Kanssas Home Care Ltd

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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

Our inspection of Kanssas Home Care Ltd took place on 28 November 2017 and was announced. 48 hours' notice of the inspection was given because the manager may be out of the office undertaking assessments or providing or reviewing care in people's homes. We needed to be sure that they would be available when the inspection took place.

Kanssas Home Care Ltd Care is a domiciliary care agency that provides a range of supports to adults living in their own homes. The service is based in the London borough of Haringey. At the time of our inspection the service provided care and support to 27 people.

Kanssas Home Care Ltd is a new service that was registered with The Care Quality Commission on 25 November 2016. At the time of this inspection the service had been operational for five months. This was their first inspection.

The service has a registered manager. 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.

People who used the service spoke positively about the care that was provided to them. Staff members also spoke positively about the people who they supported.

People were protected from the risk of abuse. The provider had taken reasonable steps to identify potential areas of concern and prevent abuse from happening. Staff members demonstrated that they understood how to safeguard the people whom they were supporting. Safeguarding training and information was provided to staff.

The service had developed personalised assessments of risks to people. These assessments included guidance for care staff on how to manage identified risks and minimise the likelihood of harm.

Arrangements were in place to ensure that people's medicines were given safely. Staff members had received training in safe administration of medicines.

Staff recruitment processes were in place to ensure that workers employed by the service were suitable for the work they were undertaking. The provider had checked staff references and criminal records prior to their appointment.

Staffing rotas met the current support needs of people. There was a system for ensuring that care calls were managed and monitored. Staff and people who used the service had access to management support outside of office hours.

Staff members received training to ensure that they had the skills and knowledge they required to undertake their duties, Staff members received regular supervision sessions with a manager.

The service was meeting the requirements of the Mental Capacity Act. Information about people's capacity to make decisions was included in their care plans. People were asked for their consent to any care or support that was provided.

Staff members spoke positively and respectfully about their approaches to care and the people that they provided care to. People told us that staff were caring and respectful.

People who used the service and staff members spoke positively about its management. They knew what to do if they had a concern or complaint about their care.

A range of processes were in place to monitor the quality of the service such as regular audits of records and spot checks of care practice. Quality assurance and good practice issues were discussed with staff at regular monthly team meetings.

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 had personalised risk assessments which included guidance for staff on how to manage and minimise risk

Staff members had received training in safeguarding and demonstrated that they understood what to do if they suspected that a person was at risk of harm or abuse.

Medicines records were in good order and regularly audited. Staff members had received medicines training.

Is the service effective?

Good

The service was effective. Staff members had received training and regular supervision from a manager.

The service was meeting the requirements of the Mental Capacity Act (2005). Information about capacity to make decisions had been recorded and people had been asked for their consent to the care that was being provided.

The service liaised with other health and social care professionals to meet people's needs.

Is the service caring?

Good

The service was caring. People spoke positively about the staff members who supported them.

Staff members demonstrated that they understood people's care needs. They spoke positively about their approaches to dignity and privacy.

The service made efforts to match staff to people where they had individual religious, cultural or personal needs.

Is the service responsive?

Good

The service was responsive. People had personalised care plans which included guidance for staff on how people preferred their needs to be met.

Staff members recorded the care that they provided to people.

The service had a complaints procedure and people told us that they knew what to do if they had a complaint or concern.

Is the service well-led?

Good

The service was well-led. People and staff members spoke positively about its management.

Regular quality assurance monitoring took place.

A range of policies and procedures were in place that reflected current legal requirements and good practice.

Kanssas Home Care Ltd

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.

We visited Kanssas Home Care Ltd on 28 November 2017. The inspection team consisted of a single inspector. We gave the service 48 hours' notice of our inspection.

We reviewed records held by the service that included the care records for eight people using the service and six staff records, along with records relating to management of the service. We spoke with the registered manager, the nominated individual and five members of the care team. The service worked with people with complex needs such as advanced dementia. Following our inspection we spoke with four people who received care and support from the service and three family members,

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service and the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make.

Good

Is the service safe?

Our findings

The people we spoke with told us that they felt that the service was safe and that they were confident with the quality of care staff. One person said, "They are really careful with me and do things the way I want." A family member said, "I can't fault the way they look after [my relative]. I think he is safe in their hands."

