

Kay Healthcare Limited

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Inspection report

220 Wharfedale Road
Winnersh
Wokingham
RG41 5TP

Tel: 02039831753

Website: www.kayhealthcare.co.uk

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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

Kay Healthcare Limited is a domiciliary care service, providing personal care to people living in West Berkshire, Bracknell Forest and adjacent areas.

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. On the day of the site visit, two people were receiving the regulated activity of personal care.

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

People experienced safe care and were protected from avoidable harm by trusted staff who had been safely recruited. Staff had completed safeguarding training and knew how to recognise and report abuse. Risks to people were effectively identified, assessed and managed safely. There were enough staff deployed, with the right mix of skills to deliver care and support to meet people's needs. People received their medicines safely from staff, in accordance with recognised guidance. Staff delivered care in accordance with their training to protect people from the spread of infections.

Staff assessed all aspects of people's physical, emotional and social needs and ensured these were met to achieve good outcomes for them. Staff were effectively supported to develop and maintain the required skills and knowledge to support people. Staff emphasised the importance of eating and drinking well and reflected best practice in how they supported people to maintain a healthy balanced diet. Staff worked effectively with healthcare professionals to make sure care and treatment met people's changing needs.

Staff developed caring relationships with people, whom they treated with kindness and compassion in their day-to-day care. People were supported to make decisions about their care and these choices were respected by staff.

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 interest; the policies and systems in the service supported this practice. People's privacy, dignity and independence were respected and promoted.

People experienced person-centred care, which reflected their needs and achieved good outcomes. People received information in a way they could understand and process, allowing for any impairment. People knew how to make complaints and were confident the management team would listen and address their concerns. The service worked closely with healthcare professionals and sensitively explored and respected people's end of life care wishes.

The management team led by example and promoted a strong caring, person-centred culture where people and staff felt valued. The registered manager understood their responsibilities to inform people when things

went wrong and the importance of conducting thorough investigations to identify lessons learnt to prevent reoccurrences. There were robust measures to monitor quality, safety and the experience of people within the service. Quality assurance was embedded within the culture and running of the service, to drive continuous improvement.

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 12 March 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and when the service had begun to provide care to people.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Kay Healthcare 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

This inspection was carried out by one inspector.

Service and service type

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

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. The registered manager was also the nominated individual and the proprietor of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 registered manager would be in the office to support the inspection. Inspection activity started on 19 August 2021 and ended on 2 September 2021. We visited the office location on 19 August 2021.

What we did before the inspection

We reviewed other information we had received about the service, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority, community professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed the provider's website. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, operations manager and six staff. Operations managers usually have oversight of several services. However, the operations manager at Kay Healthcare Limited fulfilled a role more akin to that of a deputy manager.

We reviewed a range of records, including two people's care records, medication records and daily notes. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures and quality assurance audits. We also reviewed archived records in relation to two people's end of life care.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two community professionals who worked in partnership with the service, supporting people living in their own homes.

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

- People, relatives and professionals consistently told us people experienced safe care and treatment from staff they trusted. One person told us, "I always felt safe because they [staff] got to know me and how I wanted them to help me, especially in the shower, where I was worried about falling after my operation."
- Professionals said the registered manager was very responsive to people's needs and had a person-centred approach to ensuring people were safe.
- People were protected from avoidable harm and discrimination by staff who had completed safeguarding training and understood their responsibilities to protect people from abuse.

Assessing risk, safety monitoring and management

- The service had clear processes to assess and manage risks to people, which were reviewed regularly in response to people's changing needs, to ensure they were met safely.
- People experienced safe care from staff who were aware of people's individual risks. The registered manager had effectively identified and assessed risks to people, which staff managed safely.
- Support plans provided staff with the required information and guidance to enable them to mitigate identified risks, such as choking, malnutrition, moving and positioning and developing pressure area breakdown.
- People's independence was actively promoted, whilst ensuring they were safe. Staff worked closely with people and their families to understand how to manage their risks safely, in the least restrictive way.
- People and relatives consistently told us staff had fully involved them in the needs and risk assessment process. One person told us, "After my operation the carers [staff] were very good at supporting me to regain my independence, whilst making sure I didn't over do it and hurt myself."
- Staff were knowledgeable about people and could explain how they supported them to minimise risks to their health and wellbeing.

