Knightsbridge Care Limited

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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
Knightsbridge Care Limited is a small domiciliary care agency providing care to people in their own homes. The service is registered to provide care to people living with dementia, mental health conditions and physical disabilities. 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. At the time of the inspection, the service was providing personal care to one person.

People's experience of using this service and what we found
Relatives told us they felt their loved one was safe with staff. People had not experienced missed visits. Risks associated to people's care were assessed and managed appropriately including in relation to the management of medicines.

Staff told us they had sufficient time to travel in between visits and they felt they could discuss with the management of the service if they needed further time. Staff had received relevant training in relation to their role and told us they were offered opportunities for further training and progression.

We observed there were adequate supplies of personal protective equipment (PPE) available for staff in the office. Relatives told us they felt staff followed good infection prevention and control practices. Staff told us there were systems in place to ensure they always had enough PPE.

We were told staff were kind, caring and respectful towards people using the service. Staff encouraged people to be as independent as possible. People's care plans provided staff with detailed information on how to support them effectively.

There were systems in place to monitor the quality of care provided. Relatives and staff told us they knew how to complain and told us they felt confident the registered manager and provider would listen to their concerns and address these appropriately.

Relatives and staff told us they felt the leadership of the service was effective and encouraged people to be engaged in the service and involved in their care.

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
This service was registered with us on 16 June 2020 and this is the first inspection.

Why we inspected
This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and as the service had not been inspected since registering with CQC. As a result, we undertook a comprehensive inspection of all five key areas.

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.

Knightsbridge 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 team consisted of one inspector.

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 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.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority. 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 inspection. We used all of this information to plan our inspection.

During the inspection
We spoke with the nominated individual and the registered manager. 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 one person's care records and medication records. We looked at three 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 spoke with one relative to hear their feedback about the care provided. We sought feedback from three care staff. We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and policies. We sought feedback from three professionals who have been engaged with the service.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff provided care in a safe way. We were told a person who was being supported felt safe when being supported by staff. One relative told us, "Absolutely, as far as humanly possible they keep [person] safe."
- Staff told us they understood what constituted abuse and what they would do if they needed to raise a concern. One member of staff told us, "I will report issues like physical [abuse] to the manager or you go to police when it is serious." Another member of staff said, "Can be financial or physical or mental abuse. Physical abuse can be like pushing or slapping or pinch. First, always report to the office to my manager, second, call to the social services."
- Staff had received training for safeguarding and there was a whistleblowing policy informing staff how to raise a concern internally within the organisation and with outside agencies such as the local authority, police and the Care Quality Commission. All staff we spoke with told us they had undertaken safeguarding training and were aware of the whistleblowing procedure.

Assessing risk, safety monitoring and management

- Steps were taken to identify risks to people and to reduce the risk of potential harm. One relative told us in relation to managing risks, "There is nothing they could do differently."
- The provider had undertaken risk assessments which were detailed and provided guidance to staff about potential risks and the actions taken to reduce risks to people. For example, where a person was supported using a hoist, there were clear instructions for staff to follow and we were told by staff that healthcare professionals had been involved in the training of staff to use equipment. We reviewed care records which confirmed this.
- Staff told us they knew how to reduce risks when visiting people in their homes. One member of staff told us, "We are checking the skin every day. If [person using the service] had sore skin, I would call the GP and they will send the district nurse and it's checked."
- Where a person was at risk of developing bruising, there was a body map in place with a ruler in order for staff to be able to monitor the size of the bruise. Actions taken in response to identifying a bruise were clear and we saw appropriate healthcare professionals had been involved.
- The provider had a continuity plan in place to ensure people would continue to receive a service based on their needs. The plan was in place for use in the event of an emergency and included steps to be taken during a pandemic.

