

Knights Home Care Services Ltd

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Inspection report

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Date of inspection visit: To Be Confirmed
Date of publication: 16/12/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 2 November 2015. Knights Home Care Services Ltd is a small domiciliary care service which provides personal care and support to people in their own homes. On the day of our inspection twenty people were receiving personal care from the agency.

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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of our inspection the registered manager assisted us with the inspection process.

Staff had received training to ensure they had the knowledge to care for people in a safe manner and were protected whilst receiving care. Staff also understood their responsibilities in protecting people from abuse.

People received support to safely manage their medicines. They also received the support to maintain a good food and fluid intake. Systems were in place to identify risks to people's health and staff were proactive in reporting any health related issues to external health care professionals.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA).

We found the registered provider was aware of this legislation and ensured it would be used correctly to protect people who were not able to make their own decisions about the care they received.

People were treated with kindness and respect and their dignity was promoted. People were encouraged to be involved in the planning and reviewing of their care package to ensure their needs were met. Staff helped people to access the community when requested.

People could make comments on the quality of the service and there were effective systems in place to monitor the quality of the service.

The culture within the agency was open and the registered manager encouraged effective communication with their staff and people who used the service. People felt able to make a complaint and felt any complaints would be taken seriously.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received support to keep them safe in their own home and to manage any risks to their health and safety.

People received the support needed to manage their own medicines.

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

Good



Is the service effective?

The service was effective.

People were cared for by staff who received appropriate training, supervision and professional development.

The registered manager was fully aware of the Mental Capacity Act 2005 (MCA) and appreciated the importance of applying the act when required.

Good



Is the service caring?

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were involved in planning their care and their decisions were respected.

People's privacy and dignity was respected at all times.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs and care plans were regularly reviewed and updated to ensure they remained pertinent to people's individual needs and aspirations.

People knew how to make a complaint and felt able to do so.

Good



Is the service well-led?

The service was well led.

The registered manager had developed an open, positive culture in the agency.

People were asked for their views about the service and there were effective quality monitoring systems in place to check that people's needs were being met.

Good



Knights Home Care 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 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.

This was an announced inspection. We gave the provider 48 hours' notice of the inspection because the service is small and the registered manager or person in charge is often out of the office supporting staff or providing care. We needed to be sure that they would be available to aid the inspection process.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification contains information about important events which the provider is required to send us by law. Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asked them to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with six people who were using the service and one person's relative via telephone, two members of staff and the registered manager. We looked at people's care plans, two staff files as well as records relating to the running of the agency such as staff training records and the agencies service users' satisfaction survey.

Is the service safe?

Our findings

People told us they felt safe when staff were caring for them. One person told us, “I feel that it’s the way they work that makes me feel safe. I really have a lot of confidence in all the staff.” People’s relatives also said their relations’ safety was promoted. Comments included, “It’s good to know that someone is seeing [relation] every day, I know they are safe with all the staff.”

The risks to people’s safety was reduced because they were supported by staff who felt confident they would be able to identify the signs of abuse and knew who to report concerns to, both internally and to external agencies when needed. Staff told us they had attended safeguarding adults training within their induction period. They had also received refresher training on an annual basis and records supported this information. One member of staff told us, “It’s all about looking out for any types of abuse. I have not experienced any abuse but if I did I would speak to the manager straight away. I would document everything and the manager would investigate.” We also found the registered manager was aware of what constituted abuse and understood their role and responsibilities in protecting people by making referrals to the local authority when needed.

Staff told us they were made aware of any risks to people’s health and safety within people’s home environment as they had access to people’s individualised care plans which contained the risk assessments. They told us the assessment process was effective as it provided them with guidance on how to manage the risks, for example when transferring people with the aid of their mobility equipment. One member of staff said, “There is a risk assessment in all the care plans. They identified any potential risks such as tripping hazards or problems associated with people having poor vision. They look at any walking aids required such as frames and sticks to make sure the carers are aware of any concerns about people’s safety.”

