other health and social care professionals in order to meet peoples healthcare needs. Examples of this included an occupational therapist for assistance with complex moving and handling procedures and nutrition services.

Good

Is the service caring?

Our findings

People told us, “The staff are so kind and friendly to me”, “I have my regular carers and we get on great. I get on very well with the others too” and, “All the staff are all very helpful and caring and that includes the office staff too. There are some new girls in the office and they know what they are doing which is a real improvement”. One relative we spoke with said, “It was very difficult accepting help and letting staff come in to our home, but Kensington made this easy”. One person posted comments on our website prior to our inspection. They told us, “We receive help from a core team of care staff who fully understand my wife’s needs and provide an excellent level of care to meet her complex needs”. People who responded via our survey forms agreed or strongly agreed that they would recommend this service to another member of their family.

An assessment of the person’s care and support needs was carried out before a service was set up. People were asked what they needed support with and how they wanted to be looked after. For those people whose support was commissioned by the local authority, the specific arrangements for their service were discussed with the person. People were asked by what name they preferred to be called and any other choices and preferences that were important to them.

Staff spoke about the people they were supporting in a caring and respectful manner. They knew them well and what support they needed. They said they treated people with respect and dignity and “looked after them as if they were a family member”. People were provided with care and support based upon their specific needs therefore received a personalised service. The views of people receiving a service were respected and where appropriate family, friends or other representatives were involved in setting up the care arrangements.

The service communicated effectively with each person who used the service. Weekly rota’s were sent to those people who requested to receive one. However, at times these were missed because of operational difficulties. This meant people knew who was going to support them. On the whole people were supported by the same teams of staff. These arrangements were only changed if there was last minute sickness or during holiday periods. People said the office staff were generally good at letting them know what was happening if staff were running late.

Good

Is the service responsive?

Our findings

People received the service they expected and which met their needs. They told us, “There has been a problem with missed calls and shortened calls in the past but not now”, “I know exactly when the care staff should arrive and how long they should stay for and I get all the help I need”, and “The care staff know what I need help with”. One relative said, “I believe there has been a real problem with staff retention and staff recruitment over the summer time, this did not affect us however did make the care staff very stressed as they were fitting in extra calls”. One person posted comments on our website prior to our inspection. They told us, “The management team fully understand our needs and have always provided care cover to meet our needs especially when my wife has been unwell and I need additional support”. People who responded via our survey forms agreed or strongly agreed that they were involved in decision making about their care and support and knew what to do if they were unhappy about the service they received.

One healthcare professional told us the agency looked after a person with complex health needs “very well” and the relative was “very happy with the level of skilled care provided”. A social care professional reported that people for whom they were commissioning a service, requested to be supported by Kensington Community Care.

We looked at a sample of people’s care records in both the office and in their homes. An assessment of the person’s care and support needs had been carried out and a personalised plan of service delivery was made. The care plans were well written and informative and detailed how the planned care was to be provided. A weekly timetable of support clearly evidenced the service being provided. Where people funded their own care they had signed an individual service contract. Prior to the inspection a family member contacted us and said there was no care plan or risk assessments in place in their relatives home but this was not borne out by our findings during the inspection.

All new care packages were reviewed after six weeks to make sure things were going well and then on a six monthly basis thereafter. These measures ensured the service provided continued to be appropriate and meet the person’s needs. Some reviews were carried out more often than this because of changes in the person’s health needs. Staff were expected to report any changes in people’s care, support and health needs to the office and this triggered a review or a call to the appropriate health or social care professional.

People were provided with information about Kensington Community Care and this was kept within their care file in their home. This contained the office contact details and the out of hours contact telephone number along with a copy of the complaints procedure. People told us, “I would ring the office and ask to speak to the manager if I had any concerns. And yes, I am sure they would listen to me”, “I have raised a number of grumbles in the past and things were sorted” and “I have absolutely no complaints about the service I receive. All the staff do their very best”.

The service had logged a number of formal complaints in the previous 12 months and had recorded the action taken in response to each of the complaints. It was evident the complaints had been resolved and dealt with as per their complaints procedure. In the same period of time the service had received many complimentary letters about the service provided. Comments included, “As a family we felt very well supported by the service at what was a very difficult time for us”, “I have nothing but praise for Kensington Community Care” and “The staff were always more than happy to solve any problems they encountered”. The Care Quality Commission have received no complaints about this service.

Good

Is the service well-led?

Our findings

People said, "I think the manager is very good and always gets things sorted", "I have used other care services but they let me down a lot. Kensington seem to be better organised" and "There are some new office staff now and things are running much more smoothly". People who responded via our survey forms agreed or strongly agreed that they knew who to contact to discuss any concerns they may have, they had been provided with information about the service and were asked to say how they felt about the service they received.

Staff said the service was well-led. There were now two care coordinators and two senior care staff in post and they ensured the service provided was as planned. The day to day work was organised and managed by the coordinators and the senior care staff. There was an on-call system for management support and advice out of hours and staff said this worked well. All staff and people who used the service said the registered manager was approachable. Staff said they were able to make suggestions about their work plans and were "listened to". Staff were provided with details about the company's whistle blowing policy and were expected to report any concerns they had, or bad practice they witnessed.

In the last year the regularity of staff meetings had been reduced. This was because of the difficulties with staff retention and staff recruitment. Staff felt these meetings were important but said they could call in to the office at any time. One staff member said it was hard working in isolation from their colleagues and thought communication would be improved if the meetings were re-instated. The registered manager planned to do this now that things had settled. However, feedback from all the staff we spoke with was encouraged.

The registered manager had weekly and monthly reports to submit to the operations manager. On a weekly basis the operations manager was advised of the number of hours support provided to people. On a monthly basis, the registered manager reported on new care packages started and those ended, staff recruitment and staff issues, any complaints received and any safeguarding concerns raised with the local authority. These measures ensured the registered provider was kept informed about how the service was doing. The operations manager visited the office two/three times per week but there was generally daily contact by telephone.

The registered manager audited any accidents and incidents and complaints, and analysed the results for trends. Complaints were categorised in respect of care staff punctuality, non-attendance, staff behaviour, staff appearance and the office staff. This enabled the registered manager and provider to make improvements and prevent reoccurrences.

Survey questionnaires were sent out on a six monthly basis by head office to people using the service. People were asked about the care staff, the support they received and whether they were treated well. There were 20 completed survey forms in the office but they were not dated and the results and comments had not been analysed. The registered manager talked about the difficulty of addressing any negative comments when the surveys were anonymous. Comments that we read on these forms included, "The carers are very professional and caring", "I would strongly recommend this company – staff are very friendly" and "The one time I raised a concern it was dealt with". One person made a suggestion that there be more flexibility around the timing of calls but so far no action had been taken as a result of this comment.

The provider had plans in place to improve communication between the two domiciliary care services they run (this South Gloucestershire/Bristol branch and the Birmingham branch). Regular manager meetings will be introduced in 2016 in order to share good practice and outcomes and also look at lessons learnt where things have not gone well. There were plans for each of the registered managers to undertake quality assurance visits of the other branch office.

The registered manager was aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. In the last 12 months the registered manager had used the notification process to tell us about safeguarding concerns they had raised in respect of people who used the service and a number of people who had died (expected) whilst being supported by care staff.