

Kingdom Healthcare Services Ltd

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Inspection report

Bedford Heights
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Tel: 01234325948

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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

This inspection took place on 20 January 2017 and was announced.

This was the first comprehensive inspection carried out at Kingdom Healthcare Limited.

Kingdom Healthcare Limited is a recruitment agency providing temporary staff and permanent placements to healthcare establishments. At the time of this inspection they were also providing a domiciliary care service to one person living in their own home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was not available on the day of our inspection but the registered provider was available to assist us with the inspection.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Staff received regular training that provided them with the knowledge and skills to meet people's needs. They were well supported by the registered manager and had regular one to one supervision and annual appraisals.

Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation. Where the service was responsible people were supported by staff to access food and drink of their choice to promote healthy eating. If required, staff supported people to access healthcare services.

People were treated with kindness and compassion by staff; and had established positive and caring relationships with them. People were able to express their views and to be involved in making decisions in relation to their care and support needs. Staff ensured people's privacy and dignity was promoted.

People received care that was responsive to their needs. Their needs were assessed prior to them receiving a service. This ensured the care provided would be appropriate and able to fully meet their needs. People's care plans were updated on a regular basis or when there was a change to their care needs. The service had a complaints procedure to enable people to raise a complaint if the need arose.

There was a culture of openness and transparency at the service. Staff were positive about the management

and leadership and felt well supported. The service had quality assurance systems in place, which were used to good effect and to continuously improve on the quality of the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe

Staff were aware of the different types of abuse and how to report any they witnessed or suspected.

There were risk managements plans in place to protect and promote people's safety.

There was a robust recruitment process in place to ensure that staff were recruited safely and suitable to work at the service.

There were sufficient numbers of suitable staff employed to meet people's needs.

There were systems in place to ensure medicines were managed safely.

Is the service effective?

Good 

The service was effective

People were looked after by staff that were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

If required, staff supported people to eat and drink and to maintain a balanced diet.

Staff supported people to access healthcare services if needed.

Is the service caring?

Good 

The service was caring

People and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in

decisions about their care and support.

Staff ensured people's privacy and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed prior to them receiving a service.

People received care that was personalised and met their assessed needs.

People were provided with information on how to raise a concern or complaint.

Is the service well-led?

Good ●

The service was well-led

The culture at the service was open and transparent.

There was good management and leadership at the service, which inspired staff to provide a quality service.

There were effective quality assurance systems at the service.

Kingdom Healthcare Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.¹

The inspection of Kingdom Healthcare Limited took place on 20 January 2017. We gave the service 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible. The inspection was undertaken by one inspector.

Before the inspection we looked at the information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

During our inspection we undertook telephone calls to the one person using the service and their family member. We spoke with two care workers, the administrative manager and the registered provider.

We reviewed the care records for the person using the service to ensure they were reflective of people's current needs. We also examined three staff files and other records relating to the management of the service including, staff rotas, training records and quality auditing records.

Is the service safe?

Our findings

People using the service were protected from abuse and avoidable harm. The person using the service told us they felt safe when staff were in their home. They said, "Yes the staff are lovely and I feel safe with them." A relative commented, "The carers are very professional and I know [name of relative] is safe with them."

Staff told us they had been provided with safeguarding training. One staff member said, "Yes I have had safeguarding training and I would talk with [name of registered manager] if I was worried about anybody."

Records showed that staff had been provided with safeguarding training and we observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. In addition, we saw there was a whistleblowing policy and a poster in the office that contained the contact numbers of the relevant people that staff could call if they had any concerns.

Risk management plans were in place to promote people's safety and to maintain their independence.

Staff told us how risks to people were assessed to promote their safety and to protect them from harm. They described the processes used to manage identifiable risks to individuals such as, malnutrition, moving and handling, falls and skin integrity. One staff member told us, "[Name of person] is at risk of falling. We have a risk assessment in place, which includes guidance for staff to keep them safe."

We saw that there were individual risk assessments in place with information relating to the level of risk to the person using the service. The assessments were clear and had been reviewed on a regular basis or when the person's needs had changed. Accidents and incidents were recorded and monitored. Records seen had been completed appropriately, in line with the provider's policies. Records showed that the service reviewed all accidents and incidents three monthly to ensure they had been reported and managed appropriately.

