Kanyuchi Limited

Kanyuchi 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 26 April 2017. We gave notice of our intention to visit Kanyuchi Healthcare as it is a small agency where the registered manager also makes calls in people's homes. In the days following our visit we spoke on the phone with people who used the service and staff. This was our first inspection of Kanyuchi Healthcare.

Kanyuchi Healthcare is a home care service providing personal care services to people in their own homes in southern Hampshire. At the time of this inspection there were seven people receiving personal care services. The service employed eight staff and was managed from the registered manager's home.

The manager had registered with us in April 2016 and had started to carry out the regulated activity of Personal care in September 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager of Kanyuchi Healthcare was also the sole director of the owning company.

The provider had arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. There were enough staff to support people according to the agreed call rotas. Recruitment processes were in place to make sure the provider only employed workers who were suitable to work in a care setting. There were arrangements in place to handle and administer medicines safely.

Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. Staff were aware of the need always to obtain people's consent. Where staff supported people to eat and drink enough, there were appropriate systems in place to record people's intake. The provider engaged with healthcare services, such as GPs and community nurses, to inform people's care plans.

Care workers had developed caring relationships with people they supported. People were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's independence, privacy, and dignity.

Care and support were based on assessments and plans which took into account people's abilities, needs and preferences. Care plans were reviewed and updated regularly and when people's needs changed. Systems were in place to check people received care according to their agreed plans.

The registered manager communicated a caring ethos. Systems in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided were appropriate to the size of service. People told us the service was responsive, and the manager and staff listened to them.

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 were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and carried out recruitment checks to make sure workers were suitable for work in a care setting.

Processes were in place to make sure medicines were administered safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision.

People were supported by staff who understood the need to obtain people's consent to their care and support.

Some people were supported to eat and drink enough and people had access to other healthcare services when required.

Is the service caring?

Good

The service was caring.

People had developed caring relationships with their care workers.

People were supported to participate in decisions affecting their care and support.

People's independence, privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's care and support met their needs and took account of their preferences.

There was a complaints procedure in place, but people had not needed to use it.

Is the service well-led?

Good

The service was well led.

An appropriate management system and processes to monitor and assess the quality of service provided were in place.

There was an empowering culture in which people were treated as individuals and could speak up about their care and support.

Kanyuchi 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 was 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.

The inspection took place on 26 April 2017. We gave the provider two days' notice of our visit to make sure the registered manager was available. We contacted care staff, people who used the service and their family members by telephone in the days following our visit to the registered manager. A single inspector carried out the inspection.

Before the inspection we reviewed information we had about the service, including a 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.

We spoke with the registered manager, two people who received personal care services, two family members and two staff members.

We looked at the registered manager's documentation and records, including policies and procedures, logs of events and late calls, a staff newsletter, training and supervision records, and quality monitoring records. We looked at three staff files including recruitment records, and five people's care files including records of medicines and daily logs.

Good

Is the service safe?

Our findings

Everyone we spoke with said they or their relations who used the service felt safe when care staff were in their homes. One person said, "They do everything they should do, and don't do anything they shouldn't." Another person's relation said they thought their loved one was "absolutely safe" when receiving care and support. A third person's relation told us they could go to work "confident he is being looked after properly".

The provider took steps to protect people from the risks of avoidable harm and abuse. Staff we spoke with were aware of the types of abuse, the signs and indications to look out for, and how to report them if they had any concerns. None of the staff we spoke with had seen anything which caused them concern, but they were confident any concerns would be handled promptly and effectively by the registered manager. All staff had received training in safeguarding adults. The provider's policies were available online for staff to consult. The safeguarding policy and employee handbook contained relevant information for staff. The registered manager had a copy of the local health and social care commissioning group's own safeguarding policy for reference.

The registered manager was aware of processes to follow if there was a suspicion or allegation of abuse. We discussed an incident which had led the manager to discuss with the local authority safeguarding team concerns about possible financial abuse of a person by a third party. At the time of our inspection it had not been substantiated if financial abuse had occurred, but this showed the manager was aware of the risks and appropriate contacts for support.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with people's home environment, including the property and appliances used by staff while supporting the person. There were also assessments of specific individual risks such as falls or risks arising from supporting people to move and reposition themselves. Where people were identified as being at risk of falls, their risk assessment was updated monthly to check if there was any change to the risk.

Where the provider had identified risks, staff had instructions how to reduce or manage the risk. In one person's care plan there was guidance concerning the use of a stair gate. In another case the registered manager had engaged with a local occupational therapy service to arrange for the person to have a walking frame to replace their stick.

Care staff reported accidents and incidents. We saw a report of a person who had fallen at some time between their care worker visits. At the next visit their care worker had found they had swollen elbows. They had completed the necessary forms including a body map to show where the person's injuries were located. In another case the registered manager had arranged for a person to have longer calls to enable care staff to support them safely without rushing.

