

Knights Home Care Services Ltd

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Inspection report

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22 November 2017

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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

We inspected this service on 21 November 2017. At our last inspection on 2 November 2015 we found the provider was meeting the regulations and we rated the care agency Good. Since our last inspection the service has changed provider, however was still trading under the same name and provides the same service. At this inspection we continued to rate the service as Good.

Knights is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults living in the North Lincolnshire and North Nottingham area. At the time of our inspection 26 people were receiving support. The service provides other support that is not regulated by us including support in the community.

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run.

People felt safe when they received care and staff understood the importance of reporting any concerns. Risk assessments had been completed to ensure people were protected from risks and equipment and guidance was provided to ensure people were supported in line with their assessed needs. When people required support with their medicine, this was completed safely.

Care plans were available in people's homes and any changes had been updated. Any changes had been communicated to the staff and checks had been completed to ensure they received the information before providing care.

There was a system in place to ensure there were sufficient staff to meet people needs. This was reviewed before any new care package was accepted. There were effective pre-employment checks of staff in place and effective supervision to support staff in their role. Staff confirmed they were well supported in their role. The registered manager felt supported by the provider and they had been involved in a range of ways to expand their knowledge. We found staff were trained in a range of areas to enable them to support people's needs.

People who used the service and relatives had confidence in the staff and felt the service made a real difference to them remaining independent and within their own homes. This including staff respecting people's dignity and privacy. We saw that staff obtained people's consent before they supported them and gave them choices in their daily life to enable them to remain as independent as they wished.

People's views had been obtained and used to develop improvements within the service. There had been no complaints; however people felt able to raise any concern's and felt confident they would be addressed.

We saw the registered manager carried out a range of audits to identify areas for improvement to maintain the quality of the service. Developments had been made to consider how to expand the service and use

technology to support the service on offer.

The registered manager had worked in partnership with different agencies and the other locations owned by the provider. They understood their registration with us and had displayed their rating in accordance with our guidance.

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 felt safe and staff understood how to protect people from harm. Risk assessments had been completed in relation to the environment and aspects of care. People received support from regular staff and when they required support with medicines this was done safely. Measures were taken to protect people from the risk of cross infection and the registered manager had systems in place to reflect on situation when things went wrong.

Is the service effective?

Good ●

The service was effective

Staff received training and had an induction programme to support their role. People were given choices and there was an understanding of the need to support people with decision making. People were provided with food they chose and when required had supported people to contact healthcare professionals whenever necessary. Precautions were taken to reduce and risk of infection when providing care.

Is the service caring?

Good ●

The service was caring

People felt they had established good relationships with the staff, who provided support at their pace. They were encouraged to be independent. People's privacy and dignity was respected and their privacy considered.

Is the service responsive?

Good ●

The service was responsive

People's needs had been assessed and information was available and updated to provide staff with guidance. People's changes had been accommodated when their needs changed.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well led

Staff were supported by the registered manager and they in turn received support and guidance from the provider. The provider had effective systems in place to monitor and improve the

quality of the care people received. There were ongoing developments to expand the service and drive improvements through feedback. The manager understood the responsibilities of their registration with us.

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Detailed findings

Background to this inspection

We carried out this inspection visit 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 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.

We gave the service four days' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection site visit activity started on 16 November and ended on 22 November 2017. It included telephone calls to people using the service and relatives, which were carried out by 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. We visited the office location on 21 November 2017 to speak with the registered manager and office staff; and to review care records and policies and procedures.

The inspection was informed by information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring report. The provider had completed a Provider Information Return (PIR), however the company had since been sold, therefore we gave the registered manager the opportunity to share with us their plans with the new provider. A PIR form asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who used the service and six relatives who were contacted by telephone or by email as this was their preferred method of communicating with us.

We also spoke with two care members of care staff, the care coordinator, registered manager and the provider's head of care. We looked at care records for five people who used the service to ensure they

reflected their needs and any guidance in relation to their care or the environment. We also looked at the systems the provider had in place, these included three recruitment records, audits relating to the service, improvements plans and other aspects which were used to drive improvement at the service.

Is the service safe?

Our findings

People and relatives said they felt safe when they received care. One person said, "I trust all my carers and they are all very good." One relative said, "They smile when they are with them, so I know they feel safe." People told us they knew who to contact if they had concerns and had the appropriate details in their care plan folders. Staff had received training in safeguarding and understood the possible signs of abuse and how to raise a concern. One staff member said, "We need to ensure we protect people." We saw how the service had been proactive in raising a safeguard concern in relation to a person who used the service. They then worked with the local authority in relation to the investigation and to provide support to the person. This demonstrated the service was aware of how to raise concerns and to protect people from harm.

Risk assessments had been completed to reflect the environment and the care being provided. For example, when a person had a pet, the impact this could have on safety in the home and any precautions or duties required by staff. Other risk assessments reflected the support people required when they mobilised. One relative told us how the care staff took lots of care when using equipment to help people move safely. By explaining and announcing what they needed to do in plenty of time. They said, "The process could always be slowed down if needed, the staff never rushed them."

