

Ms Deborah Ann Harrison

Kingfisher Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kingfisher Care Services is a domiciliary care service providing support to people in their own homes. 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 our visit there were 52 people in receipt of the regulated activity of personal care.

People's experience of using this service and what we found

We received mixed feedback from people and their relatives about how safe and cared for they felt. Some people highly praised their regular staff when talking about their care experiences and safety, while others said their care calls felt rushed, and they had not always experienced a caring attitude from some staff.

The provider had made improvements in care and risk planning documentation. However, further improvements were required as not always ensured staff had all the information required about some people's individual health and physical needs to support staff's knowledge of how to respond to reduce risks.

It was unclear how the provider consistently assured themselves staff continue to be competent when assisting people with their physical needs including the use of equipment. We have made a recommendation the provider considers how they are regularly checking staff's competency in relation to meeting people's physical needs in line with current guidance and best practice.

People were protected from the risk of abuse and staff understood their responsibility to protect people from the risk of abuse or neglect. However, there was one concern the provider had not reported to the local authority for further investigation.

There were some quality monitoring systems in place and the provider had used these to make improvements following our last inspection. However, the provider was aware these required strengthening such as, improvements in the oversight of people's care calls through the electronic system the provider had introduced to ensure people always experienced good outcomes.

The provider had consistently followed safe recruitment processes to help make sure they only employed suitable staff. Procedures were in place to support people with their medicines.

There were arrangements in place for preventing and controlling infection, and the provider had implemented these in line with national guidance.

Staff had received the training they required to be able to effectively support people. Overall staff felt supported by the provider, care manager and other office and senior staff who were always available to

them.

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. People were supported to eat and drink and to access health care services where required. A person's care call to support them with eating and drinking had been missed. This was an oversight and the provider had acted at the time and apologies were made in line with the providers duty of candour.

People were involved in making decisions about their care and support and; staff understood people's diverse needs. People's communication needs had been assessed and met.

People and their relatives knew how to make a complaint if they were unhappy. The provider worked in partnership with health and social care professionals to provide joined up care.

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 requires improvement (published 05 February 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Kingfisher Care Services

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by three inspectors.

Service and service type

This is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

This inspection was announced. We wanted to ensure staff would be available to support the inspection.

We gave short notice on 03 August 2022 to the provider and arranged a video meeting with them for 05 August 2022. We visited the provider's office on 11 August 2022. A further feedback video meeting took place with them on 18 August 2022.

Inspection activity started on 03 August 2022 and ended on 08 September 2022.

What we did before the inspection

We looked at the information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We used technology such as video calls and electronic file sharing to enable us to review documentation. We contacted people using the service, relatives and staff by telephone. We spoke with seven people and

nine relatives. Additionally, we communicated with the provider and 11 staff including a consultant employed by the provider.

We looked at a range of records. This included six care and risk plans, health management and medication administering information. We looked at three staff's employment records and staff training planner. We reviewed policies and procedures and quality monitoring records the provider used to assure themselves people received a safe service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Following our last inspection, the provider had continued to develop and improve care and risk plans with support from their staff team.
- Staff were provided with the guidance to reduce people's risks and reviews of people's needs were undertaken. However, there were elements of some people's care and risk planning arrangements which needed to be further strengthened. This was to ensure staff had all the guidance they required. For example, regarding a person's epilepsy and for another person's individual physical health.
- The provider had already identified care and risk plans required further ongoing improvements and had employed a consultant. They worked alongside the care manager and other staff to support the further strengthening of people's care and risk planning.
- Staff told us they read people's care and risk plans in order to understand how to safely meet people's identified needs.

