

Karpe Diem Healthcare Ltd

KD Healthcare Ltd

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

KD Healthcare Ltd is a domiciliary care agency providing personal and nursing care to people living in their own homes. The service provides support to people with complex physical disabilities and health conditions such as motor neurones disease and spinal injuries. At the time of our inspection there were nine people using the service.

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

There were safe systems in place to safeguard people from the risk of abuse. The registered manager had a robust system in place for ensuring that each event, incident, accident and feedback was used as a learning opportunity to reflect on staff practices. Risks to people were safely assessed and managed, and staff understood people's risks and how to support each person safely. People were supported by staff that had been safely recruited and knew people well. Medicines were managed safely, and staff followed correct infection, prevention and control procedures.

The registered manager undertook assessments before agreeing to support people to ensure that their individual needs and preferences could be met by the staff team. People's care plans had been developed in partnership with the person, their families and other professionals involved in the person's support. Staff received a thorough induction before supporting people and had their competency checked by the management team. Staff were trained in areas that were relevant to the people they were supporting. Staff worked in partnership with other health professionals involved in people's care and support. 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 by staff that were kind and caring. Staff understood and respected each person's individual characteristics, likes, dislikes and preferences. People were supported to express their views and be involved in all decisions about their care. People were autonomous and as much as possible, chose the staff team they wanted to support them. Staff respected people's privacy and dignity.

People's care was planned with staff by the person. People's care plans were created by the person based on how they wanted to receive care and support and guided staff on how people wanted their daily routines to be. Staff understood people's unique ways of communicating and knew how to support the person to speak for themselves as much as possible. The registered manager had a clear complaints policy in place and used complaints and feedback as an opportunity to improve the service for people.

Managers and leaders created an open and honest culture for people and staff that was focused on ensuring everyone had the support they needed. The registered manager was passionate about providing support and training for staff to enable them to provide people with the best support possible. The management team consistently reviewed the service through their governance systems and identified ways to improve things for people. People, their relatives and staff were given regular opportunities to be involved in how the service was run by being provided with regular opportunities to feedback on aspects of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 22 February 2021 and this is the first inspection.

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?

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.

KD Healthcare Ltd

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 carried out by one inspector.

Service and service type

This service is a domiciliary care agency and community healthcare service. It provides personal and nursing care to people living in their own houses.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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 13 June 2022 and ended on 28 June 2022. We visited the location's office on 17 June 2022.

What we did before the inspection

We reviewed information we held about the service. 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. We used information gathered as part of monitoring activity that took place on 15 February 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We received feedback from one person and six people's relatives. We contacted health professionals and other agencies that worked with the service and received feedback from nine of them. We spoke with six staff members including the registered manager, clinical manager and care assistants. We were sent a range of documents relating to people's care and support, this included four people's care plans and risk assessments as well as records relating to medicines. We also reviewed documents relating to the governance of the service, information relating to staff recruitment and training and service improvement plans.

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 of 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; Learning lessons when things go wrong

- People and their relatives told us that staff knew how to keep them safe. One person's relative told us, "I'm very happy that [person] is safe and really cared for."
- Safeguarding concerns had been appropriately reported by the registered manager. The registered manager kept a log of safeguarding concerns which recorded the incident, actions taken, and any learning taken from the concerns.
- Learning from safeguarding incidents included the registered manager creating a new care observation requirement on their digital recording system in response to a safeguarding. This change was communicated to staff.
- The registered manager told us about an incident which occurred when a person's PEG, a device used to give people fluids, food and medicines through a tube, had broken. Following this incident, the registered manager had contacted all people they supported who had this equipment and arranged for each person to have an emergency kit in their homes to prevent this incident from happening again.

Assessing risk, safety monitoring and management

- People's risks were identified and managed by staff. People had risk assessments which were specific to their individual health conditions and support needs. For example, people who required support with catheter care had risk assessments in place to guide staff on how to manage the associated risks appropriately.
- Where people had specific health conditions which affected their mobility, staff had risk assessed each aspect of the person's life that this condition may affect. Staff had clear guidance in place to support people with their health conditions and the associated risks.
- People that needed support to move around safely had clear instructions in their care plan to guide staff on how to support the person safely. Where people were supported to move position using a hoist, instructions on how the sling should be positioned and used were clear.
- Accidents and incidents were recorded by staff and a log was kept by the registered manager to identify any trends and themes as well as learning from incidents. The registered manager had analysed incidents to identify gaps in staff knowledge and had implemented changes to the induction process and specific policies.

