

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

### About the service

Kanyuchi Healthcare is a domiciliary care agency providing care and support to people living in their own homes who have a range of needs. CQC only inspects where people receive personal care. Not everyone who used the service received personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 18 people were receiving personal care.

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

People were happy with the care they received and felt the service was run well. A clear management structure was in place. Feedback about the service was sought from people, their relatives and staff. Quality assurance systems were in place to assess monitor and improve the service.

Appropriate safeguarding procedures protected people from the risk of abuse. There were enough staff to meet people's needs and they had been recruited safely. Individual and environmental risks were managed appropriately. People received their medicines safely and as prescribed.

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. Staff sought people's consent and supported people to make choices about their care.

Staff received appropriate training and support to enable them to carry out their role effectively. Staff treated people with kindness and compassion. Staff had developed positive relationships with people and their relatives and knew what was important to them. People were treated with respect and dignity. Staff encouraged people to remain as independent as possible in their daily routines.

People received personalised care which met their specific needs, Care plans were clear, detailed and person-centred, which guided staff on the most appropriate way to support them. A complaints procedure was in place, which ensured concerns were investigated and acted upon appropriately. Where required, arrangements were in place to support people in a dignified manner at the end of their life.

### Rating at last inspection

The last rating for this service was Good (published 2 June 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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.

# Kanyuchi Healthcare

## 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

The 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 houses and flats.

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.

#### Notice of inspection

We gave a short period 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 23 December and ended on 30 December 2019. We visited the office location on 23 December 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications. Notifications are information about specific important events the service is legally required to send to us. 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 the registered manager and reviewed a range of records. This included six people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We spoke with five people and their relatives, who receiving care and support from the service. We received feedback from three health and social care professionals involved with the service and spoke with four members of care staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe and protect them from the risk of abuse.
- People told us they felt safe with staff in their own homes. One person said, "Yes I feel very safe with them here, they are very sensible, they know what they are doing." A person's relative told us, "We rely on [the staff], we know when they are there, [our relative] is in good hands."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "If we have any concerns, we contact [the registered manager] straight away and he will go down proper routes to sort it out."
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local safeguarding team. The registered manager was clear about their safeguarding responsibilities.

Assessing risk, safety monitoring and management

- Risks to people had been assessed as part of the care planning process. These were recorded within people's care records and risk assessments clearly identified how staff should support people to reduce the risk of harm.
- People had risk assessments in place in relation to; medicines, moving and handling, mobility, dietary needs and skin conditions.
- Environmental risk assessments had been completed to promote the safety of people in their own homes and of the staff that visited them. This included information about people's living environment and the security of the property.
- Staff were knowledgeable about people's individual risks and were attentive to taking steps to keep people safe.
- Staff used an electronic logging system, which was reviewed by the registered manager and office staff. This meant when staff arrived at a person's home, they were expected to log in and could view all the expected tasks to be completed. As well as helping to ensure staff safety, this system also allowed the management team to monitor call times were met and staff stayed for the appropriate length of time with people.

Staffing and recruitment

- There were enough numbers of staff available to keep people safe.
- Recruitment procedures were robust to help ensure only suitable staff were employed.
- Office staff used a computerised management system which detailed the staffing requirements for each day.
- People were offered a copy of their care rota on a weekly basis, so they knew which member of staff was

coming for each visit. Where this changed due to staff sickness or holiday, people confirmed they were informed of any changes in advance by office staff.

- People and relatives spoke positively about the staffing levels and confirmed that staff usually arrived at the time expected. One person said, "If they have to change the times, they just ring up and they tell me what is happening, but that is very rare."

#### Using medicines safely

- Most people who received a service with Kanyuchi Healthcare managed their own medicines or were helped by a family member. However, where people required support from staff, this was completed safely.
- Staff had received training to administer medicines safely and as prescribed. People and their relatives were confident in how they were supported by staff.
- Where people were supported to take their medicine, medicines administration records (MAR) were completed and reviewed by the registered manager. These showed that staff had administered medicines as prescribed. The MAR chart provides a record of which medicines were prescribed to a person and when they were given.

