

Kolours Healthcare Limited

Kolours Healthcare

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

The Inspection took place on the 1 November 2017.

Kolours Healthcare is registered to provide a domiciliary care service which offers personal care, to support people living in their own home. There were 23 people currently using the service.

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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.□

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. There were sufficient staff to meet people's needs consistently. People were supported to take their medication by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication when required.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended training courses to support them to deliver care and fulfil their role.

People's rights were protected and they were supported to make choices.

People were supported with their nutritional choices.□

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with support and guidance to perform their role.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Kolours Healthcare

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 inspection took place on the 1 November 2017 and was announced. The service was given 48 hours' notice to ensure there would be someone present in the office. The inspection was carried out by two inspectors.

Before the inspection, we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. In addition we reviewed the Provider Information Return (PIR). This is a form that asks the provider 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 five people, one relative, the registered manager, care manager and two care staff. We reviewed four care files, three staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

At our last inspection in November 2016 we had concerns that staff were not always recruited safely and that there was not a robust recruitment process in place. At this inspection we saw the registered manager had taken steps to improve their recruitment processes. We reviewed three staff files for newly recruited staff we saw that application forms had been completed properly without any gaps in employment. Staff had supplied references and undertaken a disclosure and barring check (DBS) to demonstrate they were of good character. We saw there were clear records of staff interviews and contracts in place. This assured us that improvements had been made and maintained since our last inspection.

People told us that they felt safe using the service. One person said, "The staff are brilliant at their job. I feel very safe." Another person said, "I have the same carer's coming in, I feel safe with them." Staff told us that they made sure people were safe in their own homes by making sure that their environment was safe and doors were locked. One member of staff said, "I always look around to make sure everything is in its place, before I leave I make sure plugs are turned off, and windows and doors are shut or locked. If they have a care line pendent I make sure they are wearing it."

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "If I had any concerns I would contact the office and report it." The registered manager knew how to raise safeguarding concerns and had worked with the local authority to investigate these.

Staff had the information they needed to support people. The registered manager undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence and to ensure people were safe in their own homes. The risk assessments included making sure the environment was safe and people had the equipment they needed to support their independence. Assessments were also completed for people's care needs such as moving and handling, prevention of falls, prevention of choking, skin integrity and weight monitoring. Staff were trained in first aid, should there be a medical emergency and they knew to call a doctor or paramedic if required. One member of staff said, "If a person is unwell I would contact their GP or inform the family. If they had a fall or if it was serious I would call an ambulance and inform the office."

The registered manager had policies and procedures in place to keep people and staff safe. Policies covered lone working for staff and how they can protect themselves and get support when required. There were also policies to keep people safe in their environment and to keep information safe such as key codes and people's personal information. The registered manager regularly advised people on changing key codes to promote their safety.

People were protected from the risk of infection. Staff told us that they always wore personal protection such as aprons and gloves and disposed of these appropriately. Staff also told us that they ensured any contaminated items were disposed of properly from people's homes. One member of staff said, "I always ensure spillages are properly cleaned and any surfaces are wiped down and kept clean."

People received care from a consistent staff team. Staff told us that they had regular rounds which they worked on. This meant people received consistent care from care workers they knew. One person told us, "I have a regular couple of girls coming in each day, they are very good." Staff told us that they were always introduced to people before they started supporting them so that they knew who they were. One person said, "I always know who is going to be coming in." The registered manager told us that they had recruited staff and had the appropriate level of staff for the number of people they were supporting.

Generally people who used the service were responsible for their own medication. Where staff supported people with medication these were usually provided in a monitored dosage system. The system supported people to manage their medicines more easily because each dose of medicine was pre-dispensed by the pharmacist in a sealed tray. If staff were responsible for administering medication they followed the Local Authorities medication policy and medication administration from the boxed dispensed medication and recorded on charts (MARS). Staff told us that they had received training to support people with taking medication and records confirmed this. Staff supported people to replenish their prescriptions and checked that people had enough medication in stock to prevent them from running out. One member of staff said, "I will go to the pharmacy and collect medication for people or drop of their prescriptions. From medication administration records we reviewed we saw that these were all completed correctly."□

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff were supported to complete training that would help them within their role. The registered manager had a number of teaching qualifications and delivered training to staff in person. We saw the service had a training room to facilitate training and had equipment for staff to practice moving and handling. The registered manager also provided a computer for staff to complete on-line training. We saw from staff files that after any training the staff completed a questionnaire to test their knowledge and understanding. One member of staff said, "Training here is very good, better than anywhere else I have worked."

New staff received an induction to the service and were supported by more experienced staff. One member of staff said, "I initially worked with other staff until I got to know everyone." Staff also completed the Care Certificate, this is an industry recognised training to equip staff with the skills and knowledge they need to support people. Staff felt supported and had regular opportunities to reflect on their practice and to discuss the running of the service during staff meetings, supervision sessions and spot checks. We reviewed spot check forms and we saw it was an opportunity for the registered manager to check staff were working to their standards and within the service's policies. Staff also had a yearly appraisal of their performance.