We found people were supported by staff who had received appropriate training in the use of specialist mobility equipment to promote people’s safety. We found that the training in the use of the equipment was both theoretically and practically based and was delivered within the agencies designated training facilities within their newly

acquired premises. We also found additional training was provided within people’s homes when necessary to ensure staff were confident and competent in the use of the equipment.

The registered manager told us in their PIR that, “At the enquiry stage I carry out a thorough and effective assessment of service user needs, preferences and associated risks.” Documentation confirmed this information. We found the environmental risk assessments would be effective in ensuring any potential risks could be identified. These could be frayed carpets or problems associated with electrical cabling to ensure remedial strategies could be implemented to minimise the risks to both the person using the agency and staff. We also found the assessment process took into account any equipment to aid people’s mobility to ensure it could be used safely within the home environment.

People told us there were sufficient numbers of suitably qualified staff to meet their individual needs. They also told us that staff were punctual and they remained at their home for the allocated time. One person’s relative said, “They [care staff] always turn up on time and are reliable, sometimes they have finished all their jobs before they are due to go so they sit and chat which [relative] really enjoys.”

We found systems were in place to ensure there was sufficient staff to meet people’s needs. The registered manager told us that at the time of our inspection there were sufficient staff to meet the aims and objectives of the agency but as the demands of the service grew more staff would be employed. The registered manager told us about the systems that were in place to ensure any unforeseen absenteeism could also be covered by members of the staff team at short notice. For example, staff were provided with the opportunity to undertake additional shifts when they wished and if this was not possible a member of the management team would undertake the home visit. This information was confirmed by a member of staff, They told us, “At the present time we have enough staff, if anyone calls in sick there is always someone who will pick up the call it could be the manager or someone from the management team if a carer is not available.” This showed that systems were in place to ensure there was always enough staff available to meet the aims and objectives of the organisation.

The registered manager told us in their PIR, “I ensure all new staff are DBS checked and references are requested.”

Is the service safe?

We looked at the recruitment files of two members of staff. These files had the appropriate records in place which included references, details of previous employment and photographic proof of identity. Criminal record checks had been conducted before staff commenced working at the service independently. This showed the registered manager had followed procedures to make safer recruitment decisions thus reducing the risk of people receiving support from unsuitable staff.

People told us they received the necessary support to safely manage their medicines. One person said, “They help me to take my tablets.” Staff told us, and records

showed that training had been provided in the principles of medicines management. Staff could describe the different levels of support people required with regard to their medicines. The registered manager also told us they performed staff supervision within people’s homes to assure themselves that staff remained competent in this area. This was confirmed by a member of staff who told us, “The manager went through the medicines training with me. Initially I was not really confident but I was provided with more supervision until I felt reassured that I was doing it correctly.” This showed that systems were in place to aid people in taking their prescribed medicines safely.

Is the service effective?

Our findings

People felt that staff were competent and effective in performing their duties. One person told us, “The carers have been amazing,” whilst another person said, “All the staff just get on with things, I feel they are all very competent.”

People could be assured that staff would be effective in performing their roles and responsibilities. Staff told us they felt the training provision was sufficient to meet their needs. One staff member said, “I did all of the on line training at my induction. I also did some shadowing of the more experienced staff until I felt confident to work independently.” Staff also told us they had received additional training since their induction period. This included safeguarding, infection control, food hygiene, health and safety and medicines management.” This showed that the registered manager had ensured the induction process, together with the ongoing training opportunities would be effective in ensuring suitably qualified staff would be available and would be aware of the individual needs of people using the agency.

People were supported by staff who received regular supervision and appraisal of their work from the registered manager. The staff we spoke with told us they felt supported by the registered manager. One member of staff said, “I enjoy my supervisions with the manager. They identify where we need to make improvements but it’s also a confidence booster when we are recognised for doing a good job. We discuss our training needs and discuss topics such as maintaining people’s confidentiality, privacy and dignity.” Another member of staff told us that the supervision process was effective as it allowed them to discuss any areas where they felt they could be more effective. For example they said they had felt they could not ‘get on top’ of their administrative responsibilities and following a discussion with the registered manager their allocated time had been increased to address their concern. We also found the registered manager had undertaken periodic spot checks in people’s homes to observe the practice of staff to ensure people were receiving effective interventions and staff were adhering to the agencies policies and procedures.

