

Kolours Healthcare Limited

Kolours Healthcare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was announced and took place over a number of days and included 23, 28 and 30 November 2016.

Kolours Healthcare is a care agency that is registered to provide personal care to people within their own homes. The service is based in Southend in Essex and covers the surrounding areas.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the provider and owner of the service. We will refer to them in the report as the registered manager.

The provider did not have an effective quality assurance system to monitor or improve the service provided to people. Although people felt listened to and that their views and opinions had been sought.

The provider did not always follow safe recruitment procedures to help ensure that people received their support from staff of suitable character. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting but these had not been completed consistently.

People had assessments completed before they started with the service; a care plan was developed around individual needs and preferences. People had agreed to their care and their views on how this would be provided had been respected. People said they had been treated with dignity and respect and that staff provided their care in a kind and caring manner. People were supported by staff to maintain good healthcare and where needed they would assist them to gain access or contact healthcare providers.

The registered manager promoted a person centred, open and honest culture. Staff were not always happy to work for the service and did not feel supported by the registered manager. There were sufficient staff available, with the right competencies, skills and experience to help meet the needs of the people who used the service.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Risk assessments had been completed to help staff to support people with everyday risks and help to keep them safe. These had been regularly reviewed to ensure both staff and people who received a service were kept safe. Systems were in place to assist people with the management of their medication and help ensure people received their medication as prescribed and they received the support they needed.

People knew who to raise complaints or concerns to. The service had a clear complaints procedure in place and people had been provided with this information as part of their assessment. We saw that complaints

had been appropriately investigated and recorded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The provider had not always ensured all relevant employment checks had been completed.

There were enough staff to meet people's needs.

People received their medicines as required.

Is the service effective?

Good ●

The service was effective.

Staff had received training and support to meet the needs of the people who used the service.

People were supported in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain their health and their eating and drinking needs were assessed and met.

Is the service caring?

Good ●

This service was caring.

Staff treated people in a kind and caring manner.

People who used the service had positive relationships with staff.

Staff supported people to be independent where possible, in a caring and respectful way.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained relevant information so that people received care in a person centred way.

People were actively encouraged to give their views and raise

concerns or complaints. People's feedback was valued.

The service liaise with other professionals to ensure people are receiving appropriate healthcare.

Is the service well-led?

The service was not consistently well led.

Systems were not in place to monitor the quality of the service being provided.

The registered manager was aware of their registration responsibilities with Care Quality Commission.

Staff did not always feel supported. Staff were clear on their role and the expectations of them.

Requires Improvement 

Kolours Healthcare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and took place on the 23, 28 and 30 November 2016. The provider was given notice of our inspection because the location provides a domiciliary care service and we needed to be sure that someone would be present. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We also reviewed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we called and spoke with eight people who use the service and also three relatives. When visiting the service we spoke with the registered manager. We interviewed five care workers to gain their views about working for the service.

As part of the inspection we reviewed a range of records about people's care and how the domiciliary care agency was managed. This included four people's care records and risk assessments. We also looked at the files of four staff members and their induction and staff support records. We reviewed a sample of the service's policies, staff work rotas, complaint and compliment records and documentation for medication.

Is the service safe?

Our findings

Although staff employed at the service had been through the recruitment process before they started work for the service which included had Disclosure and Barring (DBS) checks and references, this had not been followed thoroughly. We viewed four staff files and found although some checks had been carried out, this was not consistent in all staff files. For example, one person had not completed the application form in fully, another person did not have a contract in place and also gaps in the employment history had not been investigated. This meant that the provider could not be assured that candidates were of good character and suitable to work with the vulnerable people they supported. Further employment checks were sufficient but because of our concerns we met with the registered manager and newly appointed interim care manager to discuss our findings. The registered manager and interim care manager had implemented systems to ensure that all staff that are recruited will go through a robust recruitment process going forward and have started reviewing files that needed attention to ensure their compliance with regulation.