There were sufficient numbers of suitable staff to support people according to the agreed call rotas and to cover sickness and other absence. People did not raise any concerns with us about missed calls, and records showed a low level of late calls. Staff told us their workload was manageable and that the registered

manager only took on new care packages if there were sufficient staff to cover them. The manager had recently engaged four new staff to provide contingency and cover for leave and sickness.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, evidence of previous training, and good conduct in previous employment. The manager told us they used interviews to follow up if there were gaps in a candidate's employment history. Interview records showed these followed a standard pattern with standard questions.

Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people.

Arrangements were in place to make sure people's medicines were handled and administered safely. Staff were aware of the provider's policy in this area. All care workers received training in medicines and had their competency signed off by the registered manager before they started to administer medicines.

Records and guidance were in place for care workers to administer prescribed medicines from blister packs. The records we reviewed had all been completed correctly. Where people were prescribed medicines to be administered "as required", there were clear instructions for staff with respect to checking and recording medicines administered. Medicines records included information about people's allergies.

Good

Is the service effective?

Our findings

People and their relations were confident staff had the skills and knowledge to support them according to their needs. One person said, "They are all good. We are lucky to have them." Another person's family member told us they were confident staff were properly trained and prepared. They said new staff were accompanied by the registered manager to "show them the ropes".

The registered manager was able personally to carry out induction training for new staff because the service was not large.This included the use of any equipment, such as hoists, in people's homes. The manager supervised care calls until the care worker was signed off as competent to work on their own. All staff also had a one day classroom course given by an external supplier. This included health and safety, information governance, safety, equality and diversity, infection prevention and control, food hygiene, basic life support, safeguarding adults, conflict management, and lone working. Staff completed an online training course in the safe administration of medicines, and records showed some staff members had received additional training in caring for people living with dementia, and moving and repositioning people.

The manager monitored staff training by means of manually updated computer files. Similar records were in place for monitoring staff supervision meetings. Other records showed these meetings covered the staff member's progress in the workplace, concerns, personal development, timekeeping, standards and feedback. Staff we spoke with told us they felt supported by the registered manager to do the job properly. Staff were complimentary about the induction training they received. They said everything was explained, they had other courses in the pipeline, and they could take any concerns to the manager. One staff member described the registered manager as "an inspiration".

The registered manager was aware of the Mental Capacity Act 2005 and how it affected providers of care services. The Act 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.

At the time of our inspection there were no people using the service who had been assessed as lacking capacity. The registered manager told us in the past they had requested that social services carry out a mental capacity assessment because they had concerns a persons's ability to make decisions had changed.

Records showed that the provider took into account the need to obtain consent and encourage people to make their own decisions. Care records included signed consent forms. One person's care plan said they had short term memory problems but were able to answer questions about their daily care. Another person's plan stated they were able to make decisions to do with activities of daily living. Staff were aware of the importance of obtaining consent on a day to day basis and gave us examples of how and when they did this.

Where staff supported people to eat and drink enough and to maintain a healthy diet, this involved

preparing food that had been purchased by the person's family and prompting them to eat and drink. Staff recorded the amounts people ate and drank while they were supporting them. One staff member said they checked people were drinking enough as part of their personal care support. The relation of a person who used the service told us they were kept informed if their loved one was not drinking enough.

Records showed the registered manager had called in people's GPs and community nurses when they had concerns about the person's health. In one example the manager had contacted community nurses when they had concerns about the person's skin health. This had resulted in a prescribed cream being added to the person's care plan and heel protecting boots being supplied to reduce the risk of a pressure injury. In another example the manager had requested a consultation with a physiotherapist, which had resulted in the provision of equipment to help staff support the person to reposition themselves safely. One person we spoke with described how staff had helped them with their rehabilitation after an operation.

Good

Is the service caring?

Our findings

Everyone we spoke with told us their care workers and the registered manager were kind and compassionate. People said that staff were respectful and polite and observed their rights and dignity. There were no concerns about the behaviour and attitude of the staff. Everyone spoke warmly about them. People told us they had regular care workers except for holidays or sickness which made it easier to establish caring relationships.

One person said their care workers were "very caring", involved them in their care, and were "very good" at knowing their needs and preferences. Another person said their care workers took "time to talk with you".

People's family members were also complimentary about the relationships between care workers and the people they supported. One family member described the care workers as "brilliant", "marvellous" and "proper carers". Another family member said their loved one "absolutely adored" their care workers, and their calls were the "highlight of the day" for them.

The registered manager told us they used their recruitment and induction processes to make sure the staff employed were caring people. They took care to introduce new care workers to the people they would be supporting. They used the rota to ensure continuity of support for people.

One care worker told us they "wanted to do this job but wanted a company that put people first". Care workers told us the registered manager led by example in establishing caring relationships with people. There were examples of care staff "going the extra mile". On one occasion staff stayed on after the contracted call time to make sure the person's dignity was restored before they left. On another occasion, staff supported the person in their own time to walk in their garden as part of their rehabilitation after an operation.

People were involved in decisions about their care, and were able to express their views. One person said, "They just talk to me." Another person's relation said they were consulted if there were any concerns about their loved one's care. They said, "Any problems, they come and find me."