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. This included requesting references from previous employers and checks with the disclosure and barring service (DBS). DBS checks

are undertaken to confirm whether prospective new staff had a criminal record or were barred from working with people at the time of the report.
● There were sufficient staff to ensure there had been no missed or late visits. We were told by a relative that they had not experienced missed visits, "It's been remarkable. Even during lockdown."
● There were systems in place to ensure staff would inform the office when they were running late for a visit. One member of staff told us, "We will always call [registered manager] first. You need to call the on-call number to say I will be late."
● In the event of short-notice staff absences such as sickness or when people using the service had last minute appointments, the provider had plans in place to ensure visits would be covered. A relative told us, "They have enough staff. When they need extra staff for appointments, they know where to get them."

Using medicines safely
● Where people were supported with their medicines, there were clear medication administration records which included an individual's allergies, the dose and form of medicines and the times they were due to be administered. The provider had undertaken monthly checks of the medication administration records to check if there were concerns.
● Staff had completed training and competency checks to ensure they had the skills required to administer medicines. One member of staff told us, "I've done medication training and [registered manager] comes and checks and asks questions and we need to know that. For example, if we receive the medication once a month, we check first before opening the blisters and giving to patients. Check the tablets and the dosage before giving."
● A relative commented that they had no concerns in relation to medicines, "No concerns. All the medication administration works."
● Staff told us they discussed medication errors to look at ways to reduce the risk of them happening again. One member of staff told us, "If it's a medication error, we will talk in a meeting and [discuss] how to stop it in the future."

Preventing and controlling infection
● We were assured the service were following safe infection prevention and control procedures to keep people safe. A relative told us, "They were very efficient with COVID and we discussed it frequently."
● We saw the provider had sufficient supplies of personal protective equipment (PPE) and staff told us they always had enough PPE throughout the pandemic. One member of staff told us, "If we need any more PPE, we will call [registered manager]. If not, she will post it. We always have enough. We've never run out." Another member of staff told us, "We always had the PPE."
● Staff told us they understood national guidelines in the use of PPE. One member of staff told us, "We must use masks, gloves, aprons, shoe covers and hand sanitiser to keep [person using service] safe."
● The registered manager had undertaken regular spot checks to ensure staff were following infection prevention and control guidelines. One carer told us, "[Registered manager] does spot checks. Sometimes for me it's very often."

Learning lessons when things go wrong
● Staff understood their responsibilities in raising concerns and recording incidents appropriately. We saw accident and incident reports had been completed and the registered manager checked these to ensure any outstanding actions were addressed. One member of staff told us, "We will ring the office and we have an accident report here and a log book and we write it all down."
● The provider had undertaken a regular analysis of accidents and incidents to look at how risks could be reduced further. We saw relevant authorities and healthcare professionals had been informed where this was appropriate.

● Staff told us they discussed accidents and incidents as a group to look at other ways risks could be reduced. One member of staff told us, "We will talk about all accidents. We talk about what we can do different."

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- The provider had systems in place for undertaking an assessment prior to agreeing a care package to ensure they were able to meet the person's needs. We reviewed records which confirmed these had taken place. The registered manager and provider told us they would only accept a new care package once they had the resources available to ensure they could meet the person's needs.
- Assessments included information about the prospective service user's allergies, medical history, communication methods, mobility needs, dietary requirements and preferences. We saw that regular assessment reviews had taken place once the care package was commenced.
- We reviewed care records which showed these were written in line with national standards and guidelines. This included guidelines for the use of personal protective equipment and the administration of different forms of medicines.

Staff support: induction, training, skills and experience

- We were told by a relative that they felt staff were competent in providing the appropriate care for their loved one, "Because there are two [carers] there, there is enough cover. They know what they're doing. When they don't know, they don't do silly things. They ask."
- Staff had received induction training and there were systems in place to ensure staff had shadowed for long enough to feel confident working independently. One member of staff told us, "There is a induction. Shadowing all day and staying with me on all my shifts for two days. I think if you are not ready and if you talk to [provider], they will listen of course. [Provider] is always talking and asking how the new carer is doing."
- Staff were provided with a mixture of face to face and online training. This was due to the pandemic as the provider told us their preferred method of training was in-person. Some of the in-person training had restarted and we saw the service had training facilities in the office which included equipment for moving and handling training. Training which staff were required to complete included safeguarding, nutrition, health and safety, basic life support, medication and moving and handling.
- Staff confirmed they had undertaken training. One member of staff told us, "I've had training. I did the Health and Safety training online and then [registered manager] asks many questions as well. The OT [Occupational Therapist] did the training for us for the hoist about a month ago. I feel confident now."
- The registered manager had undertaken regular supervisions with staff to assess performance and prove relevant updates and support. We saw training opportunities had been discussed and staff confirmed this. One member of staff told us, "[Registered manager] asked me what I wish and what I need and if I want more training. What I like, what I don't like. I can say anything." The registered manager had undertaken

