

Kinver Care Ltd

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Inspection report

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16 January 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kinver Care is a domiciliary care agency who provided personal care to 83 people at the time of the inspection across Kinver and Walsall and supports children, younger adults and older people, some of whom may have a physical disability, a sensory impairment or dementia. Immediately after the inspection, the number of people being supported reduced to 64 as the provider no longer continued to support people in the Kinver area.

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

The management team had experienced significant challenges when scheduling people's care calls as there were not always enough staff available to consistently provide cover. There had been a sudden reduction in numbers of permanent staff in a short period of time, particularly in the Kinver and Wombourne areas which meant people were receiving support from a high number of agency staff. This had resulted in some missed and late calls.

Electronic care plans were in place, however some of the information about people's needs were not detailed in full, or there were some discrepancies in the information recorded. This meant staff did not always have the required information to support people in the most effective way.

Mostly, medicines were managed safely however some medicines were not always recorded accurately in people's care plans. Safeguarding concerns were raised by staff as they had received relevant training and actions had been taken to address the concerns raised. Most people told us they felt safe being supported by Kinver Care.

Mechanisms for auditing were in place, but they needed to be strengthened as they had not identified all of the issues we identified during the inspection.

The provider took action in response to our feedback about the issues we found and did take remedial actions to mitigate the risk of people being exposed to risk or harm.

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.

Systems were in place to ensure good infection prevention and control practice. People received the opportunity to feedback about the care they received. Many members of staff spoke highly of the provider and registered manager and said they felt supported and had no concerns.

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

Rating at last inspection

The last rating for the service under the previous provider at the previous premises was good (published on 29 July 2021).

Why we inspected

We received concerns in relation to staffing and general concerns about the care people received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kinver Care Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The provider had notified us of a change of address and the application for this change is in process.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to ensure the registered manager was available on the day of inspection. We needed to obtain consent from people using the service to contact them.

Inspection activity started on Tuesday 10 January 2023 and ended on Monday 16 January 2023. We visited the location's office on Wednesday 11 January and Monday 16 January 2023.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 3 relatives about their experience of the care provided. We spoke with 13 members of staff including the provider, the registered manager, the nominated individual, care coordinators and care staff.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at 6 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Staffing and recruitment

- There were not always enough staff to meet people's needs.
- An increased number of agency staff were being used in one particular geographical area due to a high and unexpected turnover of permanent staff. This meant some people did not always receive consistent care. The provider was working with the local authority to ensure people's care calls were covered and people were receiving safe and effective support. Staff we spoke with knew about people's support needs.
- Some staff spoken with did not voice concerns about staffing levels. One staff member said, "If sickness happens, it is normally sorted, I've not heard of any problems." Another staff member told us, "It's fine. We have occasionally sickness, other than that no problems. Kinver have always been able to cover."
- The provider had not received some documentation from staff who had been employed with Kinver Care under the previous provider which meant some recruitment files had not been updated. However, staff were subject to recruitment checks such as Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- People's care plans did not always reflect their care needs to help staff provide safe care. For example, where some people had health conditions, information to guide staff to care for those people in the most appropriate way, was missing.
- Some information in risk assessments conflicted with information in care plans. This meant people were at risk of receiving ineffective care and potentially could put people at risk of avoidable harm. We brought these issues to the provider's attention who addressed this with immediate effect, and we were assured no one had come to harm.

Using medicines safely

- Medicines were mostly managed safely.
- Some of the systems used to record administration of medication were not always used consistently and in the right way. For example, the records for a person who required the administration of a transdermal patch every 3 days, had daily entries recorded. This recording error indicated the patch had been applied more frequently than prescribed. The registered manager told us this was a recording error and we saw other documentation in relation to patch administration which provided these assurances.
- Some medication protocols were generic and lacked personalised information about the person and their specific medication. We made the provider aware of these issues and this was rectified with immediate effect.