The property used as the office base had the appropriate fire safety checks and we saw the provider had a contingency plan for events which could affect the delivery of the service. For example, managing calls in severe weather.

People had regular staff to support them. One person said, "The timekeeping's very good and I've had no issues at all. I don't always know who is coming, but I know them all." A relative said, "The timekeeping is absolutely spot on. They always let me know if there are any issues, so I can inform [name]." New staff members who joined the team were introduced to people in advance of them providing care. One person said, "If a new member of staff starts they do a shadow shift first, so we get to meet them." Staff we spoke with felt there was enough staff. One staff member said, "You can happily say no, there is no pressure. However we all cover extras when we can." Another staff member said, "Everyone is really supportive, it's a good team." We saw that at a weekly meeting the registered manager and head of care discussed the levels of care and the number of staff required to support these needs. There was an ongoing recruitment drive and new packages of care were not accepted unless the service could meet the need.

We saw that checks had been carried out to ensure that the staff who worked at the service were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. We checked records and these confirmed the appropriate checks had been completed.

Some people required support with their medicine. Those we spoke with told us it worked well. One relative said, "We have good communication and their medicine is kept in a locked box." We saw when people required support with their medicine a risk assessments had been completed to identify the level of support required and the storage of the medicines. All the staff had received training to administer medicines. One

staff member told us, "We have a scenario and have to check all the tablets and understand the process." They added, "If you have any concerns you just call the office." All the medicine administration records had been reviewed and no errors had been recorded. This demonstrated there was a safe approach to supporting people with their medicine.

The provider had a suitable approach to protecting people from any risk relating to infection control. For example, all the staff received on line training relating to the importance of using protective equipment and hand washing. People told us, "There are always gloves, aprons etc. all provided by the agency and stored here at the office." Staff we spoke with said, "I have a car full and hand gel too. You can help yourself there is no restriction." We saw this area was reviewed when competencies were completed and any areas of concerns were reflected in the staff members supervision.

The provider had systems in place to ensure improvements were made when errors were identified/things went wrong. For example, when changes occurred these were communicated through a text message. An error had occurred when a staff member had attended a call, which had been cancelled. The registered manager had now introduced a system so staff confirmed they have received and understood the message. Since this had been introduced there have been no further errors.

Is the service effective?

Our findings

Staff were provided with training and guidance to support them in their role. For example, when some people required support with medical equipment, staff had received awareness training. We saw the care plan recorded the importance of the person having plenty of fluids and areas to consider if the person was unwell or the catheter became blocked. Staff we spoke with understood the importance of this and how to raise any concerns identified.

People felt staff were appropriately trained. One person said, "Yes I do. They are all well trained and get regular updates." A relative said, "They keep learning and we can really talk to them." Staff told us they had received training for their role. One person told us they had received training in the use of slide sheets. They said, "It's useful to know how to use them to support people to move around. We also looked at how to encourage people to stand from their chair." All the new staff were required to complete the national care certificate, which sets out common induction standards for social care staff. One staff member said, "I am learning a lot." We saw the registered manager received reports on the stages staff had completed. This enabled them to monitor the staff progress and offer support if needed.

Some people required support with their meals. Those we spoke with indicated that things worked well, with staff ensuring people always had access to fluids before they left the property. We saw some people had charts so staff could record the food they had eaten. The registered manager said, "For one person we do this to support the family in understanding the meals their relative had eaten." Staff told us they supported people with choices of the food on offer and ensured they had a drink or any snacks they wished before leaving them.

People remained responsible for their own health needs; however the service offered support as and when required. For example, one person had returned from a short period of respite care. Their needs had changed which meant they required some additional support from health care professionals. When this was required the registered manager liaised with the relevant service to ensure the person's needs would have been reviewed.

We saw how the provider had worked with other health professionals when people's health deteriorated. For example, one person required a reassessment to support their mobility and we saw the appropriate referrals had been made.

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. We checked whether the service was working within the principles of the MCA. The staff told us that people who used the service had capacity to make decisions about their care and support. One person said, "We've had no issues or concerns and as their needs have changed the service has supported their needs." One relative said, "Sound travels freely from the living room to the music room and I could hear the discussions.

Nothing was done without [name] consent even when they had to be persuasive to get their agreement to something that was clearly necessary." The staff had received training in this area and the registered manager was developing assessments which could be used to understand the support people needed to make certain decisions when they lacked the capacity to do this for themselves. These included best interest assessments which demonstrate how decisions are made and that the appropriate people are involved. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in peoples own home are referred to the court of protection (CoP). At the time of the inspection there had been no applications made to the CoP.

Is the service caring?

Our findings

People felt the staff had a caring attitude. One person said, "I have total confidence in all of them." A relative said, "We have a very good relationship with them all." Another relative said, "I listen with joy to the gales of laughter that float out of the living room. They are beautiful sounds." One staff member said, "The people are lovely, it's a pleasure to assist them." Another staff member said, "I like meeting all the people and hearing all their stories and what they have done in their lives."