#### Preventing and controlling infection

- Procedures were in place to protect people from the risk of infection. Staff had received training in infection control.
- Personal protective equipment (PPE), such as disposable gloves and aprons were provided to staff to minimise the spread of infection. Staff told us that stocks of PPE were available for them to collect from the office when required. A staff member said, "PPE is always available, we can pop in the office when we are running low and there is always plenty in the cupboard."
- Staff confirmed they wore gloves and aprons when completing care tasks and washed their hands appropriately.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and regularly reviewed to ensure that any learning could be discussed and shared with staff to reduce the risk of similar events happening.
- Staff recorded and informed the management team of any incidents when things might have gone wrong. The registered manager used a matrix to analyse accidents and incidents and identify any patterns or trends.
- Where people had experienced a fall whilst in their own at home, this was recorded by staff and action was taken to help reduce the risk of another fall occurring. For example, for one person, the registered manager had worked with the local authority to increase the time of each visit, which enabled staff to complete exercises with a person to improve their mobility.
- The registered manager knew how to seek support from external professionals when they required additional guidance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service started supporting them. This included considering any risks and assessing for any specific equipment that people may require.
- People's care plans contained details of their background, any medical conditions, and information about choices and preferences. Information had been sought from relatives and other professionals involved in their care, where relevant.
- People told us they were satisfied with the quality of care they received. One person told us, "They [care staff] are very nice, they get me out of bed and get me dressed, they do it well."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Checks of staff practice helped to ensure people received high quality care.

Staff support: induction, training, skills and experience

- People were supported by staff who were knowledgeable, skilled and well-trained to carry out their roles effectively. One person said, "They all know what they are doing, the training side of it is no problem at all."
- New staff received an induction into their role, which included mandatory training courses and working alongside more experienced staff until they felt confident and were competent to work independently with people. A person confirmed that new staff sometimes accompanied existing staff on some care visits, they told us, "If someone is new, normally [the registered manager] or one of the other senior staff will come in with them and they stay with them for about two or three weeks."
- Staff received a good standard of regular training which helped them to effectively support people and meet their needs. Training included safeguarding, moving and handling, infection control, food hygiene and first aid.
- Staff received regular supervisions, which aided their professional development and supported their wellbeing. Staff had annual appraisals of their performance. One staff member told us, "I have monthly supervisions and yearly appraisals. [The registered manager] gives you feedback all of the time, he praises us and suggests areas for us to improve on. He is always giving us new challenges and I really like that, it motivates you."

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

- Most of the people we spoke with said they or a relative prepared their meals. Those people whom staff prepared meals for were happy with the way this was done.
- Staff promoted good nutrition and hydration and supported people to eat and drink enough. One relative said, "We know she has breakfast and [the staff] sit and have a cup of tea with her, it takes the pressure off us worrying about her."



- Where required, staff used recording charts to monitor people's intake of food and fluids. This helped to ensure people maintained a balanced diet.
- People's care plans contained information about any special diets they required, food preferences and support needs.

Staff working to provide consistent, effective, timely care

- Staff worked together to ensure that people received consistent, timely and person-centred care.
- There was good communication between staff to ensure that messages were passed on appropriately to the next staff member visiting a person to provide care.
- Staff delivered care in a way that met people's individual needs and was considerate of their personal routines. For example, where people attended weekly day centre services, care staff worked around these commitments to ensure personal care was delivered in a timely manner.

Supporting people to live healthier lives, access healthcare services and support

- People had care plans in place which contained essential information about their general health, current concerns, social information, abilities and level of assistance required. This was shared appropriately if a person was admitted to hospital or another service, which allowed consistent and effective care.
- Where people's health needs deteriorated, staff supported them to access medical support as required. One staff member told us, "I contact [the registered manager] straight away if I think someone needs a referral to an occupational therapist for any equipment. He then makes the referrals straight away." We saw records in people care plans of referrals to health professionals that had taken place.
- Staff worked well with external professionals to ensure people were supported to access health and social care services when required.

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. From discussions with the registered manager and staff, they demonstrated an awareness of the MCA and understood how this affected the care they provided.
- Where people lacked capacity to consent to care, the principles of MCA were followed, and best interest decisions made and recorded in their care plans.
- Staff had received training in the Mental Capacity Act and were clear about the need to seek verbal consent from people before providing care or support. One staff member said, "It's important to treat everyone respectfully and always give them choice. You can't just presume that someone can't make a decision for themselves."
- People's care plans contained a statement of consent which outlined the care and support they received and who they were happy for their information to be shared with. This had been signed by the person each time their care plan was reviewed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were supported by staff who were kind, caring and compassionate. Comments from people and their relatives included, "Everyone I've had is absolutely wonderful, they all know what they are doing", "They are very good carers", and "They are truly good as gold."
- Staff had developed positive relationships with people and knew what was important to them. One person had commented in a recent survey, "[The staff] are lovely, caring and professional people. Nothing is ever too much for them and they laugh at my jokes!" Another person said, "I am treated with upmost dignity. [The staff] are friendly, caring and fun to be with. I cannot think of anything negative about the care."
- Staff told us that before visiting a new person they were provided with information about the person's care needs. This meant they would know important information about the person to ensure they were able to meet people's individual needs.
- Staff had received appropriate training in equality and diversity and were open to people of all faiths and belief systems. There were no indications people protected under the characteristics of the Equality Act would be discriminated against.