People who used the service had capacity to make their own decisions and choices about their care. Staff were aware that people had to give their consent to care and had the right to make their own decisions. The registered manager was aware of the Mental Capacity Act 2005 and was aware of how to apply for capacity assessments and how to protect people's rights.

Where required people were supported with their dietary needs. Staff assisted people with their meals by preparing food for them. People told us that they chose their meals and staff would prepare the meals for them. One member of staff said, "For breakfast people usually want toast and cereal, some like to have an egg, lunchtime is mostly light snacks like sandwiches or soups and for dinners microwave meals." Staff also told us that they ensured people had drinks and snacks to hand when they left them.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as, community nurses, occupational therapists and GPs. Staff told us that they made referrals to district nurses if they noticed people had issues with their skin integrity for them to be reviewed. The registered manager told us that if people needed equipment to maintain their independence such as walking aids or home adaptations that they contacted the community Occupational Therapist to complete an assessment. Staff told us that if required they would also escort people to hospital or doctor's appointments.

Is the service caring?

Our findings

People were very complimentary of the support they received from staff and how caring the staff were. One person told us, "They are lovely girls, couldn't ask for nicer more honest and caring girls." Another person said, "I can only say good things about them, they are all very good."

Staff had positive relationships with people. People were supported by regular carer's who knew them well and their preferences for care. One person said, "We always have a laugh and joke." People told us that staff were flexible and if they needed to change their appointment time due to going out that the staff would arrange to come to them earlier. One member of staff said, "We try and be flexible if people are going out for example one person goes to get their hair done every week so on that day we do an earlier call time to help them get ready." Feedback from people we spoke with was all positive about staff and their relationships, one person said, "They even feed my cat for me."

People were actively involved in decisions about their care and treatment and their views were taken into account. The registered manager met with people to discuss the support they required and how these could be met by the service. One person told us, "I use to need a lot of support but as I have got better, I have reduced the amount of calls I need. If things change I can always ring up and arrange for more support again."

People were always treated with dignity and respect. Staff told us that they always addressed people with their preferred title and when letting themselves into people's homes always called out to announce their arrival. People were supported by regular carer's and told us how they built up relationships with them. One member of staff said, "I always try and encourage people to do what they can for themselves. I never go in and take over I respect it is their home and I am there to support them."

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs. The registered manager met with people to discuss their care needs and to see how they would like to be supported. All care plans were very individual and person centred, they were easy for staff to follow and explained people's likes and dislikes and how people liked to be supported. Care plans were regularly reviewed and kept up to date to ensure they coincided with people's changing needs and preferences for care. Staff we spoke with knew people well and were able to describe to us how people liked to be supported. One person told us, "They (staff) all know what they are doing."

The service was responsive to people's changing needs. People's care needs were kept under constant review and adjusted as required. For example if people support needs increased or decreased support was adjusted to match this. The registered manager at times delivered hands on support to people and took this as an additional opportunity to review people's care needs. If people needed additional equipment to help them maintain their independence the registered manager contacted the appropriate services to provide these. Where one person was having difficulty mobilising the registered manager arranged for a physio to provide an assessment and support and staff were also able to aid the person to mobilise. Where people were being looked after at home in their final days receiving end of life care the service worked jointly with other healthcare professionals to ensure they had everything they needed to ensure a peaceful passing. This demonstrated the service was responsive to people's changing needs.

Staff supported people to follow their hobbies and social interests. Staff told us that some people like to attend day hospitals and clubs on certain days so they made sure that they attended their appointments early to assist them to be ready. The registered manager told us how they assisted one person who had become isolated to start going out again and supported them to attend bingo and to start a hobby. They told us that the person eventually started a course a college to support their hobby.

The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the registered manager. However people told us they generally did not have any complaints. The registered manager told us that they were proactive in dealing with any issues as soon as they arose.

Is the service well-led?

Our findings

Staff felt supported and valued by the registered manager. Staff told us that the registered manager was always available to give them support either in person or over the phone. One member of staff said, "The manager is very supportive always available or will get back to you straight away." The registered manager told us that they kept in touch with staff by telephone and by a dedicated messaging service; they also had an on-call system in place for queries out of office hours. Staff also came into the office as a minimum weekly to drop off time sheets and collect personal protection equipment. Staff told us that they attended regular staff meetings to discuss the running of the service and people's care. Staff also received regular spot checks and supervision. In addition staff told us that they handed over their round to the oncoming carer to update them with any changes to people's needs. This demonstrated staff were supported to perform their role.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans and medication management. They also kept audits on people's skin integrity and any falls within their homes, we saw from the audits that where appropriate people were referred to other health professionals for review. All audits were now carried out regularly and this information was used as appropriate to continually improve the care people received.

Staff shared the registered manager's vision for the service, one member of staff said, "I give the best care I can without taking any independence or dignity away." Another member of staff said, "I want to help people be independent to provide a friendly face and company."

The registered manager gathered people and their relative's views on the service through direct feedback, telephone calls and by using questionnaires. The responses and feedback from the surveys were positive. This showed that the management listened to people's views and responded accordingly, to improve their experience of the service.