People felt those important to them had been involved in the planning of their care and in promoting their independence. One person said, "I would not be able to be at home without them." Another person said, "Yes, by helping me with the things I can't do myself." Staff told us they encouraged people to be as independent as they're able. One staff member said, "We consult people throughout their support and take it at their pace." The registered manager told us a new person who had not received a service before was very anxious when they first started. Since they have received the support they said, "I feel less nervous and the support has made a big difference to my mood. Staff have been taking me a short walks."

All those people and relatives we spoke with felt staff respected their dignity and privacy. One person said, "You can tell they respect us by their attitude." Another person said, "They close the curtains and assist me to the bathroom, but respect my privacy while I am in there." One relative said, "Privacy as you or I would understand can be difficult when you cannot move unaided and require your personal needs to be supported. However, staff are always sensitive in dealing with [name]. I think they use humour a lot to take their mind off what they were had to do." A staff member said, "I always introduce myself and we have a chat to get to know each other as that helps people to feel more relaxed when we help them." Another staff member said, "I always make sure I have plenty of towels which can be strategically placed to support the person's dignity."

Is the service responsive?

Our findings

People were supported to have their needs met effectively by a staff team who knew them. One relative said, "We're very happy with the service. They're lovely. I can't speak highly enough of them. They provide a fantastic service and keep us regularly updated. There's good communication from all of them. They are all exceptional and damn good at the job. I would recommend the service and I have done so several times."

All the people stated the staff arrived on time. One relative, "Timekeeping is superb. There is a ten minute window for the care team to arrive. In the event of their staff being held up by an emergency, the office would contact us. They have always stayed for the contracted time span and they have never a missed call." When people commenced their support a care plan was completed to cover all areas and preferences. Staff told us, "For new people we pop into the office and read the care plan, there is always a copy in the home." People said they had regular reviews and felt involved in all the process. Staff told us they received information when people's needs changed. One staff member said, "You can pick up the phone to the on call if you need support." Staff told us there was an out of hour's service. A staff member said, "You get an immediate response." They gave us an example, when a person's medicine was incorrect and they had to call 'on call'. The staff contacted the GP and they stayed with the person until the situation was resolved. The staff member said, "They were great, they covered my next call so I could stay with the person until the problem was resolved."

The care coordinator told us how they accommodate people's needs for changes. They told us, "We try to arrange 'one off calls' and if someone needs a permanent change we aim to arrange it to meet their preferences, in consultation with them."

People and relatives told us they had information on how to make a complaint. One person said, "I know how to make a complaint, and would feel comfortable doing so." There had been no formal complaints received by the service since our last inspection. We saw several people complimented the service on the support they had received. Some of the comments included, 'We just ask for things to be done and they normally are.' And, 'They try their best to do things I like, for example, making my bed look nice and little things like that.'

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

There was a registered manager in post. People and relatives all told us they would recommend the service to others. One person said, "It's quite a small team and we've build up a good relationship." Another person said, "I would. I would recommend the service as I've got regular carers. They are punctual and do what I ask them to." People also said that the positive service was also reflected in the response they received from the office. One person said, "The office are very hands on and always respond to queries."

People and relatives had been given the opportunity to provide feedback on the care they had received. A survey had been sent to people and the results had been shared with those receiving the service. All the results were positive, comments included were, 'My home is important to me and carers respect that.' And, 'Kind and thoughtful staff and they have been wonderful during a recent bereavement.' The registered manager said, "People's views are important and if there was any concern's we would address them straight away." "We are looking to expand the business, but not at the expense of the quality." They added, "We are developing slowly and making sure we have the correct staff." We saw how the service had developed the interview process to ensure new staff had the values they were looking for. For example, they had developed questions which asked how sickness could impact on the service and how people recognised and supported people's privacy. These had been trialled and the outcome used to develop other aspects in improving the recruitment process.

Staff felt supported by the manager and they had received supervision. One staff member said, "The support here is fabulous." Another staff member said, "They are really supportive, there is no issue with communication." We saw staff had also received team meetings and these had been supported by the head of care.

The registered manager felt supported by the provider. They said, "I am recognised for what I do, it's not one sided." They had weekly support from the head of care, who had developed an improvement plan and ways to support them to take opportunities to develop their skills and knowledge. For example, they had attended the care show. They told us, "Prior to attending we agreed which exhibitions and seminars would be useful and then reflected on what we had seen following our attendance."

The registered manager was involved in the providers meetings which covered their other four locations. They told us, "Its real partnership working. We go through different areas of the service and we all take a lead on some aspects and then feedback." They added, "I have learnt a lot and it feels positive being part of an organisation that can support me and the service." They told us how they had been an observer during a disciplinary process for one of the provider's locations. The head of care said, "This enabled them to review the process without the emotional attachments."

The registered manager carried out a range of audits which they used to reflect on the service. For example, reviewing the medicine administration records to ensure these had been completed correctly. These were reviewed with the head of care. This was an area they planned to develop, so that their monthly meetings included different auditing processes.

We saw how the provider was looking to develop the systems used to support the service and staff. The registered manager and head of care had met with the software developers to look at the differences and changes. For example, a system for staff to log in and out which would provide information relating to their location and the time they spent providing the care.

The registered manager understood their role and had provided us with notifications relating to events which occurred at the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating at the location and on their website.