Care plans were written to encourage and remind staff to involve people in their day to day care and activities of daily living. One person's care plans stated, "Give [Name] choices. Give full information so I can make an informed decision." Another person's care plan read, "Care staff to always give [Name] a choice and ask / seek his consent." Records showed there were two way notes between care workers and family members. The registered manager kept people and their families informed if there were changes to their care plans.

Care workers respected people's dignity and privacy. They gave us examples of how they respected people when supporting them with personal care. These included keeping doors closed to preserve people's privacy, giving people choices and asking permission, which showed they respected peoples' individuality and rights.

The registered manager told us nobody using the service had particular needs or preferences arising from their religious or cultural background. However the care assessment process was designed to identify if the person had relevant needs or preferences in this area. Staff were aware of some of the adjustments to people's support that could arise from this. Equality and diversity was included in the standard training package.

Good

Is the service responsive?

Our findings

People were satisfied they received assistance with their personal care that met their needs and took into account their preferences and wishes. One person told us, "They know what needs to be done. I have had no problems. I am a satisfied customer."

Another person's relation told us there had been no problems in this area, and their loved one would "soon tell them" if their care workers did not do things as they wanted. A third person's relation told us the care workers "do everything". They said they could always look in the care plan and daily log to see the support their loved one had received.

Care plans were detailed, individual to the person and were organised to show the person's needs for support with activities of daily living. They were based on assessments designed to identify people's needs, preferences and risks associated with their care. They stated what people were able to do independently. Where they needed help there were clear instructions for care staff. Care plans covered communication, bathing and washing, dressing and grooming, personality, continence, eating and drinking, pressure areas, social needs, moving and handling, memory, resuscitation, medication and falls. They contained information about how people preferred to be supported, for instance one person preferred to use an electric shaver.

The registered manager reviewed care plans every three months and if people's needs changed. The reviews included the use of an assessment tool to measure people's abilities with respect to activities of daily living. One person had gone into hospital for an operation, and their care plan was adapted when they returned home. In other examples the registered manager had arranged for longer calls to meet people's changing needs. At the time of our inspection all care calls were at least 45 minutes. The manager told us this meant care staff were able to meet people's needs, take into account their preferences, and engage with them socially. Care staff told us the care plans contained the information they needed to support people according to their needs and preferences.

The provider was able to respond to urgent and short notice requests for support. When a person's partner went into hospital, the registered manager had arranged a visit on a day when no call was usually planned.

Care staff made records of the care and support people received in daily logs. The logs included a tick box to show that the separate medicines administration record had been completed, and the start and end times of the call. The registered manager checked the daily logs regularly and kept a separate record of any late calls. Systems were in place to make sure people received care and support according to their care plans.

The provider had a complaints process in place, and the care files in people's homes contained details of contact information if people wished to raise a complaint. There had been no complaints since the service had started. People were confident any concerns would be dealt with if they raised them with the registered manager. One person told us they had mentioned problems with the timings of calls and the manager had done what they could to resolve the issue. One person's relation told us there had been no problems with

the service their loved one received, but they were certain any problems would be resolved promptly. They said, "If the office is reflected in the general standard of care, then there would be no problem sorting anything out."

Good

Is the service well-led?

Our findings

At the time of our inspection, the service was small, but growing. The registered manager was central to the organisation and administration of the service. All the people and staff we spoke with had a high opinion of the manager and the way the service was led. One staff member described the manager as "passionate" and another said, "This is how I have always believed a service should be run." The manager had an ambition to grow the service so that they would be supporting 20-25 people in the coming year. They were aware that they would need to delegate certain tasks to senior staff and look at long term office facilities and more use of computer systems as the service grew.

There was a clear ethos of pride in care which the registered manager communicated to staff through their recruitment and induction processes. The manager had adopted the principle of the "6Cs" from their time working as a nurse. These were caring, compassion, competent, communication, courage and commitment. The manager and staff told us they wanted to "make a difference" and "go the extra mile". One staff member said, "It is all about what people want."

People told us they thought the service was well managed and communications were good. One person said, "They always tell me if they are running late." Another person's relation described how the registered manager "put the wheels in motion" to put in place a care package which met the person's needs.

The registered manager had purchased and adapted a standard package of policies and procedures from an external supplier. These were kept up date with notifications of changes in legislation and other changes by the supplier. Staff were able to read changed policies online, and the manager could track when changed policies had been read.

The registered manager kept in touch with staff by telephone and email. They had started to issue a monthly email newsletter to staff. This included messages about the administration of the service, new starters and educational information. In March 2016 this had covered safeguarding and falls, and included links to further information available online. Staff told us they found the management of the service to be effective while maintaining a friendly, caring culture.

At the time of our inspection the registered manager was able to keep in touch personally with people using the service and their families to receive direct feedback on the quality of service provided. They had also received feedback from a social care professional who said the support given to a person was "highly appreciated".

The registered manager had a survey questionnaire ready to send out when people had been using the service longer. It requested feedback on the areas of kindness, dignity, and individuality. It asked if staff listened and if staff were informed about the person's life experiences. It included how staff supported the person and if they gave information so the person could make informed decisions and allowed them to express their views. The manager had tested the survey with two people in September 2016. In their comments, they had described the service as "kind and caring", and referred to the manager's "gentle

manner".