Staffing and recruitment

- There were enough staff to support people safely. People and their relatives told us that staff were normally on time. One person's relative told us, "The timekeeping of staff has been excellent, they always arrive on time and together so they're ready to go."

- The registered manager recognised that due to the nature of the people's conditions, people could need sudden increases in the amount of support and hours required. The registered manager had sourced a recruitment agency as part of their contingency plan to be used in the event of a sudden change of people's needs to ensure continuity of care and the safety of people.
- Staff were recruited safely. The registered manager undertook checks before staff began working at the service, this included references from previous employers and Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Management staff carried out in-person assessments of staff members' competency in a range of different areas. This included, manual handling, cough assist, PEG, ventilation and medication.

Using medicines safely

- Medicines were managed safely. People's medication administration records (MARs) showed that people received their medicines as required.
- Where the registered manager had identified areas for improvement through medication audits, this had been communicated to staff through staff meetings.
- Where staff supported people with their medicines, people's care plans were clear about how they wanted to be supported with their medicines. This included prompts for staff to let people know which medicines they are taking and whether people were able to say if they would like their 'as needed' medicines.

Preventing and controlling infection

- Staff followed an infection prevention and control policy. The service had an IPC policy specific to supporting people during the COVID-19 pandemic.
- Staff understood their responsibilities around infection prevention and control. One person's relative told us, "Staff always wear their PPE and wash their hands."

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

- People's care plans had details about people's medical histories, conditions and how they affected the person. Care plans also included signs and symptoms to look for relating to these conditions and what staff should do if the person showed any of these.
- People's care plans had clear guidance on how to support people with their oral hygiene. This guidance was individual to each person. Staff received reminders to promote good oral hygiene for people through staff newsletters. One newsletter explained the impact of oral hygiene on nutrition, reminded staff to regularly clean people's toothbrushes and told staff which training was relevant to this.

Staff support: induction, training, skills and experience

- Staff received a thorough induction before supporting people. This included a range of training, both in person and online as well as competency checks and shadow shifts.
- Staff received training in areas that were relevant for the people they supported. This included manual handling, medicines, infection prevention and control and safeguarding training. Staff also received specialised training in complex health conditions and specialist equipment.
- Staff received a staff handbook upon starting work which contained information such as the organisational structure chart and policies that staff were expected to adhere to. Staff told us they felt supported by the management team. One staff member told us, "They are really supportive and always available if there's ever a problem."
- Staff received regular newsletters which communicated important information to staff such as training needs, introducing new staff members and recognising cultural events and celebrations that may be significant to people such as Eid.

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

- People were supported to eat and drink by staff. Where people were experiencing particularly hot weather, staff were reminded to encourage people to drink regular fluids and for people's intake to be recorded as accurately as possible in order to identify any concerns.
- People had risk assessments in their care plans if they were at risk of choking. Risk assessments assessed this risk and detailed how staff should support the person. If people were unable to have food and drink orally, clear guidance was given for staff on how to ensure their nutritional intake.

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

- Information provided by external health professionals was recorded in people's care plans with clear instructions for staff. For example, for one person who had received instructions to exercise from a physiotherapist, staff encouraged the person with the given exercises to help the person to maintain and improve their mobility. One person told us, "They (staff) have helped me with clinical care but also with other requirements such as stretching regimes and important physio at home."
- Staff involved other health professionals involved in people's care when supporting the person to review their care plan. We saw that a review had recently been co-ordinated by staff which involved the person's Nurse and a specialist in the person's health condition.
- Health professionals involved in people's care were positive about staff at the service. One professional told us, "KD HealthCare is responsive to our instructions and advice but would normally have already actioned these before our request, such as referrals to other health professionals. We work together to find resolutions, [registered manager] has attended multi-disciplinary team (MDT) meetings and she works well with other health professionals."
- People's relatives were positive about the physical care provided to people. One person's relative told us, "When [person] started receiving care, [they] had a pressure sore from a stay elsewhere. Since having these carers, the sore has completely healed up. And [person] has not had any more since."