regular spot checks of staff. These were unannounced visits to observe staff performance and conduct.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff had supported people to eat and drink a balanced diet. We were told by a relative they felt a person using the service was supported appropriately by staff to eat and drink enough, "[Person using service] can express and is adamant what [the person] wants to eat. I've no concerns."
● Staff told us they ensured people were supported to have sufficient food and drinks of their choice. A member of staff told us, "[Person using service] will choose what [person] wants to eat. [Person] would come to the fridge and choose what [person] wants."
● Staff told us they had received training in relation to food safety. One member of staff told us, "I have done the food safety training. They do online at the moment, but normally it's all face to face. Usually we go into the office."
● Where people were offered a texture modified diet, staff had liaised proactively with healthcare professionals. For example, when staff had concerns about a person's discomfort, appropriate healthcare professionals were informed and changes made to their fluid intake which resulted in reduced discomfort for the person.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Care records showed healthcare professionals had been contacted appropriately on people's behalf. This included speech and language therapists, occupational therapists and psychiatrists.
● There were effective systems in place to ensure relatives, healthcare professionals and relevant authorities were informed of changes to people's health. A healthcare professional told us, "They've been really good with communication and attended professional meetings."
● Where healthcare professionals had provided guidance for staff, we saw in care records this was being followed.
● Staff told us they worked together as a team and offered support to each other. A member of staff told us, "We communicate well together. We also have a message book to write messages to each other if anything changes."

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.
● We were told by a relative they felt staff had a good understanding of a person's needs and how best to support them in relation to decision-making. Comments included, "They spend a lot of time trying to understand her and trying to involve her."
● Staff had received training and understood the principles of the MCA. One member of staff told us, "I've

done the training. We try to explain it. [Person] always has the choice. We always talk about what we are doing. We explain what we are doing."

● Where a person lacked specific capacity to make decisions relating to their care, a capacity assessment had been carried out with the involvement of relevant healthcare professionals and the person's family to assess what care was to be provided and how to deliver this in the person's best interests.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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; Respecting and promoting people's privacy, dignity and independence

- A relative told us they felt staff were kind, caring and promoted a person's independence. Comments included, "Absolutely. [Person] has one primary carer [and the carer] is very professional. I've seen [carer] being very affectionate. [Carer] will decide with [person] what's in [their] best interest."
- We reviewed records which confirmed staff had completed training for equality and diversity and understood how to be inclusive and treat people with respect. One member of staff told us, "We have to be respectful at all times. I have done equality training."
- The provider had policies and processes in place to ensure staff were mindful of an individual's right to privacy. This was confirmed by feedback from a relative.
- Staff understood how to provide care in a dignified manner and took measures to protect people's dignity. A member of staff told us, "[When supporting person with personal care] I always ask [person] if [person] wants to wash [their] face."

Supporting people to express their views and be involved in making decisions about their care

- We were told by a relative staff had included them in the planning of care and were able to make choices about the care delivery. Comments included, "They do the care plans and I signed them. They reflect the actuality."
- We reviewed care plans and saw people using the service and relatives had been involved in their care. For example, we saw communication records sent to relatives when there had been a change in needs.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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; 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

- Care plans were personalised with a social history and included detailed instructions on how to support the individual appropriately. One relative told us they were regularly sent care plans by the provider which they would check, discuss with their loved one and sign once they were satisfied.
- Where a person was living with medical conditions, there were details on how best to support the individual. For example, there were clear instructions for staff on how to provide effective oral care for an individual with particular needs and which precautions to take.
- Staff told us they had time and were actively encouraged by management to read care plans in order to understand people's needs before starting to care for an individual. Staff understood their responsibilities in relation to reporting changes to an individual's needs to the registered manager to ensure care plans were up to date. One member of staff told us, "I can always read the care plan. I'm in touch with the doctor and with the nurse."
- We reviewed care records which showed there were systems in place to ensure people were able to access the community and maintain relationships to avoid social isolation. One member of staff told us, "Whatever works for the client. We did everything to make sure, [person] can feel happy."