Although people told us that they felt safe when receiving their care and were happy with the staff that provided their care saying, "They [staff] are very good and know what I need to keep me safe" and "The staff are fantastic, I feel very safe when they are here", we had received some concerns during our inspection which we referred to the Local Safeguarding Authority.

Most people told us that there were enough staff and they received the care and support they needed from regular care staff. Feedback included, "I always have the same carers, but I understand that there are times where I might have someone different because my carer might be unwell or on holiday." But one relative told us, "They don't stay for the amount of time they should." Staff knew how to protect people from potential harm. All had completed relevant training as part of their induction and on-going professional development. Staff were able to explain how they would recognise abuse and who they would report any concerns to. The service had policies and procedures in relation to safeguarding people and these helped to guide staff's practice and helped to give them a better understanding. Staff spoken with stated they would feel confident in raising any concern. Feedback from staff included, "I know that the manager will raise any concerns we might have." The service also had a whistle blowing policy in place which care workers were aware of and knew the procedure if required. The service managed safeguarding concerns promptly, and, where required, investigations are thorough.

Risks to people's safety had been routinely assessed and these had been managed and regularly reviewed. People told us that they had been part of the risk assessment process and a variety of risk assessments had been completed for each area of care or assistance needed. These related to the environment, nutrition, medication and people's mobility needs and had clear instructions to staff on how risks were to be managed to minimise the risk of harm. This documentation was kept in electronically in the office and a copy also placed in people's homes.

Staff confirmed that they had enough time to provide the care people needed. The registered manager was in the process of recruiting new care workers as they wanted to ensure they had the extra resources they would need to cover annual leave and sickness. The registered manager also confirmed they were not

currently taking on new care packages until they could be assured they had sufficient care workers to provide the care people needed.

The service had systems in place to assist with the safe management of people's medication, which was in line with national and good guidance policies. Any assistance people needed with medication had been identified during their initial assessment and were made part of the person's care plan. Care plans clearly recorded what assistance people required; this was either 'prompting' or 'assisting'.

Staff had received medication training as part of their induction and updates had been undertaken to help ensure people received their medication safely by staff that had been trained. Staff spoken with stated they felt the service had safe medication procedures in place and those who needed assistance received their medication as prescribed. Staff added, "We have MAR charts that we have to record on when people have been assisted with the medication."

Is the service effective?

Our findings

Staff had received regular supervision and supervision included observations and one to one meetings. The registered manager told us that staff would receive annual appraisals but this had not been completed at the time of the inspection as there were no staff members that had completed a whole year's service. Most staff we spoke with said they felt supported but this was not the opinion of all staff. Feedback received included, "At times I feel supported but there are times I wish my manager had more time to speak to me." Another said, "I think the manager is so busy that she hasn't got a lot of time to support staff." The registered manager was part of the care staff team and was actively providing care for people. The manager was aware that some staff felt they needed more support and with the appointment of the new interim care manager was going to focus on staff support.

People were very happy with the care they received and were very complimentary about their care staff. Most felt the care staff had the right skills and knowledge to provide the care that either they or their relative needed. Feedback included, "They [staff] are all good, and I think they know their jobs well." And "I think they are well trained, as I have never had any problems with their work."

Newly recruited staff would complete an induction training programme before they started working in the community. Staff also undertook the Care Certificate which is a recognised induction programme. The Care Certificate is a work based achievement aimed at staff that are new to working in the health and social care field and covers 15 essential health and social care topics. Staff we spoke to confirmed that they had been through an induction process and found that it was good as it had given them knowledge and experience they required. Feedback from staff included, "It was lots of training but I know that it helped me to do my job."

The training records showed that staff had been trained and had sufficient skills and knowledge to provide the care people needed. They had been provided with mandatory training which included, moving and handling, health and safety, first aid and safeguarding.

Staff we spoke with said that the training provided was good and gave them the knowledge and experience required to carry out their role as a care worker. Feedback from staff included, "We have had lots of training but I know that the manager is making sure we are all trained again." And "I had lots of training as part of the induction and I know we have more training coming up."