Staffing and recruitment

- The provider told us they deployed sufficient numbers of staff to meet people's needs safely but we received mixed feedback about the timeliness of people's care calls.
- Some people and relatives told us they experienced late or variable care calls. A relative told us, "They (staff) either came way too early or way too late, like an hour before or after the allocated between and after times." Some people said staff contacted them if they were running late but some staff did not.
- Some people and relatives said they felt their care calls were sometimes hurried and staff did not always stay the allocated duration of their care call. One person told us, "I am happy with some care staff and they stay the required 30-minute calls. but others just rush, rush rush, they (staff) do not stay the time they should." Another person said, "They [staff] should stay an hour, but they don't, they do 30mins. At (the) night-time call, they [staff] are in and out like a shot."
- At our inspection in 2019 the provider had implemented a new online system to monitor staff attendance to reduce the risk of late or missed care calls.
- However, the provider had identified this system was not consistently effective. The provider showed us they were taking further action to strengthen the monitoring and reviewing of missed, late or short care calls to identify and reduce the frequency of these from happening. We will check people's care call times have been further strengthened at our next inspection.
- Staff told us they did have regular care calls and people we spoke with confirmed this was the case. However, this was sometimes changed if staff were off on holiday or sick. People were positive about care staff who regularly provided support and felt an improved sense of feeling safe.

- The provider followed safe recruitment practices to check prospective staff were suitable to provide care in people's homes. All pre-employment checks had been completed prior to prospective staff commencing in post. This included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The provider had procedures in place to ensure the relevant external agencies were informed of abuse, in line with local safeguarding procedures.
- Although, the provider was in discussions with the local authority about a person's needs during the inspection one concern about the person had not been reported to the local authority.
- We discussed this with the provider who took immediate action to remedy this and has also tightened measures to reduce on-call staff members oversight of this happening in the future. The provider also notified the Care Quality Commission as they are required to do.
- Most people and relatives told us they felt people were safe and cited they felt most safe with regular care staff supporting their care needs.
- Staff we spoke with had received training in safeguarding adults. They told us how they would respond to and report safeguarding concerns.

Using medicines safely

- Where people needed help to take their medicines, they told us staff gave them the support they required. One person said, "They [staff] do my tablet, they watch me take it and they then make a note. There's been no mistakes."
- The provider had systems and procedures in place designed to support people in receiving their medicines safely and as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection. People and relatives informed us staff wore appropriate personal protective equipment (PPE) when supporting people.
- The provider had an infection control policy and procedures in place which provided staff guidance on how to minimise and prevent the spread of infections.
- The provider informed us, and staff confirmed, they had enough supply of appropriate PPE to keep both people and staff safe from the risk of infections.

Learning lessons when things go wrong

- The provider had made improvements following our last inspection to ensure systems were in place to evidence how they learned lessons when things went wrong.
- For example, a staff members oversight in relation to a person experiencing a missed call had been reviewed to reflect learning had been taken from this and apologies 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 our last inspection we rated this key question requires improvement. The rating for this key question has changed to 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

- People's needs, and preferences were assessed by staff before people started to receive care. One person told us, "They [staff] came out to talk about the care I wanted. "Relatives told us their views were also considered when their family member's needs were assessed.
- Staff gave us examples of joint assessments they undertook with other health and social care professionals. This was important as the provider at times provided people's care at short notice such as when people were ready to leave hospital. This helped to support people's care needs and choices on returning to their homes.
- The provider was aware of support networks available to them, such as Skills for Care to gain guidance and support to share with staff to improve the service in line with current guidance and best practice. Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect.

Staff support: induction, training, skills and experience

- A person described most staff as, "Really good and without their [staffs] help I know my skin would not be as good as it is, they know what they are doing." A relative said their regular staff, "Carers do know what they are doing, they [staff] have the skills as with their help (person's) skin is no longer sore." However, other people and relatives felt some staff may not have received all the training they required to effectively support people's needs. This included supporting people's individual physical needs. Records showed staff had undertaken training.
- Staff undertook an induction which included shadowing experienced staff and received ongoing training linked to the needs of the people they cared for. One staff member told us, "Induction was good and included shadowing other carers [staff]. Further training and refreshers are provided. I have no issues in asking for help or further training on people's needs if I need this to help people with their care." Another staff member said they would like training in dementia care. However, records showed the staff member had completed this training and all other training to meet people's needs.
- The provider had procedures in place whereby spot checks were conducted to monitor whether staff were working in line with the provider's procedures and expected standards.
- However, it was unclear whether the provider was consistently ensuring staffs practices continued to be effective when assisting people to move and use equipment. This is because some staff told us they had received the appropriate training in supporting people's physical needs but in practice they were learning from other staff.

