Kimberley Care Ltd

# Kimberley Care Limited

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service
Kimberley Care is a domiciliary care service which was providing personal care to 19 people at the time of the inspection.
Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
The provider kept people safe by assessing risks and ensuring staff were trained to identify abuse should it happen. Staff were safely recruited and there were sufficient staff to meet the care requirements of people. Medicines were safely managed, and the provider issued staff with PPE to minimise the transfer of infection.

A full assessment of needs took place when peoples care packages began and this was regularly updated as their needs changed. Staff completed an induction and a training package on commencing in post and were supported through supervision and appraisal. Staff supported people with nutrition and the provider signposted people to suitable meal provision. Staff knew the people they cared for well and would alert their GP if they had concerns about their health or wellbeing. The provider was working within the principles of the MCA.

Staff knew people well and had developed positive relationships with people. People were encouraged to participate in their reviews and care planning. Staff supported people to develop their independence, and if possible enabled them to move to less intensive support.

People and their relatives were happy with the flexibility the provider offered with support. Information was provided in the most appropriate way for people and the Accessible Information Standard had been met. People knew how to complain and were happy with outcomes to any concerns they had raised.

We received mixed feedback about people's care calls, sometimes timings were not exact, and people found this impacted on the rest of their day. Reviews were person centred and the approach taken within them was supportive to people's needs. A quality assurance questionnaire was issued annually, and feedback was mostly positive. The provider had positive working relationships with local social care professionals however needed to work on some relationships with healthcare professionals.

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.

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 this service was good (published 27 January 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Good

The service was safe.

Details are in our safe findings below.

**Is the service effective?**

Good

The service was effective.

Details are in our effective findings below.

**Is the service caring?**

Good

The service was caring.

Details are in our caring findings below.

**Is the service responsive?**

Good

The service was responsive.

Details are in our responsive findings below.

**Is the service well-led?**

Good

The service was well-led.

Details are in our well-Led findings below.

# Kimberley Care Limited

**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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector and one 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.
The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 5 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We had planned to inspect on 7 September 2019, but the management team were unavailable. Inspection activity started on 5 September 2019 when we telephoned people and their relatives for feedback and ended on 18 September 2019 when we spoke with some staff members. We visited the office location on 10 September 2019. We also made one home visit to a person when they were having a review of their care plan.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from health and social care professionals. We used all of this information to plan our inspection.

During the inspection
We spoke with 12 people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager who was also the nominated individual, senior care workers, care workers. 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 three people's care records and 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.

Good

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• Staff received training in safeguarding and had a clear idea of what they should report if concerned about someone's wellbeing. Staff were familiar with different types of abuse and signs and symptoms that may indicate someone was at risk of harm.
• The provider alerted local safeguarding teams and social care professionals if there were concerns for a person.
• People told us they felt safe receiving care from the provider. One person told us, "I feel quite safe with the carers, I know when they are due and although sometimes, they are not on time they do turn up. I live in a flat, so they ring the bell downstairs and I let them in." Another person said, "The carers I see do seem professional and well trained because they are very competent at what they do… I have never felt unsafe or unsure". A third person said, "yes I feel quite safe as the carers are all very nice, I give them a list of things to do and they just get on with it."

Assessing risk, safety monitoring and management
• Risks associated with peoples care needs and their home environments were assessed and actions taken to minimise residual risks. Areas assessed included people's nutrition, mobility and the accessibility of people's homes.
• Risk assessments were available to staff and were reviewed at least annually at their care plan review. If additional risks were noted, risk assessments were revisited, and additional mitigating actions put in place.

Staffing and recruitment
• Recruitment was safe. Staff records held all required information including full employment histories, references, checks of their criminal records and evidence of qualifications held.
• There were sufficient staff deployed to meet the needs of people. Both the manager and the director would support with care calls if they were needed due to staff leave or sickness.

Using medicines safely
• Medicines were safely managed. People were supported to self-medicate or had full support from staff.
• Risk assessments were completed to ensure that people who self-medicated retained the skills and understanding to continue to do so.
• The provider collected and checked people's medicines from the pharmacy if needed. When we inspected staff collected one person's medicines and thoroughly checked them as there had previously been pharmacy errors in the contents. Once checked, these were taken to the person's home.