People who used the service told us they were always asked to provide their consent before any care was provided. One person told us, “They [care staff] always tell

me what they plan to do and wait for me to answer.” People who use the service and their relatives told us they felt fully involved in formulation of their individualised care plans. One person told us, “I saw the manager whilst I was in hospital and we discussed what I felt I would need when I got back home.” Another person’s relative said, “I am fully involved in [relative]’s care planning but the care staff always ensure [relative] is fully involved which is important.” People also told us a copy of their care plan was made available to them in their homes. This was to ensure that people had access to their plans when required.

People could be assured that staff would follow the principles of the Mental Capacity Act 2005 (MCA) when providing their care. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. Although the service was not providing care to anyone who had been assessed as lacking capacity at the time of the inspection we found the registered manager was fully aware of her responsibilities in this area should they suspect a person’s capacity was diminishing.

People could be assured that they would be provided with assistance, when required, to maintain a healthy nutritional intake. The needs of the people who used the service were recorded in their care plans. These needs could help with shopping and preparing food and people told us they felt sufficiently supported in this area. They also felt that should they request additional support from staff it would be provided. We found staff were able to discuss the dietary needs of the people they were caring for and confirmed information relating to specialist diets was recorded in people’s care plans. One member of staff told us, “We don’t have anyone on a specialist diet now but in the past a person was on kidney dialysis and on a restrictive diet. It was listed in their care plan what they could and could not have. They also had liquid restrictions and that was recorded in their care plans and we had to fill in intake sheets to monitor the fluid intake.” This showed that when required the staff at the agency would be effective in assisting people in maintaining their dietary needs.

People who used the service could be assured that staff would support them with their healthcare needs. A person’s relative also told us they felt confident that, should the health of their relation deteriorate the care staff would respond appropriately. They told us, “I am sure that if the staff had any concerns they would deal with them.”

Is the service effective?

Staff also told us they would be vigilant and ensure people had access to health care professionals when required. One member of staff told us, "If I thought people were ill I would contact the doctor directly, especially in an emergency. I would also contact the office to ensure the manager is aware of what's happening. We also have an on call system for advice when needed in an emergency." The registered manager told us that in most instances people were able to attend routine medical appointments independently, but if

needed the care staff could provide assistance. This information was confirmed by staff who told us, "I help one person on a regular basis to go to the hospital for a check-up." Another member of staff said, "I have taken people to the dentist, someone else to the doctors when they have requested it. Our service is extremely flexible." This showed that the agency was proactive in ensure people had access to health care professionals when required.

Is the service caring?

Our findings

People were highly complementary about the quality of the service they received from the agency and told us all staff were caring and understanding of their individual needs. One person said, “All the staff are very nice and caring,” whilst another person told us, “All the staff are caring and [relative] has made genuine friendships with all the carers and they really look forward to talking to them.”

People told us there was always sufficient time made available for the staff to be able to perform the duties recorded in their care plans. They said the care staff provided interventions in an unrushed way and felt the staff had demonstrated a caring and compassionate manner towards them.

We found staff appreciated the importance of providing a caring service. Comments included, “It’s our job to be caring. I give choice and ensure people’s needs and preferences are followed as not everyone is the same. People are all different some people need more reassurance than others, we have to make sure they are aware that we are at their homes to do their task and provide a service for them. I love my job; I think all the service users are cared for and happy with what we do.”

People could be assured that systems were in place for them to express their views and be involved in making decisions about their care. The registered manager told us that to ensure a caring service was provided by, “Implementing packages of care based on service users’ needs and preferences.” This information was confirmed by

people we spoke with as they confirmed they had contributed to their plans of care and told us they had been consulted about their likes and dislikes and how they preferred to be cared for. People also confirmed that all the care staff and the registered manager communicated well with them to ensure their care needs could be addressed.