Learning lessons when things go wrong

- Where recent issues had occurred across a short space of time, largely relating to staffing issues, the provider was completing a full analysis in retrospect to mitigate these issues from happening again in the future.
- The provider analysed themes and trends across the service to learn lessons when things had gone wrong. For example, accidents and incidents were reviewed and actions put in place.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of harm. There had been an increase in recent safeguarding referrals as a direct impact of the staffing issues which were being experienced.
- Some people told us they did feel safe with the care they received from Kinver Care. We received comments such as, "I feel safe. I have a key safe on my door and they [staff] always make sure my door is locked" and "Yes they [staff] always ask if I need anything else whilst they are here and before they leave."
- Staff had received safeguarding training and understood how to report concerns of abuse or harm to protect people. Staff had proactively referred their concerns about the staffing difficulties and the potential impact this was having on people to the relevant authorities.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any 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 Mental Capacity Act (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 found the service was working within the principles of the MCA.
- The provider assured themselves relatives who were actively advocating on people's behalf, had the legal authority to do so.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was not always consistent. Leaders could not always support the delivery of high-quality, person-centred care as leaders had been challenged by a discriminatory culture, which impacted on their ability to provide consistent care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems in place to manage the quality and safety of the service were adequate but needed strengthening to ensure there was full oversight of the service.
- Some audits were completed however, due to some of the inconsistencies in care planning documentation, these audits did not always address the shortfalls found during the inspection.
- The electronic care planning system was not always effectively used by staff and therefore the information inputted onto the system was not always accurate. The provider had already identified the electronic system was not meeting the needs of the service and had made plans to change to an alternative provider.
- The provider and registered manager had taken actions to address the staff shortages. For example, agency staff had been utilised and transport was provided to enable staff to travel between calls. The nominated individual was working with the wider management team to complete a full investigation and analysis about the concerns raised by some staff members and the safeguarding concerns which followed.
- The provider had expressed some staff members had been subject to racial discrimination which had impacted on their ability and desire to continue providing care. The provider was reflecting on how best to take this issue forward with the relevant authorities and bodies to prevent this from happening again in the future.
- The management team were committed to improving practices across the service. The provider said, "We have an open-door approach for staff and communication is centralised, so all managers know what is going on and we all have oversight. Continuous learning means staying on top of changes; learning and improving is an ongoing process. It never stops regardless of the years of experience we have."

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

- The provider spoke passionately about creating a culture at Kinver Care which was a positive, person-centred one, where all staff were able to work inclusively together, and steps had been taken to embed such practice.
- Whilst we received mixed feedback about the management across the two areas where care was delivered, on the whole people spoke positively about the care they received and said the provider was proactive in responding to any concerns. One person said, "They [management] are very helpful. If I have a

problem, they see what they can do to help. A relative told us, "I had a few problems to start with, but I rang the office and it's fine now."

- Staff spoke positively about the support they received. Comments we received included, "I feel supported, they [managers] do not feel like a manager to us, we can discuss anything if there are any problems, I know it will be dealt with", "The provider is lovely; they listen and are helpful. The registered manager is nice, and they listen" and, "Yes, the managers are very supportive." This demonstrated the culture was improving.

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

- Questionnaires and surveys were sent out to people and their relatives throughout the year. The provider said, "We send them out at different intervals throughout the year, so we have constant feedback about how we are doing." Most people and their relatives who we spoke with confirmed they had the opportunity to feedback any thoughts and views about the service and feedback was listened to and used to support improvement and we saw evidence of this.
- We received mixed feedback from staff in relation to how they were consulted for feedback. Some staff told us they were not consulted or when they were, they did not feel their thoughts were valued. In contrast other staff members told us they had regular opportunities to discuss their thoughts and views and told us the management team were receptive to their feedback.
- There were staff incentives in place. For example, staff had previously been awarded certificates of achievement to recognise their hard work.

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 registered manager and provider understood their obligations in meeting the duty of candour. They said, "It's about transparency. We share concerns from all invested parties, and we communicate that without fear or favour. We take accountability and are open and transparent with staff as well as staff need to know about things which need to be improved and when we need to learn lessons."

Working in partnership with others

- The provider and registered manager worked alongside other agencies such as the local authority quality assurance teams and commissioners.
- Where required, the provider worked with other health and social care professionals, such as social workers and district nurses to improve outcomes for people.