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.

- People's communication needs were clearly recorded in care plans and there was detailed information on how staff could effectively communicate. Records included details on people's preferred methods and how staff were able to reassure the person.

Improving care quality in response to complaints or concerns

- Concerns and complaints were taken seriously and the provider used these as an opportunity to improve the service. A relative told us they felt confident concerns would be addressed appropriately by the provider.

- When a complaint had been received, the registered manager investigated this appropriately, responded and made improvements. The provider had systems in place to share concerns appropriately with commissioning bodies.

End of life care and support

● People's needs and preferences in relation to end of life care were recorded in care plans and staff were knowledgeable about how to make people feel comfortable in their last days of life.

● Staff had worked together with other organisations to ensure there was support available for people when they were at the end of their life. We reviewed documentation which confirmed this. One member of staff told us, "We have a phone number for the hospice and the GP. We've had end of life training and use soft toys, cosy blankets and sitting next to [person] for the comfort."

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- A relative we spoke with was complimentary about the management of the service. Comments included, "I have total confidence in them, particularly [nominated individual]. [Nominated individual] is enormously professional."
- Staff told us they felt the registered manager was approachable and spoke positively about the management of the service. One member of staff told us, "I am confident. I can always go to the manager. It's a positive and good culture." Another member of staff told us, "They are good. I ask [management] for anything."
- The nominated individual told us they felt it was important to ensure staff understood the values, visions and expectations of colleagues. We confirmed this from the feedback we received from relatives and staff.

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

- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had systems in place to inform CQC of significant incidents and safeguarding concerns.
- A relative told us they had been contacted when there had been changes to in a person's care needs or when there had been an incident. Comments included, "The service is consistent with regular updates."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear structure of governance in place and staff told us they knew what their role was. One member of staff told us, "I am always talking to the management, I know what to do next."
- Where we highlighted areas of improvement, the registered manager communicated with us immediately after the inspection to inform us they had addressed these. For example, where we highlighted a fluid monitoring chart template could contain further information, the registered manager immediately reviewed their fluid charts and made the suggested amendments.
- The registered manager had undertaken regular audits of the quality of care provided. This included audits for medicines management, PPE compliance and daily notes. Where shortfalls were identified, we saw the registered manager took appropriate action to address these.
- Staff told us they had sufficient time to travel and felt they could speak to management if they were

struggling. One member of staff told us, "I have enough time. If I'm late, I will ring the on-call."

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

● We reviewed surveys where people and their relatives had the opportunity to provide feedback on the care they were receiving. We saw appropriate action had been taken by the provider where a relative requested alternative communication methods.

● The provider held regular staff meetings to discuss recent events and areas of improvement. Staff we spoke with confirmed this. A member of staff told us, "If I have new ideas they will listen."

● Staff told us they felt valued, supported and able to contribute to the running of the service. One member of staff told us, "Definitely, I feel valued. They (provider) are always very supportive" Another member of staff told us, "They give a lot of support or if we have ideas."

Continuous learning and improving care; Working in partnership with others

● A relative told us they felt the service would take appropriate action if they identified an area of improvement. Comments included, "I am confident they would [take action appropriately]."

● Staff told us they discussed incidents and areas of improvements to reduce the risk of them happening again and to be able to listen to everybody's views. A member of staff told us, "In the staff meeting, [registered manager] will always talk about accidents and our opinions about the way to make it better. We always talk about examples of what could be happening."

● Staff had worked together with other organisations to improve the care delivered. We saw in care records staff had closely worked with occupational therapists/physiotherapists, a hospice and speech and language therapists. This was confirmed by professionals we spoke with. Comments included, "They monitor everything well."