

Care Centred Ltd

The Kingsgate

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

The Kingsgate is a domiciliary care agency providing personal care to five people at the time of 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

People were supported to take their medicines safely. However, the recording of this was not always clear. The provider was changing their systems of recording, which had contributed to this. The provider understood improvements were needed, and was in the process of making these changes.

There were systems in place to protect people from abuse. People told us they felt safe and cared for by staff and the service. Accidents and incidents were monitored, and actions taken to reduce the risk of a similar incident reoccurring.

Staff knew people well and treated them with kindness and respect. Staff were suitably trained and had enough time to spend with people when providing care. The provider appropriately assessed people prior to providing care to them. Ongoing assessment and reviews were carried out to support people.

People told us they were happy with the care they received. People had detailed care plans that were personalised and gave staff information on how to care for individual people. The service worked in partnership with people to provide personalised care to them and adapted their approaches in line with the persons wishes and preferences.

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 and update –

The last rating for the service was requires improvement (published 05 September 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of those regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an announced comprehensive inspection of this service on 5 July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and the need for consent

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Kingsgate 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?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Good ●

The Kingsgate

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 two inspectors

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

This inspection was announced.

We gave the service 48 hours' 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.

Inspection activity started on 15 March 2021 and ended on 18 March 2021. We visited the office location on 15 March 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the provider and care workers. We reviewed a range of records. This included four people's care records and two medication records. We looked at four 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.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with another member of staff to gain their experiences.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and mitigate the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and their relatives felt their needs and risks to them were assessed and supported. One relative told us that their loved one was at risk of infections and the service took steps to reduce the risk for this person.
- Risks to people were assessed and documented. People had a range of specific risk assessments and care plans such as mobility, skin integrity, medication and nutrition. These were detailed and included information for staff to support people safely.
- One person was at risk of falls. A risk assessment determined the level of risk and staff had supported the person with equipment to assist their mobility and had guidance in place for additional considerations when the person was tired or feeling unwell.
- The risk assessments provided staff with information about how to keep people safe in their homes. There was an environmental risk assessment that provided information about individuals properties.
- Particular risks to people were assessed prior to the service providing care to people, this was done at the assessment stage. Details of these risks and how to support people with them were then recorded in peoples care plans and risk assessments. These were detailed and reflected the current needs and risks to people.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The administration of medicines was recorded on paper Medication Administration Records (MAR) and also on an electronic system. Due to the two methods of recording, it was not always clear to see what

medicines had been given and when. However, the paper MAR was reliably used and people were receiving their medicines safely. The MAR included details of the name of medications, the dose and how often it should be taken.

- Staff supported people with their medicines. A relative said, "[Registered manager] puts the order in for her repeat prescriptions. He does the liaison between them[GP surgery and pharmacy]."
- Medicines were administered by trained staff and regular checks to review their competency were completed.
- Peoples care plans contained information about the medicines they took and risk assessments were in place to identify any specific needs in relation to their medicines.
- One person needed support with their medicines. The registered manager took responsibility for ordering the medicines and delivering it to the persons house. The registered manager liaised with the GP and the pharmacy to ensure the person always had the medicines they needed and would inform the staff if there were any changes.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe when they (staff) are helping me with personal care, I have confidence in them."
- Staff knew what to do if they had concerns that someone was being abused. One staff member told us, "Straight away I would report any concerns to the head office, if I thought someone was at risk of harm I would tell the manager."
- Staff received safeguarding training and there was a policy on whistle-blowing which staff knew how to access.

Staffing and recruitment

- People told us that they were happy with the time keeping of the staff when arriving for their allocated care visits. One person said, "Most of the time they are on time."
- Care visits were monitored on an electronic app. The staff logged when they arrived at a persons house and had to log out when they were leaving. This allowed the registered manager to monitor the times of calls. We could see from the log that staff arrived on time for their care visits and care visits were not missed.
- Staff felt they had enough time to spend with people. One member of staff told us, "I have no problems with the rota, I am not late and I never have to leave early."
- People told us that they were informed if something unforeseeable was going to change in relation to their care arrangement. A person told us that they were always informed if someone was going to be late or if a different member of staff was coming.
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record and support the provider to make safe recruitment decisions. A full employment history for each staff member was also recorded.

Preventing and controlling infection

- Personal protection equipment (PPE) was worn in line with government guidance. A relative told us, 'They wear gloves, aprons and a mask at all times.'
- Staff followed infection control procedures when inside peoples home and there was a policy to guide them on this.
- Staff received training in infection control and had been supported in maintaining good practices throughout the recent COVID-19 pandemic.