People also told us that staff respected their wishes and they always felt they were treated with respect and dignity. One person said, “I feel it’s a very good service, everything is provided for us and its delivered at the right level of care.” People also told us the staff would always promote their privacy by ensuring bedroom curtains and doors were closed when they helping them to wash and dress. One person told us, “Maintaining my privacy is important to me and the staff as well.” A person’s relative also told us they felt the staff provided interactions that were caring and empowering. Comments included, “From what I have seen I believe all the staff are very understanding and considerate.” The agencies recently performed service users’ satisfaction survey showed that 100% of the respondents were satisfied that staff would respect their privacy and dignity.

Staff told us the information in people’s care plans was accurate. They also felt the documentation ensured they had the necessary information to understand the way people wished to be cared for so they could respect people’s routines and preferences.” One member of staff told us, “They (care plans) are accurate; it’s all in there, what we need to do and when. The care plans record each person’s individual needs and we never go to somewhere without knowing what people’s needs are.”

Is the service responsive?

Our findings

The people we spoke with felt they received the support they required in line with their individual needs. One person said, “I would describe the service I get as excellent.” A person’s relation also expressed a great deal of satisfaction with the service they received and told us, “I am more than happy with the quality of the service, the care [relative] has received has been amazing.”

The registered manager told us in their PIR, “We carry out regular care plan reviews. We ensure all care activities and observations are recorded and we ensure that regular monitoring visits are conducted.” This information was confirmed by people spoken with and they also told us they felt the registered manager valued their contribution to the assessment process. Furthermore people also told us they were provided with the opportunity to discuss their care needs with the registered manager on a regular basis to ensure the service remained responsive to their individual needs. One person told us, “If I need anything changing they [the manager] is always at the end of the phone.”

Whilst people told us their scheduled calls were undertaken at their preferred time they also felt the service would be flexible to accommodate changes at short notice. One person told us, “Yes, I feel that if needed they would change my visit time when needed.” This was confirmed by the registered manager who told us, “We would always be flexible if people had appointments.” We also found the agencies recently performed service users satisfaction survey showed that 100% of the respondents were satisfied that the service would be flexible and in tune with their needs.

Staff told us effective communication systems had been established to ensure they were aware of people’s needs. They told us they had access to care plans which they felt were individualised to ensure their interventions were responsive. The registered manager told us in their PIR, “We prepare and implement packages of care based on service users’ needs and preferences and we monitor and review the care provided.” This information was confirmed on the day of our inspection as staff also confirmed they, and people using the service, were involved in a review of their

care plans to ensure they remained up to date. One member of staff told us, “We are involved when a review takes place as we work with people all the time and we know what they like and their preferences.”

Care staff told us that when possible they would support people to pursue their hobbies and interests within their home and the community. For example one person had an interest in model boat building and staff said they appreciated them showing an interest in the subject. Another person enjoyed talking with staff about their interest in horse racing and staff told us they always asked the person if they had had any winners. Another member of staff told us how they supported a person to go shopping to buy clothes for their holiday and said the person really enjoyed the time spent at the shops.

People felt comfortable in highlighting any concerns to the care staff or the registered manager. They were confident that their concerns would be listened to and responded to in an appropriate way. One person told us, “I have confidence that anything would be sorted out if I had a problem.” A person’s relation also felt complaints and concerns would be addressed. They told us, “If I did have any concerns I would call the office and discuss them. I don’t have any concerns at all.”

We found people had been provided with a copy of the organisation’s procedure for making a complaint within a service user guide when they started having intervention from the agency. We also found people who were using the service, or those acting on their behalf could contact the manager via a website should they need to report any issues of concern. We also found the agencies recently performed service users satisfaction survey showed that 100% of the respondents were ‘totally comfortable’ in contacting the office staff with any problems and felt comfortable in making any complaints about the quality of service provision. This showed that systems had been effective in ensuring people could be comfortable if they felt they needed to highlight concerns or complaints.