Staffing and recruitment

- There were enough staff, with the right mix of skills, to support people safely in accordance with their support plans.
- The registered manager told us they refused to compromise on the quality and safety of people's care. To achieve consistency and continuity of care, people had staff specifically designated to them.
- A professional told us the registered manager was responsive to referrals and ensured thorough assessments of the people's needs.
- The provider effectively recruited and retained staff who were able to develop meaningful relationships and nurture trust in people.

- Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People had received their prescribed medicines safely from staff who had completed the required training and had their competency reassessed annually by the registered manager.
- The provider's policies and procedures gave staff clear guidance how to manage people's medicines safely.
- At the time of inspection, the service was not supporting anyone with their prescribed medicines. However, the registered manager was able to demonstrate their system for completing regular observations to ensure staff managed medicines in practice, in accordance with their training, current guidance and regulations.
- The registered manager and operations manager had established a system of regular audits to check staff administered medicines safely and clearly identified any issues or actions to be taken.
- Staff understood the action to take if a mistake happened, to minimise potential harm to the person and prevent a further occurrence.

Preventing and controlling infection

- We were assured staff were using personal protective equipment effectively and safely.
- We were assured staff had completed infection control training.
- We were assured that the provider was accessing COVID-19 testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of their office.
- We were assured that the provider's infection prevention and control policy was up to date.
- People and relatives told us that staff demonstrated high standards of hygiene and cleanliness whilst delivering care and support.
- People and staff told us the registered manager kept them fully informed regarding changes in government guidance relating to infection control. People and their relatives told us the staff had taken extra care during the pandemic to keep them safe.
- Staff adhered to the provider's infection control policy and procedures and told us the registered manager had ensured there were ample supplies of personal protective equipment (PPE). One staff member told us, "We have always had enough PPE and have had training about how to use and dispose of it and how to keep people safe."
- People and relatives were reassured by staff, who used personal protective equipment in line with government guidance.

Learning lessons when things go wrong

- Staff understood their responsibility to report concerns and were aware of the provider's whistle blowing policy, which gave them confidence to speak up if they had concerns.
- Staff accurately recorded all incidents and accidents, in accordance with the provider's policy, which the registered manager analysed and investigated thoroughly. Any learning or changes to risk assessments were discussed with staff.
- The registered manager had ensured that staff took the required action to keep people safe, by reducing the risk of further incidents and accidents.

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

- Risk assessments considered all aspects of people's care and staff delivered care in accordance with standards from the National Institute for Health and Care Excellence and advice from specialist healthcare professionals.
- Care plans clearly detailed people's needs, individual preferences and choices, and how they wished to be supported. This enabled staff to support people effectively to achieve good outcomes, such as working to increase their strength, mobility, nutrition or to maintain healthy skin.
- The registered manager emphasised the importance of gaining as much information as possible to ensure people received good quality care to meet their needs.
- The registered manager also used such information to allocate the most suitable and compatible staff member to develop meaningful relationships with people to ensure the best outcomes.

Staff support: induction, training, skills and experience

- People and relatives told us they believed staff were well trained because of the quality of care they provided.
- Supervisions, training and competency assessments were used to develop and motivate staff, review their practice and focus on professional development.
- Staff received effective supervision, appraisal, training and support, which enabled them to carry out their roles and responsibilities effectively.
- Staff were supported to access training and develop skills relevant to their role. Staff consistently told us they felt well supported during their induction to the service, with face-to-face induction training and shadow shifts with the registered manager and operations manager.
- Staff made positive comments regarding the approachability of the manager and willingness to show them how to do things. One staff member said "She [registered manager] introduced me to [person] and talked about how they wanted to be supported."
- Documents demonstrated that future training had been scheduled effectively. This ensured that staff had been supported to gain the necessary skills required to meet people's needs and to maintain them.
- All staff had completed or were working towards work- based qualifications which recognised the skills and knowledge of a person to do a job and required the candidate to prove their competence in their chosen role.

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

- People were supported to have enough to eat and drink to remain healthy. The registered manager

placed strong emphasis on the importance of eating and drinking well to maintain people's health and well-being.

- People's care plans explored whether they had a good appetite, if they had any dietary restrictions or preferences and if they were at risk of malnutrition, weight loss or weight gain.