Learning lessons when things go wrong

- Since our last inspection, a process had been implemented for recording accidents and incidents. Accidents and incidents were recorded on a detailed form and reviewed by the manager. Actions taken as a result were recorded and shared with staff members during staff meetings or through an instant messaging service which meant staff had the most up to date information.
- Staff told us that they would report accidents and incident by filling out a form and informing the registered manager, we found that this was happening.
- The registered manager kept a log of all accidents and incidents to monitor the actions implemented and the improvements made.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to ensure care and treatment of service users was only provided with the consent of the relevant person or, where the service user was unable to give consent, that they acted in accordance with the 2005 Act. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People were supported to make their own decisions around their care and their day to day lives. People were encouraged to express their wishes and preferences and the service would adapt their approach to meet people's needs. At the time of inspection, the people who were being supported by the service were able to make their own decisions and did not have a legally appointed person to make decisions on their behalf.
- Consent was gained from people and was recorded in their care plans. One person who had capacity to give their own consent had difficulty writing, this was clearly documented on their consent form, so it was clear this person had given consent.
- Staff had a good understanding of consent and how to gain this. One staff member told us, "I ask for consent naturally but am always mindful to ask as I carry out each element of care, such as, would you like

me to wash your face?."

- One person expressed a wish to have a female carer to support with their hair care in the mornings. The service ensured enough female carers were trained in how to carry out this support so the person could receive their preferred care arrangement.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were appropriately assessed before the service provided care to them. An assessment was completed face to face with the person or during the pandemic this had been carried out using a video call.
- The service also ensured they had reviewed all assessments completed by other agencies such as social service. This meant they had detailed and personalised information about people's needs and choices to help plan their care effectively.

Staff support: induction, training, skills and experience

- Staff received training to carry out their roles. One person told us, "I have confidence in the staff, they have the skills needed to look after me."
- The registered manager told us that they sought to employ people who had previous care experience. Staff were provided with training and a period of induction when they first start working for the service.
- New staff members were firstly taken to meet people before they were assigned to support them. The registered manager told us, "All new staff members are taken to be introduced to people first. This allows for a relationship to be established and for the staff member to understand the person's needs, wishes and preferences."
- Staff received training to enable them to support individuals' specific needs. One person had a catheter and staff had received training in how to support them with this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet whilst respecting their wishes and preferences. One person was at risk of de-hydration and would sometimes forget to drink enough. Their relatives told us, "The main worry for her is not drinking enough. They do encourage her. She says, "[Registered manager] will walk in with a glass of water."
- Another relative told us that, "Sometimes the staff will stay whilst she eats her meal, sometimes they don't, but she is safe to eat her meals alone."
- There were details about how to support people at meal times within their care plans. These listed details of what people preferred to eat and drink and how best to support them.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service worked in partnership with people, relatives and other agencies to support people to access the healthcare they require. Records were kept to show conversations between the service and health care professionals such as the GP and social services.
- Staff would support people to contact other agencies if required and help them arrange appointments with the GP or specialist nurses. One person was visited regularly by a specialist nurse who supported them with a wound. Staff worked in partnership with the specialist nurse to ensure appropriate care was delivered to the person.
- One person told us, "They help me regain my independence. We have a partnership. There are things I can do myself but I just need some help."

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 requires improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider told us that two systems were being used to monitor the giving of medicines as a temporary method. This was due to the electronic system being adapted whilst it was being implemented and so the paper records were being maintained as a back-up method. The provider told us that the electronic system would be fully implemented soon and only one system would be used.
- Audits and checks were carried out to monitor care delivery. The registered manager told us that a medication audit was due to happen and that would have identified the recording of medicine issues that we identified. From previous medication audits, we could see that a robust system was in place.
- Since our last inspection, the provider had completed audits to look at the areas that required improvements. A 'lessons learnt' folder had been put in place with the actions that had been taken such as reviewing the use of consent forms in peoples care plans.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- People, their relatives and staff spoke highly of the registered manager. A staff member said, "[Registered manager] is always very approachable, I have always felt supported by him". A relative told us, "[Registered manager] has always been very reliable and supportive. Say for example my mum might have a fall or I can't contact her, he has always gone around there. I can 100% rely on [registered manager]."
- The registered manager and staff team worked closely together to carry out their roles, to meet the needs of people and to provide a highly personalised service. One person told us, "They seem to go the extra mile".
- The registered manager knew people well and had a positive relationship with individuals. The registered manager was involved in providing care to people which enabled them to have oversight.
- The staff team worked closely with the registered manager and the whole team would communicate regularly regarding any changes or ideas they had. This enabled the team to provide a highly personalised service to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest with people. For example, a staff member had felt unwell when they were at work. The COVID-19 pandemic protocols were followed to protect people and a test was completed. The staff member received a negative COVID-19 test, but people were informed prior to the result being obtained that there may have been an exposure to COVID-19.