Records showed the registered manager had received three concerns since the agency was registered in April 2015. We found these had been managed in accordance with the agencies policies and taken seriously. We also found the registered manager had utilised them as an opportunity to amend practice to improve the quality of service provision when needed.

Is the service well-led?

Our findings

People told us they felt very comfortable approaching members of staff and the registered manager and felt the service was well led. One person said, “I get a very good service which would suggest it’s well led.” A person’s relative also told us they felt the service was well led. They told us, “The care the staff have provided has been very good, I definitely feel the service is well led and I know the manager is always available to have a chat if needed.”

The registered manager told us they had regular opportunities to undertake visits to people’s homes following their initial needs assessments. We found this degree of contact by the registered manager allowed them to be fully aware of the needs of all the people receiving interventions. This demonstrated they were an active participant in the running of the agency. People also confirmed that they felt the registered manager was a significant presence within the agency and felt they were able to discuss the quality of service provision at any time. One person told us, “I have seen the manager quite a lot and I enjoy having a chat with her.”

Staff told us they felt valued by the management team and enjoyed working for the service. They told us the registered manager ensured she was available to them for support. One staff member told us, “She [the registered manager] does encourage us to talk to her about work related matters, I also feel comfortable in discussing any personal matters, we are all encouraged to come in and talk to her if we need to, she is organised and very approachable.”

Staff also told us they felt the registered manager had promoted an open and honest culture in the agency. They felt confident that should they make any suggestions on how to improve the service, their opinions would be respected and valued. One member of staff told us, “I think it is extremely well led. I know the service users are happy and I like to make them smile, anything I can do to make someone’s day just that little bit better is important to me and I know I have done my job well.” Another member of staff told us, “It’s a good place to work, we all work together as a team because of the support and respect from the manager.”

We found the management team had established systems to ensure care staff had regular communication with them. For example an on-call system had been established to

ensure the management team could provide guidance and support to staff when needed. Staff told us it was reassuring that the facility had been made available. We also found the registered manager had ensured that sufficient travelling time was allocated to staff in between calls to ensure staff could get there at the contracted time. They also told us that where there were delays and staff were likely to be more than fifteen minutes late for a call staff were asked to call the office or the person in charge so a courtesy call to the next service user to advise them of the approximate time of arrival and to reassure people that staff were on their way.

We found staff were aware of the organisation’s whistleblowing policy. They confirmed the policy had been supplied to them when they commenced employment with the agency. Staff told us they felt confident in initiating the procedure without fear of retribution from the management team. One member of staff told us, “I do feel confident in reporting any poor practice to the manager.”

We found staff had access to the organisation’s complaints procedure as it was supplied to them on commencing employment. Staff told us they felt confident in discussing any concerns raised with them with the registered manager and felt confident they would be managed effectively. Staff were also aware of their duties to report any concerns to authorities beyond outside the agency such as the Care Quality Commission and the local authority if they felt that people’s concerns were not being managed effectively. Furthermore we found the registered manager was aware of their responsibility for reporting significant events to the Care Quality Commission (CQC) when required.

People were given the opportunity to have a say about what they thought about the quality of the service. This was achieved by sending out annual surveys. The registered manager told us this information was utilised to determine if the agency was meeting its aims and objectives and also to identify where improvements could be made. The results of the 2014 quality audit showed that 100% of respondents expressed positive comments about the quality of service provision. These included, “I am more than happy with the help and consideration received from all your staff, thank you,” and, “You may find a care service as good but not one better than Knights.”

We found the registered manager had auditing procedures in place to ensure people’s care plans and medicines

Is the service well-led?

administration records were maintained to a satisfactory standard. Staff also told us the registered manager performed unannounced spot checks to observe staff interactions within people's homes. This was to satisfy themselves that the service was meeting its aims and

objectives and staff were adhering to people's planned care package. This showed that people could be assured that the provider was proactive in developing the quality of the service and recognising where improvements could be made.