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

- Staff worked well with other agencies and organisations to ensure people had access to the support they needed for their healthcare and wellbeing needs.
- The service made prompt referrals and liaised with other healthcare professionals when the need arose. For example, staff identified a person who was in a high-risk group and prioritised for COVID-19 vaccination but had not received an appointment. Staff appropriately supported the person to ensure their wish to be vaccinated was expedited promptly.
- Staff recognised changes in people's needs in a timely way and promptly sought advice from relevant health professionals. We reviewed examples where staff had immediately sought advice from the registered manager, when they had identified a change in people's needs, who then arranged support from relevant health professionals. For example, in relation to concerns regarding people requiring end of life care.

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.

- The registered manager and staff demonstrated their understanding of mental capacity and how this impacted people, including how to promote choice and control wherever possible for people. People's capacity to consent to their care had been assessed, where appropriate, and accurately recorded.
- Where people lacked capacity to make decisions, their relatives and those important to them were involved in best interest decision processes.
- Care plans clearly detailed how staff should support people to make choices, using their preferred methods of communication.

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

- Staff were inspired by the registered manager to deliver care that was caring and compassionate.
- People experienced caring, meaningful relationships with staff who treated them with kindness in their day-to-day care. One person told us, "The carers [staff] were wonderful and really helped me get back on my feet."
- People received good continuity and consistency of care from regular staff, with whom they shared a strong personal bond. People and relatives told us staff were focussed on caring for them and not completing tasks. One relative told us, "They [family member and staff] have a really close connection and get on so well."
- Staff had a good understanding of protecting and respecting people's human rights and choice. Care records documented people's preferences and information about their backgrounds.
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures. People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender, ethnicity and faith.

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

- People and relatives consistently told us they were fully involved in decisions about all aspects of care and support. One person told us they felt valued and that their opinion mattered.
- Care plans were developed with people, their relatives, relevant professionals, and enhanced by staff knowledge gained from working closely with people.
- The registered manager and operations manager reviewed people's care plans and risk assessments monthly or whenever people's needs changed. This ensured they were accurate and reflected people's current needs and preferences.
- People received monthly quality assurance visits or telephone calls from the one of the managers, where they were able to share their experience about the quality of their care and identify any areas for improvement.

Respecting and promoting people's privacy, dignity and independence

- People experienced care which promoted their independence and respected their privacy. Care plans were written using respectful language, promoting people's dignity and choice.
- People's needs were regularly reviewed and any change in their independence was noted. People and relatives consistently told us staff encouraged them to be as independent as they could be.
- People's privacy and dignity were held in high regard by staff, who ensured people were given space and

privacy in their care.

- One person told us that staff respected their individuality, their personal wishes and goals. Staff knew how to support the person in ways which made them feel positive. For example, staff gently encouraging them to do more each day during their rehabilitation.
- Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records to protect their privacy. The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

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 received personalised care that was responsive to their needs. Staff planned and promoted person-centred care to deliver good outcomes for people. This covered the physical, emotional and social aspects of a person's life and provided opportunities for people to enhance their social lives.
- When people's needs changed staff quickly liaised with health and social care professionals to seek guidance, which they implemented effectively.
- Support plans reflected things that were important to people, as well as their support needs and demonstrated effective engagement with other organisations.
- Staff had supported people to take part in activities according to their wishes and abilities. For example, staff supported people to access local facilities, which increased their sense of independence.

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.

- Staff provided care in accordance with the AIS. People's communication needs had been assessed and plans detailed what support they required to communicate effectively.
- People and relatives confirmed that staff knew how different people expressed themselves and took time to listen and engage with people.
- Staff provided people with information in a way they could understand, which helped them make decisions about their care.

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

- People had been supported to maintain relationships that were important to them. Some of the visits provided by the service were commissioned to provide companionship and prevent people becoming socially isolated.
- Care plans contained comprehensive details about people's life histories, hobbies and interests. This enabled staff to learn about them and informed the registered manager as to which staff may have interests in common with people using the service.

Improving care quality in response to complaints or concerns

- People and their relatives had the opportunity to provide feedback about the quality of the service during

care reviews and meetings with the registered manager. This feedback was consistently positive, with many complimentary comments about the support provided.