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. We checked whether the service was working within the principles of the MCA.

The registered manager had a clear understanding of the Mental Capacity Act (MCA) 2005. Staff confirmed they had received training in MCA both during induction and also refresher training was to be undertaken.

Although some staff's understanding of the MCA was not always clear. The registered manager confirmed that staff were due to attend the refresher course in the near future. Those spoken with were aware how to keep people safe, protect their rights and how to support them in making decisions.

People told us that they had agreed to the service providing their care and support. Files contained signed contracts which people had signed to say they agreed with their care plan; there was also evidence that where possible people's relatives had also been included in the planning of care. This showed that people had been involved with the planning of their care.

Where this was required, people had been supported to ensure they had sufficient to eat, drink and maintain a balanced diet. Care workers did assist with meal preparation and if required they would cook a full main meal, microwave a meal or leave a sandwich. People we spoke with were happy with the support they received during meal times. One person told us, "They help me with my meals to make sure I am eating well." The registered manager advised that as part of each person's initial assessment they would look at people's nutrition and hydration needs and identify any assistance they may need or if there were any risks. If they had any concerns they would refer to the relevant health care professionals or family members for assistance.

People had been supported to maintain good health and had access to healthcare services and received on-going support where needed. The registered manager stated that they would liaise with health and social care professionals and documentation seen showed that they had made referrals when needed.

The service liaised with other professionals to ensure people were receiving appropriate healthcare. The registered manager told us they would make referrals to GP's, district nurses, and community health professionals if required. The registered manager told us that they work closely with one GP and if a home visit is required for people, the GP will contact the manager approximately ten minutes before visiting so this allowed the registered manager to be present during the GP visit if family members could not be with the person to support them.

Is the service caring?

Our findings

Most people told us that their care support was provided by staff that were caring and respectful. Feedback received from people who use the service and relatives included, "They [care staff] are very good and always kind to me." "My carers are great, they have always treated so kindly and are very caring." One relative said, "They [care staff] show [name of relative] respect at all times and are very caring."

People were actively involved in the assessment and care plan process. Staff had positive relationships with people; they were very knowledgeable about the individual needs of people they visited and how to communicate with them effectively. Care plans we reviewed contained detailed information on the care that each person needed and important information about their health needs and how they would like their care to be provided. Care plans had been regularly reviewed which ensured staff had up to date information on the person they provided assistance to.

Care workers had a very good rapport with people they visited and many had been receiving a service for a long while and had built up relationships. Feedback included, "My carers know me well and they know how I like things done." People told us that the service listened to their views and acted on what they said. Regular reviews had taken place to ensure people were receiving the care they needed.

The service tried to ensure that each person had a small amount of care workers providing their care, which aided continuity of care and also helped to build up good relationships. People's feedback included, "I know the carers that will be coming to see me as it is the same ones every day."

The registered manager told us that most people who received a service had relatives who could advocate for them, but they could arrange for people to be supported to access advocacy services if required. An advocate is a person who supports people to have an independent voice and express their views when they are unable to do so themselves.

Staff we spoke with told us that they treat people with dignity and respect at all times and recognised the importance of this when providing care to people. A member of staff said, "I would never treat people other than respectfully as they are also allowing us into their homes." People and relatives' feedback confirmed this, comments included, "They [staff] always respectful to me and I would say if they were not." Another comment was, "They [staff] are extremely respectful to my [relative]."

Is the service responsive?

Our findings

People told us that the service was very responsive to their needs and they had been involved in the assessment and planning of their care. People and their relatives we spoke with had the opinion that staff had the skills and had a good understanding of individual needs of people. People told us that they felt that they were listened to and their opinions were valued by the service.