We recommend the provider considers current guidance from a reputable source in relation to checking staff's competencies when assisting people's physical needs to manage and mitigate risks to people and staff.

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

- Overall, people were supported with meals and drinks when this was a part of their agreed care. One person told us, "Staff help me with my lunch and help with drinks." However, one person had experienced a missed care call and they had not received this support. This was a staff members oversight and apologies were made at the time this happened.
- Staff told us they left snacks and drinks with people as needed when they were unable to access these themselves.
- The provider had procedures in place to record and manage any risks or complex needs associated with people's eating and drinking.

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

- People told us staff monitored their general health and helped them to access professional medical advice and treatment when they needed it.
- One person described how staff had supported them with their personal care which meant their skin did not become sore. Another person explained staff had helped them seek medical advice after realising they had an issue. They told us, "The carer [staff] did the right thing; they were very good."
- The provider and staff worked effectively with a range of community health and social care professionals to ensure people's care needs were met.

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 MCA 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 from the Court of Protection.

- The provider and staff understood people's right to make their own decisions about their day-to-day care and support, and the role of best-interests decision-making.
- People told us staff listened to them and respected their choices and wishes.
- The provider had procedures in place for recording people's written consent to key aspects of the service provided.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- There are times when people do not feel well-supported. We received mixed feedback from people and relatives about their care experience. Some people and relatives said care staff were caring and treated them well. A person told us, "They [staff] are so kind, and they care for me with utmost respect. They always ask what my choices are each day and we have a laugh along the way." A relative said, "[Staff member] the normal carer is very good, [they are] kind and caring. [Staff member] will phone me direct if [they have] any worries about [person], [staff member] gives good consistent care."
- Whilst some staff were individually caring and attentive, the providers checking measures had not ensured this was always people's experience. A person said, "The good ones [staff], I can have a banter with them and they [staff] jolly me up. The others don't talk to me... they just talk together and what they were up to the night before." The person also expressed how some staff would talk in front of the person about other people who used the service. A relative told us, "There are some good aspects, like they seem caring most of them [staff]. But when the care workers rush in and out, they are not doing this part of [persons] care, it is frustrating [person] as they are not supporting [them] with this aspect of [their] care and this is not caring."
- There was an ethos shared by the provider and staff we spoke with which showed they supported people to retain their independent living skills and assist in problem solving. For example, staff had supported a person with an issue they had which had negatively impacted on the person's life.
- One staff member described how they ensured a person who used the service was treated with respect and dignity. This included asking people how they wanted their care to be provided, protecting their modesty during intimate care, and treating people how they themselves would like to be treated.
- Care documentation was held confidentially, and systems and processes protected people's private information.
- People's care plans recorded information about their personal characteristics, including marital status and religious background. This important information provided staff with personalised information to help them know and understand people's needs.

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

- Despite the mixed responses to the timeliness of people's care calls and inconsistency for some people of having different staff, people and relatives had been consulted about people's care and support needs.
- The provider involved people and their relatives in making decisions to ensure their needs were met. Relatives confirmed they or their loved one was involved in the care plan reviews and their decisions were respected. One relative told us, "They [provider and staff] do try to accommodate what we need."

- People were provided with choice and control of their life. Staff told us they offered people choices on daily basis.
- Staff informed us they encouraged people to make day to day decisions for themselves.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People's preferences and choices about their care provision were used to provide them with personalised care. This included individualised support with their personal care and whether people required support with the management and administration of their medicines.
- A staff member provided an example of how care provided was individualised to meet people's specific needs. With staffs support and determination a person was supported to move to a more suitable home to meet the persons specific needs. A staff member told us, "[Persons] quality of life will be so much more (in their new home)."
- However, as highlighted in the "safe" section of this report there was varied responses to the timeliness of care calls. At times this had been impacted on by the pandemic. This is an area the provider is already working to further develop and continually improve.
- Staff told us they had got to know people's needs and preferences by 'shadowing' another member of staff assisting people with their personal care, reading people's care plans and speaking with people and their relatives. This helped to support people to have the care and support they needed and wanted.
- People confirmed their involvement in decisions about their loved one's care was encouraged by staff and the provider.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and recorded to guide staff.
- The provider and staff provided examples of how they practically supported people's communication needs on a daily basis to support people's care. For example, staff worked with a person's relatives to make cards with pictures reflecting language the person could understand and was familiar with.
- One person's relative told us, "There is a regular carer [staff] that comes and [person and staff member] know each other well now. The carer [staff] knows how [person] communicates and they are comfortable with each other."