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.

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.

- The registered manager assessed whether people required mental capacity assessments during their pre-assessment. The registered manager understood the principles of mental capacity and the relevant referrals needed if the person did lack capacity to make certain decisions.
- Staff had received training in mental capacity and understood the importance of supporting people to make their own decisions.
- Staff understood the importance of giving people choices in all aspects of their care. One staff member told us, "I always ask [person] what they want and how they want things done. I make sure [person] is offered every choice possible."

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

- People's care plans provided staff with detailed information about people's individual likes, dislikes, hobbies and home life. People's care plans also told staff about people that were important to the person such as friends and relatives.
- The registered manager kept a log of compliments received through various means, such as people's reviews, from the company's website and cards sent to staff at the service. Comments from people's relatives included, "I cannot praise the manager and her wonderful team highly enough! They were caring/compassionate and patient with my relative, as well as being supportive to us as a family. When things got really tough the manager went above and beyond to help us when we didn't know where to turn to for help." And, "All the team are very caring and treat my [relative] as if their own, the management team are inspirational, and we cannot thank them enough."
- People at risk of social isolation had risk assessments in place to minimise this risk. For example one person's risk assessment told staff to encourage the person to interact with their friends and encourage the person to leave their home to go out, providing support and reassurance.
- People were positive about the staff team that provided them with support. One person told us, "KD healthcare have been a very caring and compassionate company in some complex and extreme circumstances for our young family."

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

- People's care plans were regularly reviewed through meetings with staff. We saw that people were able to comment on different aspects of their care in these reviews and where suggestions had been made, action had been taken by the registered manager.
- People felt involved in their own support. One person told us, "They have been flexible with requests and remained professional throughout, always providing good care in different scenarios."
- People and their relatives felt that people's views were heard by staff. One person's relative told us, "The management hold a review of [person's] care every six months. My [relative] uses [communication software] and the management team are patient and listen to what we have to say."
- People had teams of staff which had been chosen by each person. The registered manager was responsive if people chose not to have certain staff members in their team. The registered manager told us, "If clients feel that they are not building a rapport or bonding with a staff member, we pick that up quickly. It's all about what the client wants and who they feel comfortable with." These staff teams each had a team leader to oversee the person's support. One person's relative told us, "We get on with the staff really well, they all

have their own styles. But we are able to say to the manager if there's one we can't gel with and they have made changes for us."

Respecting and promoting people's privacy, dignity and independence

- People's care plans informed staff of what people could do for themselves and what people needed support with. Care plans provided information on what level of support staff should provide to enable people to be as independent as possible.
- People's relatives told us that staff treated people with respect. One person's relative told us, "Staff are cheerful, they treat [person] in such a dignified way and always maintain [their] privacy."
- Staff told us the ways they respected people's dignity and privacy. One staff member told us, "I always make sure [person] is covered up where I'm not helping them to wash and always help with the top half first and then dress [person's] top half before helping [person] with their bottom half."

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

- People's care plans contained clear guidance for staff on how people wanted to be supported. Care plans detailed how people would like to be supported with personal and continence care, food and drink, where this was provided by staff and information around moving and handling.
- People's care plans were person centred and considered the impact that receiving support from staff could have on the person's family life. Guidance was in place for staff on how to ensure they respect the person and their family's privacy and relationships. One person told us, "The staff are good with our young children and always make time for their clients."

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 ability to communicate was assessed by the registered manager before staff began providing support to people. People who needed support with communication had communication risk assessments in place, with clear guidance for how staff should support people. This included the use of technology such as eye gaze software and an ipad/tablet.
- Staff understood each person's individual communication needs and how to support each person to give their views and make their choices known. One staff member told us, "[Person] is able to make their own decisions and can communicate if you give them time. I always make sure I wait for a response from [person] no matter how long it may take. I would always know if something was wrong with [person] because I know person always smiles when they see me, if they don't smile I know something is wrong and I support and ask them what I can do to help."