• The provider sought to enable people to become more independent with medicines. One person had needed full support with medicines however was gradually becoming independent. They had recently become responsible for their bedtime dose of medicines. This had been agreed with both health and social care professionals as these medicines would have least impact on the person if missed. Checks to safeguard the person had been put in place and so far, no doses had been missed.
• Medicines were checked by members of the management team when completing spot checks, reviews or care calls in people's homes.

Preventing and controlling infection
• Staff were supplied with suitable personal protective equipment. This included a uniform tunic, gloves, aprons and facemasks.
• Staff received training in infection control at induction and this was refreshed periodically. If spot checks revealed concerns around infection control this would be managed directly with the staff involved.
• Staff also completed training in food hygiene as part of their induction to minimise the risk of harm through unhygienic food preparation.

Learning lessons when things go wrong
• The provider learned from accidents and incidents using information to inform future practice.
• The provider knew people very well and had struggled to get mental health input for one person they believed to be unwell. Following their subsequent admission to hospital the person had returned home and had a new package of care with the provider. Before agreeing the package of care, a detailed plan was made in the event that the person became unwell again to ensure that early input was available from healthcare professionals to minimise the risk of future hospital admissions.
• The local authority undertook regular reviews of the service provided by Kimberley Care. The registered manager told us these were useful and contained constructive criticisms that could be acted upon to improve the service.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed before a care package was agreed. Assessments were holistic, and person centred.
• People's care records showed that relevant areas had been assessed and planned for including for example, health, mental health, mobility and nutritional needs. Each area was well considered and accounted for preferences and choice as well as needs.
• Protected characteristics of the Equality Act 2010 had been considered and, if necessary, planned for. Information such as religion, cultural needs and sexual orientation was sought at the initial assessment if people wished to share this.

Staff support: induction, training, skills and experience
• On commencement in post with Kimberley Care, staff completed an induction. The induction was extensive and provided information on, for example, peoples role, health and safety, record keeping and safeguarding.
• Staff new to care also completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
• Training was mainly in-house, and the director had completed train the trainer courses for many subjects and was very knowledgeable about health and social care.
• We asked staff if they had received suitable training to ready themselves for their work, one staff member told us, "No not enough, as most [of the training] you do in care is on the job training, watching DVD's and answering questions, a session of very basic first aid and basic manual handling." A second staff member thought the training was suitable.
• Staff received supervision and an annual appraisal and spot checks were completed to ensure they were working at an appropriate level.

Supporting people to eat and drink enough to maintain a balanced diet
• Peoples nutritional needs were assessed, and people's preferences were recorded. When people needed support, staff prepared meals for them or they were signposted to other providers who could bring frozen meals or hot meals.
• Staff supported people with special diets. One person had swallowing difficulties and had begun to eat a soft diet. Staff maintained records which detailed what food had been offered, what was eaten and was not

eaten. This was used to inform staff and relatives about what had been a success and what had not been as well received so they could maximise future calorie intake.
• We saw care records showing peoples food and drink preferences in detail, for example, one person liked a 'cup of tea, strong, no sugar, served in a mug'.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• Staff knew people well and if they noted any changes in their health would report to the management team or contact their GP or emergency medical support.
• Plans had been put in place for emergency situations to ensure people who had serious conditions were seen by appropriate healthcare professionals.
• Information had been shared with other professionals such as district nurses and GP's to ensure people received care which was appropriate and met their healthcare requirements.

Ensuring consent to care and treatment in line with law and guidance
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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• The provider was working within the principles of the MCA.
• Care records showed that people's ability to make decisions was considered and assessments completed when necessary. We saw records of capacity assessments and associated best interest decisions when needed.
• Copies of lasting powers of attorney's, (LPA's) were on file if required and consent was sought from either the person or their relevant LPA.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Ensuring people are well treated and supported; respecting equality and diversity
• Staff told us they knew people well and people usually had the same carers supporting them. One staff member had asked to be allocated a certain geographical area which was close to her home and had been able to get to know people very well. They told us, "Yes, I am very happy with one area, I certainly do [know people well]."
• People and their relatives told us they were happy with the care they received. One relative told us, "My [relative] has double up calls and they see approximately a dozen regular carers who seem very good. Because they are regular, they know [relative] and their routine well which helps as they are non-verbal and so can't tell them what needs doing." They went on to say, "They have no pressure concerns and I can't speak highly enough of their carers."
• Another relative told us, "We have three excellent carers which we get for [relative] regularly, one particular carer called [name] is absolutely brilliant, they get mum to do things which we can't."
• A person using the service told us, "I receive four calls a day and it's usually one of about 12 carers who come, they are all very good at what they do… I see them as friends really, I like to see them."
• The provider had a diverse staff group and found this was of use when dealing with people's diversity. At reviews, the provider was asking people if they would prefer to be gender neutral, rather than referred as male or female for example.