- The service had an effective complaints procedure in place. The registered manager treated any concern as a learning opportunity to drive continuous improvement.
- People knew how to raise a complaint or concern and told us when they had any issues, these had been swiftly resolved by the registered manager and staff. There had been no formal complaints since the service began to provide care and support to people.
- People and relatives consistently told us that staff encouraged and supported them to express their views if they had a problem or were worried about anything.

End of life care and support

- People had been given the opportunity to discuss their wishes in relation to end of life care and their preferences, wishes and advanced decisions had been recorded. People's wishes were reviewed regularly.
- At the time of inspection, the service was not supporting anyone with end of life care. However, when the service had supported people at the end of their life, staff had worked closely with family members and relevant healthcare professionals. This had ensured people had rapid access to the appropriate specialist support, equipment and medicines.
- Testimonials consistently demonstrated that people had received compassionate care from staff, which respected their wishes and ensured they experienced a comfortable, dignified and pain-free death. Correspondence from family members consistently referred to the kindness and compassion shown to them by staff whilst their loved one was receiving end of life care and after their passing.
- One relative told us, "I don't know what I would have done without them [staff]. They looked after me as much as [family member]. They were so kind and with me every step of the way. They talked me through everything and arranged all of the other support. She [registered manager] knew exactly what to do."

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

- The registered manager and staff placed people, their needs and preferences at the heart of the service, by ensuring their dignity, independence and choices were prioritised.
- People experienced personalised care from a stable staff team who knew them well and were committed to ensuring they received care, which was individual to them. The registered manager and staff were focused to ensure people came first and received good outcomes.
- People trusted the registered manager because they responded quickly if they contacted them. People and relatives commended the registered manager for being empathetic and extremely responsive, whenever they were worried or required support.
- The registered manager was keen to develop the operations manager and other staff, so they could effectively cover the service in their absence. This included during out of hours. This also encouraged career progression and staff confidence to develop.
- At the time of inspection, the registered manager and operations manager shared the responsibility for providing continuous out of hours support to people and staff, which they rotated weekly.

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 had a policy that clearly identified the actions staff should take in situations where the duty of candour would apply.
- The registered manager and staff were aware of their responsibilities under the duty of candour and understood the importance of transparency when investigating something that goes wrong.
- The registered manager had assumed responsibility and accountability when concerns had been raised or mistakes had been made. When relatives raised concerns, the registered manager listened and took swift action to address the concern.
- The registered manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.

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

- The provider had robust processes for reviewing the quality and safety of the service. The registered manager used feedback from people and their families to identify necessary learning and areas for improvement.

- The registered manager and operations manager completed regular audits and reviews of care records and action plans to address any areas for improvement identified.
- The registered manager and operations manager held daily governance meetings where significant events were discussed to identify and ensure required action was taken.
- There was a clear management structure within the service. The registered manager was highly visible and provided clear and direct leadership, which inspired staff. The registered manager was a qualified nurse and had the skills, knowledge, and experience to lead effectively. Staff told us they felt respected, valued and well supported.
- People, relatives and staff consistently described the registered manager as an excellent role model. The registered manager had been supported by the external training specialists to deliver staff training. At the time of inspection, the registered manager and operations manager were awaiting courses to become accredited trainers.

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

- The registered manager and operations manager regularly delivered care, which enabled them to spend meaningful time with people who used the service and with staff. This enabled them to seek people's views on a regular basis and involve people in any changes.
- Visits had been coordinated to ensure that the registered manager delivered care to each person at least once per month. The registered manager told us that whilst they wished to grow their service, they were determined to maintain a strong focus on the quality of care being provided by their staff.
- People and relatives told us they felt very involved in care decisions and that they experienced very good communication with the registered manager and staff. One relative said, "[Registered manager and operations manager] were always there when I needed them."
- Staff told us the registered manager valued their views, which they were encouraged to share during supervisions. One staff told us they were looking forward to having face to face team meetings which were being arranged in the future.

Working in partnership with others

- The registered manager and staff worked well in collaboration with external agencies to help ensure people received high quality, well-coordinated and consistent care. Commissioners of people's care told us the registered manager was organised and demonstrated a person-centred approach to people's care needs.
- The registered manager was a member of the registered manager network and area support groups. This meant they were able to keep up to date with current guidance and good practice.