There were arrangements in place to ensure safe recruitment practices were followed. We found that staff had been recruited safely into the service. One staff member said, "I had to wait for my employment checks to come back before I could start work."

Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show that staff were suitable to work with vulnerable people.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The person using the service said, "I have never had any problems." A relative commented, "The staffing is very flexible. They turn up when they should and stay for the right length of time."

Staff confirmed that the staffing numbers were adequate; and enabled them to support people safely and told us they did not feel under pressure or rushed when carrying out their roles. One staff member said, "The manager is very flexible and makes sure we are all happy with our working hours."

We looked at the staff duty rota for the current week. The recorded staffing levels were consistent with those as described by the registered provider and the staff we spoke with. At the time of our inspection we judged staffing levels to be sufficient to meet the person's needs.

Systems were in place to manage medicines safely. The person using the service told us that staff helped to remind them to take their medicines. They said, "I don't need much help with my tablets. A little reminding."

Staff told us they had received training in the safe handling and administration of medicines. One said, "I have had training and know how to give people their medicines safely." We saw evidence to confirm that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure.

We looked at a sample of the Medication Administration Record (MAR) sheets and found that they had been fully completed. We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Is the service effective?

Our findings

Staff had the knowledge and skills to carry out their roles and responsibilities.

The person using the service and their relative told us that staff were sufficiently skilled and competent to meet their assessed needs. The relative said, "The carers are very good. They know what to do and how to do it properly."

Staff told us they were well supported when they first started working at the service and had completed an induction. One staff member said, "The training was very good. My induction gave me all the skills I needed to do this job."

We looked at the training records and found that all staff had received induction and regular ongoing training that was appropriate to their roles. We saw evidence that staff were working towards achieving the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

Staff told us they received regular supervision, of their performance. One staff member commented, "I feel supported and have had supervision." Records we looked at confirmed that staff received regular supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005.

Staff told us they had received training on the MCA 2005. We saw evidence of this within the staff training records we examined. Staff told us they always asked people for their consent before assisting them with care and support. One staff member said, "I will always ask [name of person using the service] what I can do and is she happy with that."

People were supported to eat and drink sufficient amounts to maintain a balanced diet. The person using the service told us that staff supported them with their meals if required. They said, "My meals are ready prepared but the carer's heat it up for me."

Staff told us they supported some people with their meals. One staff member said, "I do help [name of person using the service] with her meals."

Peoples care records contained details of their dietary likes or dislikes. Within the care plan we examined we saw that there was information on the person's dietary needs and a nutritional assessment.

People were supported to maintain good health and to access health care services. We were told that relatives organised most of their family member's health care appointments. However, the registered provider told us that if it was needed staff would be available to support people to access healthcare appointments.

Records demonstrate that people's health needs were frequently monitored and discussed with them.

Is the service caring?

Our findings

We were told that staff were kind and compassionate. The person using the service said, "My carers are very kind. We have some good chats. They know about me and I know about them." A relative commented, "The staff know [name of relative] well. We have a consistent staff team and they have built up relationships with [name of relative]."

Staff told us they knew the person they were caring for really well. They felt this was because there was consistency in the staff team. They told us they were able to spend time getting to know them, their likes, dislikes and preferences. One staff member commented, "I know [name of person using the service] well. We have a good rapport and make each laugh."

Staff were able to tell us about the individual needs of the person using the service, including their preferences, personal history and how they wished to be supported. Records confirmed that there was consistency with the staff. This helped to ensure that staff got to know people well and had a good understanding of their needs.

The person using the service and their relative told us they were able to express their views and be involved in making decisions about their care and support. The relative said, "We were all involved from the start. They sent us a copy of the care plan. We made changes to it and then agreed it together."

Staff we spoke with confirmed that people were involved in making decisions about their care and support needs. The registered provider explained, "We completed a full assessment and asked [name of service user] and family what they wanted. Then we typed up the assessment, care plan and risk assessments. We sent it to the family. They made their own changes until it was exactly how they wanted it. Then we all agreed it."