Supporting people to express their views and be involved in making decisions about their care
• When possible, and if it did not cause distress, people were involved in discussions about their care. When people did not want to be involved or were unable to be, family members who were involved with the person, social workers, advocates and other professionals would be involved in representing the person's views. In some circumstances, reviews would be held in the providers offices or the local social services offices to minimise upset to the person.
• We observed a care plan review taking place; the person had agreed for us to attend. The person was asked for their views and supported in their decision to reduce their calls by one per day. A social worker and the provider discussed with them the possible impact of this decision and they were given all necessary information to make an informed choice.

Respecting and promoting people's privacy, dignity and independence
• People were supported to maintain and develop their independence. The provider supported some people

who had learning disabilities. They were looking to become more independent and the service had supported them to develop skills and become accustomed to receiving care at home before moving on to less intensive support.

• One person had been supported by staff to learn basic skills. They had not been able to read but staff worked with them. They were now able to look at their bank statements and understand how much they had and what they had spent their money on.

• During personal care, people were supported in a respectful manner which preserved their dignity. Staff told us they would speak with people constantly to say what was happening and to ask if they could complete aspects of their care. Doors would be closed, curtains drawn, and people were covered during personal care activities.

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People were as involved in developing their care plans as they could be. If unable to do so then relatives would be involved if appropriate.
• One relative had chosen to use the provider as they had been flexible to their requirements. They told us, "I chose Kimberley Care for my [person] because they needed double ups. Kimberley were flexible in allowing me to be the second carer which other agencies would not allow." The provider ensured that relatives who acted as the second 'staff member' when hoisting people received appropriate training to do so to minimise risks to them, the person and other staff members.
• Relatives were happy with the flexibility the provider offered and their ability to provide extra support when needed. A relative told us, "My [spouse] and I are on holiday as you call, we needed a break from [person] so we contacted Kimberley [Care] and they bent over backwards to give us extra care and cover our absence… I would give them 9.5 out of 10, that's how good they are."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• The provider had met the Accessible Information Standard.
• People were supported to receive information in their chosen format. People most commonly needed information to be read aloud to them due to having visual impairments however the provider would produce information in larger print and would have information translated as required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People looked forward to their care calls and staff members had developed good relationships with people as they had worked with them for a long time. One person told us, "I get a couple [care workers] who come in to care for me. They asked if they could bring their dog with them. I like dogs and I enjoy seeing them all, it's good therapy… I do know some clients don't want a dog in their house, but I think it's a nice touch." The dog was being taken to the person because staff knew they liked to see it. The dog should not attend homes of people who did not welcome its presence.

• People were also supported to go with staff to complete tasks such as shopping if they wished. One person told us they were not yet ready to go out of the house for long however staff regularly checked if this was still their view and when ready would take them for short, local visits.

Improving care quality in response to complaints or concerns
• People told us they knew what to do should they need to complain about the care they received. One person told us, "I've never had to complain about anything, but yes I would either talk to the carer or to the office." Another person said, "I've been with Kimberley for 3 years and I've never had to make a complaint, if there are small issues I just talk to the carer and it's sorted. I would phone the office if anything serious occurred."
• A relative told us, "I have no complaints although there are little niggles like [person's] hair is untidy, or they are not dressed as [we] might dress them; but they are small things which we leave a note about and they get resolved."
• One relative had made a complaint and told us, "Recently [person] had to go into hospital and was there for longer than originally expected. Kimberley [Care]withdrew their care package without telling us, which made things more difficult. I raised an official letter of complaint and it was resolved quickly with the care package reinstated. [Name], the registered manager and [Name], the managing director are very approachable and that helps. It was a procedural error and I'm sure it won't happen again."

End of life care and support
• The provider supported people at the end of life. When we inspected there was no one receiving end of life care.
• We saw that people had been supported to consider their needs at the end of their life. A social care professional commented, "I have one case of a client who is steadfast in their assertion that they are going to stay and die at home no matter what…. Kimberley [Care] have been amazing, they have supported them with meetings with a local solicitor, sensitively undertook end of life care planning with them, and provided care to them in bed for over a year."