Improving care quality in response to complaints or concerns

- People and their relatives understood how to raise any complaints or concerns with the provider.

- The provider had developed a complaints procedure to ensure all complaints were recorded and responded to in a fair and consistent manner. Previous complaints about the service had been investigated and responded to.

End of life care and support

- The provider told us they were not supporting anyone with end of life care at the time of the inspection.
- The provider had procedures in place to explore people's preferences and choices regarding their end of life care, in order these could be addressed.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Whilst on this inspection we found some improvements had been made to support people in receiving a safe and caring service, these were not consistently embedded in the culture of the service and quality checks needed to be further strengthened.
- Some people said their care service was good, others that it needed improvement. One person told us, "They are absolutely brilliant. My call times work really well and the carers [staff] are caring and friendly." Another person said, "The staff now, those that are good they respect my condition. But, not all of them do this. If I got my good care workers all the time, then I could relax and have no problems." One relative said, "I would say Kingfisher give reasonable care. Sometimes the care lacks empathy from some staff."
- Overall staff spoke enthusiastically about their work and understood the need to respect and support people's right to make their own decisions, where they were able to. One staff member told us, "Kingfisher Care Services is the best company I've had the pleasure to work for, they put their staff and clients first. I believe our clients are very happy with their care as we all are a very lovely team who look after each other."

Continuous learning and improving care

- The provider was passionate about continuing with improvements for the benefit of people who used the service. The provider told us they wanted to ensure people's experiences of their care was good.
- Following our last inspection care and risk planning had improved to ensure staff had guidance to meet people's needs safely.
- The provider kept themselves up to date with best practice guidelines, changes in legislation and regulatory requirements through, for example, attending further training, and networking with other providers.

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

- The provider and care management team assessed the quality of people's care through unannounced spot checks on staff, listening to feedback from people and their relatives, and the ongoing monitoring of complaints, accidents and incidents.
- However, the provider was aware further improvements were required, such as in the systems to consistently manage people's care calls and some elements of care and risk planning.
- The provider showed an open and responsive management style. They told us they were committed to

drive through further improvements. The provider had recruited a consultant to support in driving through improvements and following our inspection the provider made additions to their action plans.

- Staff were clear what was expected of their roles. The provider communicated effectively with staff to maintain a shared view of any quality issues or new risks within the service.
- The provider understood their legal responsibilities for submitting notifications. However, we found one concern as highlighted in the "safe" section of this report which had not been notified to the Care Quality Commission [CQC]. The provider took immediate action to submit the notification to CQC.

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 recognised their responsibility to be open and honest with people if mistakes were made in delivering their care and support. For example, as highlighted in the "effective" section of this report a person experienced a missed call and at the time the provider took action to reduce this from happening again and provided an apology.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Despite receiving mixed responses from people and relatives in relation to their care experiences they were able to share their views. People had completed surveys to share their experiences of amongst other things, the care provided, and most responses were positive.
- The provider gave us their assurances they would act immediately to improve the methods to obtain people's feedback. For example, developing more specific questions and gaining these through amongst other methods, directly speaking with people.
- Staff spoke positively about the overall management of the service and the support they received from the provider. One staff member told us, "I find [provider] really supportive and approachable. I feel I can go to her if I have a problem." Another staff member said, "I can talk through any issues with the office staff and we have team meetings which I find supportive."
- The provider informed us they worked in partnership with health and social care professionals when needed to ensure people's diverse needs were met. This included the provider responding promptly to requests from social workers to provide appropriate levels of support to people leaving hospital and needing a period of reablement within people's own homes.