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

- Staff showed a good awareness of people's individual needs, preferences and interests. People's care records included information about their life histories and what was important to them.
- People were supported to express their views about the care they received. Staff worked well to be adaptable and support people in the way they preferred. One person said, "I appreciate that everyone is different and has their own way of doing things, so I make sure I help people in the way they want to be helped."
- We received positive feedback from health and social care professionals in relation to the manner people were involved in making decisions about their care. One professional commented, "Both [the staff and the registered manager] appear to work in a person-centred way and listen to the wishes of the people they care for."
- People and where relevant, their relatives, told us they were involved in making decisions about the care provided. A relative told us, "Right from start, they came around and sat with me and [my relative] and did a thorough assessment."
- People and their relatives told us they were frequently asked by staff if they were happy with the care provided. They also confirmed that care arrangements were reviewed regularly to help ensure care was provided as required.
- The registered manager and office staff had regular contact with people on the telephone, visiting them in

their own homes, or when carrying out spot checks of staff. This enabled them to seek people's views, review if any changes were needed and check if they were happy with the service they were receiving. One relative said, "With the care plan reviews, they always ask if there is anything we are worried about."

#### Respecting and promoting people's privacy, dignity and independence

- People felt respected by staff, who encouraged them to be as independent as possible in their daily routines. One person said, "They help you to do whatever makes you feel happy and what you are confident to do."
- Care records had detailed descriptions of people's needs and abilities to make sure staff supported them to maintain their independence. For example, one person's care plan described how staff should prepare and pass items to a person in the morning, so they could make their own drink independently to the strength they prefer. Another person's care plan detailed how staff supported a person to ensure they had the correct items with them when they visited a day centre. This helped the person to stay independent in the community and uphold their dignity.
- Staff described how they supported people to maintain their abilities. For example, one staff member told us, "I visit one person on regular basis who likes to stay independent. I put a drop of cream on their hand, so they can apply it themselves and I just do the bits they can't reach."
- People told us staff treated them with respect and provided care and support in a dignified way. One person said, "They are very good, they respect my privacy and my home." Staff understood their responsibilities when respecting people's dignity and showed consideration for people's privacy when completing personal care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and support, which gave them choice and control. One person told us, "[The staff] are brilliant, every single one of them, they all do exactly what they should, and they are always aware of what needs doing."
- People's care plans were clear and person centred. They contained information in relation to people's likes and dislikes, personal preferences, health, social needs, communication requirements and tasks they required support with during each visit from staff.
- Daily records showed people received care and support according to their assessed needs. Staff used a secure app on their mobile phone to access people's care records and document their visits. One staff member said, "If I get a new client, I check first to see what they need so I know what I'm doing before I go in. I read up on the care plan about what they like, dislike and how they prefer things to be done."
- Most people were supported by a regular group of staff, which meant their needs were met consistently and helped staff to build relationships with people.
- External health and social care professionals told us they felt people were provided with individualised support. One external professional said, "I myself have found them to be very person-centred and respectful in their approach to care."

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.

- People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information. For example, one person's care plan stated, "Carers are to take their time to explain and simplify options in order to allow me to make decisions regarding day to day life."
- Care records identified if a person had a sensory loss and what staff should do to support the person to improve communication. For example, one person had their care documents printed in a larger font to help them read the information clearly.
- The registered manager described how care staff worked with external agencies for people with sensory impairments to further support them.

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

- The registered manager and staff were in regular contact with people and their relatives where appropriate. Staff had built a positive relationship with people using the service and supported them to maintain contact with others that were important to them.
- People were supported to develop new friendships and maintain existing ones to avoid social isolation. The registered manager told us they encouraged people to widen their social support networks by attending social clubs and activities. For example, they described how staff had supported one person to pursue one of their favourite sporting hobbies in the local community.