We looked at six staff files. The recruitment records that we saw included copies of identification documents, evidence of eligibility to work in the UK and criminal record checks (DBS) undertaken by the provider. Application forms were in place and there were also records of pre-employment interviews. However, we found that two files were missing records of DBS checks. Immediately following our inspection the provider sent copies of evidence that these had taken place.

The risk assessments that were in place for people who used the service were up to date. These included information about a range of risks relevant to the person's needs, for example, moving and handling, mobility, diabetes, pressure area care, falls and behaviour. These assessments included risk management plans which provided guidance for staff members on how to respond to and address any risk that occurred. We saw that these had been reviewed and updated where there were changes in people's needs. Information in relation to managing potential risk was also included in people's care plans. The service maintained a spreadsheet identifying people who were most at risk, in particular people who lived alone. The records showed that monitoring of these people's care was prioritised.

The service had a policy and procedure for administration of medicines. The care plans showed that some people received support from staff members to take their medicines and we noted that staff had received training to assist them in doing so safely. Details of the medicines that people received were contained within their care files. Risk assessments had been completed for people in relation to medicines administered by staff. We looked at completed medicines administration records for two people whose medicines were administered by care staff. These were regularly audited by the service. Where people had not taken their medicines this was recorded and information about the reasons why was attached to the record. Staff members had received training in safe administration of medicines and their competency in this area had been assessed.

The service had an up- to-date safeguarding policy and procedure. The staff members that we spoke with were able to demonstrate that they understood the principles of safeguarding and the potential signs of abuse. They told us that they would immediately report any concerns to a manager.

The safeguarding records maintained by the service showed that concerns were addressed appropriately and immediately reported to the local authority adult safeguarding team. Regulatory notifications were provided to CQC.

There were sufficient staff members available to support the people who used the service. People and family members told us that they usually received support from the same regular care staff and that if there was a change or the carer was running late they were informed of this. We saw from the service's rotas that

sufficient time was provided for staff members to travel between care calls.

The service used an electronic call monitoring system which identified if there were missed or late care calls. We were shown how this worked in practice. The service received an alert if a care worker had not logged into the system within 20 minutes of the due time, and this was immediately followed up by the service. Where people chose not to allow this, staff members were required to text the service to inform them of their times of arrival and leaving the person's home. Outside of office hours the system was monitored by an on-call manager who could log into the system via a smart phone or tablet. Staff logging in and out times were compared against their timesheets to ascertain that they had spent the required amount of time on care calls. Where people did not use the system we saw records of regular monitoring to ensure that staff had arrived and left at the times specified.

All staff had received training on infection control procedures and were provided with disposable gloves, aprons and anti-bacterial gel, along with information regarding safe disposal of these and other relevant waste. We saw that stocks of these were held at the office. During our inspection staff members came to the office to collect fresh supplies. The staff members that we spoke with confirmed that they were aware of procedures in relation to control of infection.

The service maintained a 24 hour on-call service. Staff members and people who used the service and their family members told us that they were aware of this and would use it if they had any concerns outside of office hours.

Good

Is the service effective?

Our findings

People who used the service felt that the service was effective. We were told, "They seem to be well trained. They are certainly very good," and, "They always ask me what I want and how I want things to be done."

We looked at records of staff supervision and support. Staff members had received regular supervision from a manager which took place every one to two months. The supervision programme included spot checks of care practice in people's homes. The staff members that we spoke with told us that they did not have to wait for a supervision to speak with a manager about any concerns. During our inspection we observed that a number of staff members came to the office and spent time chatting with the management team about their work.

Staff members received induction training prior to commencing work with any person who used the service. This followed the requirements of the Care Certificate for workers in health and social care services. The induction included two days training in core competencies and three sessions of shadowing more experienced staff members on care visits. Core competency training included sessions on moving and handling, safeguarding, nutrition, infection control, medicines administration, equality and diversity and health and safety. Staff members had individual training plans and these showed that arrangements were in place to ensure that additional training, in, for example, diabetes, dementia awareness, pressure area care and the provisions of the Mental Capacity Act 2005. The nominated individual told us that they were planning to provide opportunities for staff to achieve qualifications in health and social care.

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 care plans for people who used the service clearly showed whether or not they had capacity to make decisions, and provided guidance for staff about how they should support decision making in day-to-day care. The service had an up to date policy on The Mental Capacity Act (2005) and staff members had received training in relation to this.