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt comfortable to raise concerns. One person's relative told us, "I would happily raise concerns with the manager and I'm very confident it would be dealt with right away."
- There was a complaints policy in place. The registered manager kept a log of complaints received and responses given by staff.
- The registered manager had identified through feedback that some people and their relatives felt they weren't sure how to make a complaint. The registered manager implemented changes to the review process

to ensure that each person and their relatives were given a clear way to complain in the way they wanted to, this could be as simple as a text message or phone call. The registered manager ensured that each comment on the service provided would be taken seriously, acted on and viewed as an opportunity to improve.

End of life care and support

- Staff had recorded a compliment from a person's family regarding their relatives end of life care. The person's relative wrote, "I would like to give feedback to carers that have helped with my relative over the last few weeks of her terminal illness. Staff provided exceptional care to my [relative] in at times extremely difficult circumstances. These people gave their time and care for my [relative], without fuss or bother. I have only praise for their care."
- Where people had recommended summary plans for emergency care and treatment (ReSPECT), information was provided for staff in people's care plans around their choices. People's relatives were positive about how staff provided people with support, one person's relative told us, "[Person] is receiving end of life care. Staff are so kind and caring, they are so supportive to all of us."

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

- People and their relatives were positive about the staff culture and the impact staff had on people and their families. One person's relative told us, "They (staff) showed kindness, compassion and understanding both towards my [relative] and the family. At a very difficult and emotional time KD were able to provide an exemplary level of care."
- The registered manager instilled a culture of person-centred care in the staff team. They told us, "We get clients fully involved, we want them to tell us exactly how they like things so we can personalise everything to them. We make sure we actually get to know people so that we can provide them with specific support."
- Staff spoke positively about people and told us the value staff felt in supporting people. One staff member told us, "I love working with [person] and knowing that I'm helping them. Seeing [person] smile is the best part of my day. The banter and laughter I have with [person] makes everything worthwhile."

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 and understood their responsibility around duty of candour.
- Statutory notifications had been appropriately submitted by the registered manager.

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

- The registered manager monitored the effectiveness of the service and had a service improvement log. This was used to identify any changes or improvements needing to be implemented by the service. The log showed specific areas for improvement, identified what action was required and who would be responsible for carrying this out.
- The management team held regular meetings to discuss ongoing work required to make improvements to the service. This included discussions around staffing, staff rotas, new packages of care and any concerns raised.
- The management team provided hands on support for people. People's relatives were positive about the involvement of the management staff. One person's relative told us, "The management take interest in us, sometimes they come and provide the care themselves, sometimes they just come to speak with us. They are involved and it means we can address any issues we have with them as they arise."

- Staff told us the support of the management team had an impact on the care they provided. One staff member told us, "I've been really impressed with the support I get from them (management) and they text to check I'm okay and ask if I need anything. They do so well in supporting the staff. They make you feel valued which makes the job much easier."
- The registered manager had contingency plans in place to ensure people received safe care and support in the event that staff were unable to get to the person. Each person had their own individual plan which considered who could support the person in the event of an emergency.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff took part in regular team meetings. Staff were kept up to date on changes to staffing within the team and changes to the people they support. The registered manager held these meetings through online video conferences to ensure that staff could attend.
- Staff were offered the opportunity to give feedback to the management team through staff meetings. We saw staff had also been given an email address that they could send ideas and suggestions to. The registered manager held a 'care professional of the year' incentive for staff who had supported people with exemplary care to be recognised.
- People were given regular and consistent opportunities to provide staff with their feedback on the support provided to them. The registered manager sent out surveys to people and their relatives to review the quality of the service. People's responses were analysed, and staff sent feedback to people with details of the findings and any changes that would be implemented as a result.

Working in partnership with others

- Professionals were positive about working with staff at the service and felt staff followed professional guidance given. One professional told us, "They (staff) followed the moving and handling care plan which was provided following our visit. Subsequent to this visit, they have contacted me for advice which they have followed."
- Staff worked in partnership with another agency to provide support for one person. The registered manager told us they had set up a meeting with the agency to determine responsibilities and how important information would be shared between the agencies. This involved a partnership agreement where the two agencies reviewed the person's care with the person together and both used a paper recording system to ensure clarity for both agencies and for the person to be involved in the care they received.