We saw evidence within the care plan we examined that the persons changing needs and wishes were closely monitored on a regular basis. Any changes that were needed were carried out in a timely manner.

The person using the service and their relative felt assured that information about them was treated confidentially and respected by staff. Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "We never gossip or talk about confidential things."

We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Staff understood how to support people with dignity and respect. A relative said, "They are very respectful not just of [name of relative] but of the family also." Staff were able to demonstrate how they ensured that people's privacy and dignity were preserved. One staff member said, "We make sure curtains are drawn, doors are closed and whatever we are doing is what the person wants."

Records contained information for staff about how to provide personal care to the person while maintain their privacy and dignity.

Is the service responsive?

Our findings

The person using the service and their relative told us that the care provided met their needs. The relative said, "My [name of relative] gets the care they need. The care provided is flexible and meets all our needs."

Staff told us that people's needs were fully assessed before care was provided. Staff informed us that the care plan informed them well, they said that they were very clear about what they must and must not do to support the person. One member of staff commented, "The care plan is easy to read and understand." A second staff member said, "I always read the care plan. It's very helpful."

The registered provider told us that prior to receiving a care package people's needs would be assessed. The file we looked at showed that information from the needs assessment was used to inform the care plan. The care plan seen contained information on the different aspects of the person's life and identified how their care needs would be met. It was tailored to the person's diverse needs. We saw evidence that when there was a change to the person's needs the care plan was updated to reflect the change. For example, the person using the service had undergone surgery. The care plan and risk assessments had been changed to ensure the person's current needs could be met.

The care plan was reviewed on a regular basis to ensure the care they received was still relevant to their identified needs. Staff were made aware of any changes to ensure that people received the relevant care and support. Staff told us that communication was good and they would be informed if there were any changes to the persons care.

People's experiences, concerns and complaints were listened to and acted upon. The person using the service said, "I would make a complaint if I wasn't happy." A relative told us, "We have brought concerns to the attention of the manager. They have been dealt with straight away. They do listen."

The registered provider confirmed that no complaints had been received by the service. However procedures and policies were in place to ensure that complaints would be fully investigated.

The person and their relative told us they were regularly asked to provide feedback on the quality of the care provided. A relative told us, "They do ask us if we are happy with the service."

We saw satisfaction surveys in the care plan of the person using the service. These confirmed that they were happy with the service and provided positive feedback.

Is the service well-led?

Our findings

The person using the service and their family member were positive about the care they received. They said, "We have been lucky to find this company. They are flexible and provide good care." They felt they were included in the development of their care package and their views were valued. They said, "Communication is good. We can contact them any time."

Staff told us the management team ensured that the culture at the service was open and transparent and they were positive about the management and leadership of the service. They also told us that the registered manager was approachable and supportive and acted on suggestions made.

Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "I would feel very comfortable talking with anyone in the office." All staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

The service had a registered manager in post. They were not present at the time of the inspection. However the registered provider assisted us throughout the inspection. Relatives were positive about the management of the service. A relative said, "The manager has been very helpful and when we have wanted to make changes she has listened." Staff were also positive about the registered manager. They told us there was good leadership, effective management and they felt valued as a staff member.

The registered provider told us that recruiting staff with the right values helped to ensure people received a quality service. Staff told us that they felt valued and respected by the management team. One staff member said, "They (meaning the management team) treat us with respect. They are supportive and always available if you need advice."

Due to the current size of the service and the number of people they supported, there had been no accidents or incidents reported. However there were internal systems in place to report accidents and incidents. The registered provider was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

There were systems in place to carry out quality control checks as the service developed. The registered provider told us that spot checks were undertaken on a regular basis and records we saw confirmed this. We were told that satisfaction surveys and internal audits to ensure paperwork was up-to-date and the service was operating in accordance with their policies and procedures were being implemented. We saw evidence of care plans being reviewed regularly and there were systems in place to monitor other areas of performance, such as staff supervision and complaints. We also saw evidence that the registered manager had systems in place to carry out regular quality monitoring processes as the service grew in size. Audits relating to medication recording sheets, care plans, accidents and incidents and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action

plans to demonstrate how continuous improvements would be made.