#### Improving care quality in response to complaints or concerns

- The provider had the processes in place to act on any complaints that had been received. We reviewed complaints records and found they had been dealt with in line with the provider's complaints policy.
- Relatives told us that they had confidence in the service and if they raised minor concerns, these were acted on promptly. One relative said, "I haven't had to complain, but if something was wrong, [the registered manager] puts it right."
- The registered manager, office staff and care staff regularly engaged with people and their families so that any low-level concerns could be addressed quickly. One person said, "I've never had to make any [complaints], but if I've got any issues I'll talk to [the registered manager]. Quite often he will ring up and ask if everything is going ok."

#### End of life care and support

- No people using the service were receiving end of life care at the time of our inspection.
- We looked at records of an end of life care plan where a person had recently passed away. This included details of the person and their families wishes, as well as guidance for staff on how to care for the person to ensure a comfortable, dignified and pain-free death.
- The registered manager provided us with assurances that people would be supported to receive good end of life care. They told us they worked closely with relevant healthcare professionals, provided support to people's families and ensured staff were appropriately trained and supported.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 happy about the service they received from Kanyuchi Healthcare and gave positive feedback about all staff members.
- People, their relatives and health and social care professionals were complimentary of the registered manager and the way in which the service was run. Comments included, "The [registered manager] clearly has an excellent ethos, which seems to filter down through the organisation as a whole", "He is a brilliant, he's got a great character and I have the greatest respect for him" and "[The registered manager] is a wonderful person, he comes to see me from time to time and he often rings me."
- Staff told us they enjoyed their roles and felt supported and valued by the registered manager. One staff member said, "I feel proud to work here, they truly are an amazing company. If you asked me to rate them out of 10 I would give them 15!" Another commented, "[The registered manager] is brilliant, you can have a joke and laugh with him and you don't feel worried to talk to him. I've had a problem before and I found him very approachable."
- Where staff received compliments from people, the registered manager made sure this was passed on to the staff member and thanked them for their hard work.

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 demonstrated a transparent approach to their responsibilities. Where any safeguarding concerns were raised, or accidents occurred, relevant people were informed, in line with the duty of candour requirements.
- A duty of candour policy was in place, which supported staff and management to act openly and honestly in their roles.

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

- Quality assurance systems and audits had been developed to assess, monitor and improve the service, which were monitored by the registered manager and office team.
- There was a clear management structure in place, consisting of the registered manager and senior staff. They were clear about their roles and responsibilities and the registered manager was working with staff to delegate tasks such as care reviews and supervisions.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were

policies on safeguarding, whistleblowing, complaints and equality and diversity.

- The service had implemented a new electronic care planning system, which meant monitoring of the service provided was more effective and less time consuming for the registered manager. If any care calls were late or missed, an alert would flag this to the registered manager and they took action to address it.

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

- There was an open-door policy. People felt confident to contact the office to speak to staff about their care package.
- Feedback about the service was gathered from people and their relatives in a range of ways including annual surveys, one-to-one discussions and telephone contact. A person told us, "They send us a regular questionnaire which asks if anything has changed, we find it very useful."
- Staff meetings were held regularly and provided all staff with an opportunity to discuss any issues or concerns and stay up to date with any changes within the service. Staff confirmed they found staff meetings useful and felt listened to by management when raising issues.

Continuous learning and improving care

- There was an emphasis on continuous improvement. The registered manager or senior staff monitored the service people received by observing staff practice and approach, to ensure they worked safely and displayed a respectful attitude.
- The registered manager and office staff completed regular care visits within the community, which meant they had regular contact with people and good oversight of how the service was running. A staff member commented, "I think that one of the things I really like about Kanyuchi, the manager isn't just sat in the office, he goes out too so he knows exactly what's going on."
- The registered manager attended regular meetings with providers of other domiciliary care agencies and had subscriptions with key organisations in the care sector. This helped to ensure they stayed up to date with best practice and guidance.
- The registered manager monitored complaints, accidents, incidents and near misses frequently. If a pattern emerged, action was taken to prevent a reoccurrence.
- All learning was shared with staff during staff meetings, handovers and supervision.

Working in partnership with others

- The staff and management team worked in partnership with other agencies and professionals to ensure people received the support they required. An external professional told us, "I have worked with Kanyuchi on a number of occasions and have always found their care to be of a high standard and [the registered manager] to always have good knowledge of all service users."
- People's support plans showed the involvement of health and social care professionals including district/community nurses and GPs, which ensured effective joined-up care.
- The registered manager worked with people's relatives where appropriate, to help support people's day to day routines effectively. One relative told us, "We email or phone [the registered manager] if we need too, we often liaise with him about any appointments [our relative] has. We know we can contact him at any time."