Staff we spoke with were very knowledgeable about the people they supported. This assisted with continuity and ensured staff were very aware of people's likes and dislikes and how they wanted their care to be provided. The registered manager stated that people and their relatives had been involved with their assessments and the planning of how their care and support would be provided. This ensured that people received a service that was individual and personal to them. People and relatives spoken with confirmed this, comments received included, "When I first started with them [the service] I was asked how I would like my help to be given to me." And "They [staff] asked me what I like and didn't like and made sure that I got what needed." People's care plans were regularly reviewed and updated with any changes if required. There were systems in place to ensure people received the care they required and staff were kept up to date with any changes quickly. Staff we spoke with confirmed that they received information promptly when people's support needs changed; this was through group texts in which all staff were included. Staff comments received included, "If there are any changes to people's care, the manager will send a message to us." The service provide care records which is kept at the person's home and also retains a copy of the care records electronically in the office. This ensures care staff and office staff are aware of people's current care needs and that people will receive the care that have agreed to.

People were positive about receiving personalised care that it was responsive to their needs. Most people had regular care workers to assist and added that they felt this assisted with continuity of their care and improved the service they received. Comments received from people we spoke with included, "I have the same carers so they know what I like and when I like it."

People's care plans were informative and provided the care staff with good information which enabled them to deliver the care that people needed. The information included people's preferences and choices on how they would like to receive the care and assistance required. The registered manager told us that all care plan formats were being reviewed and a new format is being introduced.

The service had made their complaints procedure known to people who used the service. This information was available in each person's care records which were stored in their homes. The information showed people how to make a complaint and what procedures would happen following the complaint. People we spoke with were confident that any issues would be listened to and acted upon. Comments received included, "I have never had to call and complain but I know I would only have to pick up the phone and speak to [registered manager] and they would sort any problems." And "I have no worries or complaints but I know who to contact if I did."

Records we looked at showed that when complaints had been received, they had been investigated in a timely manner.

Is the service well-led?

Our findings

The service had a registered manager in place. Although staff were seen to receive support through regular supervision, appraisals, staff meetings, some staff we spoke with told us that they did not always feel supported by the manager. Comments received included "The manager does not always listen to me." And "I sometimes feel that I am not supported as the manager is so busy." The registered manager was part of the care team and actively provided care. During our inspection the registered manager employed an interim care manager to support them in the service and improve the support offered to staff.

Although people we spoke with told us that they received good quality care from staff, the service did not have effective systems in place to help monitor the standard of care received. The registered manager told us that although some audit systems were in place at the time of the inspection, which included medication audits and care plan audits, these had not been completed consistently. The registered manager did not have quality and governance systems in place to monitor the overall performance of the service and therefore could not evidence that there were effective systems in place to monitor and improve practices for the overall service provided to people.

When looking at staff training records we saw that staff had undertaken various training courses through e-learning or dvd then they completed questionnaires following each subject. The registered manager had not evaluated these questionnaires to establish if members of staff were competent in the areas they had been trained in. Although we did not notice any impact or risks to people during the inspection, the registered manager could not be assured that staff had a good understanding and knowledge about each subject they had undertaken to safely and effectively complete all care tasks.

As part of the inspection we met with the registered manager and newly appointed interim care manager to discuss our findings. The registered manager showed us the governance systems that would be implemented with immediate effect. These audits would be completed on various areas within the service which included, recruitment files, training for staff and also support meetings for staff. Part of the proposed business plan also stated that the registered manager would reduce her active caring role and concentrate on the running of the service to ensure the service improved in areas where weaknesses had been identified.

When speaking with people who use the service they told us that they were happy with the way the service was led and managed. People told us that they felt confident they could gain support if required. One comment received was, "I know I can call [registered manager] at any time and she would be there for me." Another, "I know if I have anything to ask or say, I just pick up the phone and call. They [registered manager] will always take time to listen to me."

The registered manager sent out 'feedback' forms to people and their relatives to gain views on how the service is providing the care for people. We saw that comments received on the returned feedback forms were all positive. This showed that people's views were sought on how the service was operating.

Staff had access to policies and procedures and understood how to follow them. The provider had ensured all staff had received the employee hand book containing all the provider's policies when they started working for the service. This was to make sure that staff were clear on their role and the expectations of them.