Good

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The management team supported people during care calls and were available for staff to phone if they were unsure of what actions to take in unusual situations.
• People told us they regularly received their weekly staff rotas. One person told us, "We get a weekly sheet detailing who is due and the time of the call and, yes they are reliable." Another person said, "I get a list each week of who is calling, it's put in the folder here, but I don't need to look at it. It's there if I need it."
• Not everyone gave completely positive feedback about scheduled care calls. One person told us, "They seem to know what they are doing; I don't always get my call at the correct time, but I understand why in this day and age." We asked how this impacted their life. They told us, "It hasn't affected me yet. I get a bit anxious if they are overly late, but they do turn up. As long as it's no later than 10am. I'm very lucky, I have no complaints at all."
• A second person told us, "I get a schedule every Thursday telling me who is calling and at what time. All but one of the carers are punctual but one particular [staff member] is always late. I have complained on the phone, but I don't like to pester the office. It impacts on me if I have made any arrangements such as travel."
• The leadership team fostered a person-centred culture within the service. We attended a care plan review with a person, their social worker and the managing director of the service. The person was very much central to the review, both the social worker and managing director put them at ease and addressed them using clear and easy to understand language.
• At the end of the meeting, paperwork including consent forms was updated. We saw the person listen to the forms being read to them and sign just one. We asked the managing director why this was, and she told us that for this person, verbal consent was accepted by the service as they found signing the forms physically very difficult. We had heard their verbal consent to care and support with medicines for example and found the approach by the provider to be one that was supportive of the persons specific needs.

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 provider was open and honest with people and understood their responsibilities under the duty of candour. When things went wrong, the provider informed necessary health and social care professionals as well as speaking with the person and their relatives as necessary.
• People told us they would not hesitate to approach the management team if they had any concerns.

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

• The management team consisted of a managing director and the registered manager. They had clear responsibilities within the service each taking the lead in different aspects of the provision.

• The provider was aware that notifications should be submitted to the Care Quality Commission as needed, however we noted that there were instances when safeguarding alerts had not been notified. This was due to a misunderstanding about whether to notify us of alerts made by the provider or about the provider by others. We clarified the requirement to notify with the provider.

• An annual audit of the quality of care being provided took place. This reviewed current progress against identified areas for improvement and future staff training requirements. The review was thorough however, as it was only completed annually, it was not as responsive as it could have been. The regular checks of MAR's and accidents and incidents were more effective as they were completed monthly.

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

• The provider issued a quality assurance questionnaire annually to obtain views from people and their relatives about the care they received. A report of the 2019 survey results showed that 21 of 27 questionnaires were returned and people were either satisfied or very satisfied with the service.

• Comments received on the quality assurance questionnaires included, 'Staff are lovely they are very caring and help me'. 'I like some staff more than others, but all do a very good job. I don't know what I would do without them all'. 'Staff always ask at each care call what I would like help with and explain any care they are delivering'.

• The staff team regularly accessed the providers offices to collect PPE and told us they spoke with the registered manager or the owner informally on a regular basis in addition to supervision sessions.

• The provider did not hold staff meetings as most staff had other employment or family caring commitments when they were not completing care calls. If they had a social event planned, staff would be invited to attend early, and the provider would hold an informal meeting.

Working in partnership with others

• The provider had very positive working relationships with local social care professionals. We received feedback from two social care professionals. One of them told us, "Kimberley Care are one of our local care providers who we work closely with. They are certainly one of our best agencies. We often look to them to pick up our more complex clients with support work needs because [name], the owner, comes from a health and social care background. They really are fantastic and will go over and above for their clients".

• The second social care professional told us, "I would say from our experience of working with Kimberley Care that they do provide high quality care. They go above and beyond to provide a good service and work particularly well with clients who may be considered complex".

• We asked if there was anything that Kimberley Care did exceptionally well. They told us, "Going the extra mile for their clients. The management [team] ensure that they are familiar with the clients and build a good rapport with their families".

• There was a less positive relationship with the local district nursing team. There had been issues around communication, we saw notes left by nurses on napkins and scraps of paper, and there had been issues that resulted in safeguarding alerts. The provider told us they had informed district nurses of pressure and tissue viability concerns, but there had not been a suitable response and then when district nurses attended to the person they would make a safeguarding alert about the same concern.