People had signed their individual care agreements to show that that they had consented to the care that was being provided by the service. Where people were unable to sign, family members had been involved in the decision making process. One person said, "They are very nice and good at explaining things to me." A family member told us, "They involved in the assessment and keep me informed."

Care plans contained information about people's health needs and how these should be supported by staff, along with contact information for health professionals. Where staff had made contact with professionals, such as the person's GP or community nurse, this was recorded in their care notes.

Some care staff were involved in meal preparation for people. We saw that care plans for people who were being supported with eating and drinking provided information about food preferences and when people should be supported. Staff members had received training in nutrition and hydration and food hygiene.

Good

Is the service caring?

Our findings

People told us that they considered that the service was caring. One person said that, "The person who comes is lovely. She takes her time and does things just the way I want." A family member said, "They are better than the agency before because they talk to my [family member] and treat her with respect."

The staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. A staff member said, "I can understand how difficult it would be for people to have to rely on us for care. I know how I would feel if it was me." Another staff member said, "People aren't babies. I have to help them to stay as independent as they can."

People's care plans contained information about how staff members should support them to make choices about how their care was delivered. Plans included information about people's religious, cultural, communication and other special needs and preferences, and information was provided on how these should be supported by staff. Gender appropriate care was provided where this was required by the person. The registered manager told us that, where possible, care staff were provided who could meet people's specific cultural and language needs.

We asked about approaches to dignity and privacy. A person said, "I can't fault them on that. They are very careful to make sure that they treat me well." Another person said, "They are always checking with me about what I want." Staff members told us about how they supported people to maintain their dignity. One said, "Even when there is no one else in the room, if I am giving someone personal care I make sure that they are covered with a towel and I check that they are always OK with what I am doing for them"

We asked the registered manager about advocacy. They told us that people used family members to advocate on their behalf. However, should a person require an advocate, information about advocacy was maintained by the service. They said that one person using the service had an advocate,

We viewed information that was provided to people who used the service and saw that this was delivered in an easy to read format. People told us that the information provided by the service was easy to understand. One person said, "They explained everything to me and checked that I could understand what was in the plan before I signed it."

Good

Is the service responsive?

Our findings

People told us that they were pleased with the support provided. One person said, "I asked to change something and they couldn't have been more helpful." A family member said, "When I spoke to them they listened to me and changed things for my [relative].

Care documentation included assessments of people's care needs that were linked to the local authority care plan. Assessments contained information about people's living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. The assessments also included information about other key professionals providing services or support to the person.

People's care plans were clearly linked to their assessments. We saw that care plans provided information about each task. Information for staff about how people should be supported was in place. We saw that this was detailed and included guidance for staff on how best to support people according to their assessed and expressed needs. For example people's care plans provided information about the importance of speaking with them whilst providing care and included information about the topics that they were interested in. The plans also identified the tasks that people were able to do for themselves and provided guidance for staff on supporting people to maintain independence with these.

The care plans were reviewed on a regular basis. Where there had been changes in people's needs we saw that they had been immediately updated to reflect any change to the care that was provided by staff members.

Daily care notes were recorded and kept at the person's home. We looked at recent care notes for six people and we saw that these contained information about care delivered, along with details about the person's response to this and any concerns that care staff had. They also showed where concerns had been reported. Staff members completing the care notes had also recorded how support had been offered, and the activities that they had supported people to participate in. The quality of care notes had been reviewed and support had been provided to staff members to ensure that these were completed appropriately and accurately.

We saw that people's care plans included information about people's cultural, religious and language and communication needs. We asked the registered manager and nominated individual about the service's approach to ensuring that such needs were addressed. The nominated individual told us that that the current staff team came from a range of cultures and were able to support people who communicated in other languages, They said that, should they commence supporting a person whose language, cultural, social or other needs could not be supported within the current staff team, that they would make efforts to recruit staff with the required knowledge and skills.

The service had a complaints procedure that was available in an easy to read format and contained within the files maintained in people's homes. The people that we spoke with told us that they knew how to make

a complaint. People told us that they knew how to complain if necessary. One person said, "I have no complaints, but if I did I would phone the office," We looked at the complaints record and noted that there had been no complaints. The responsible individual told us that if they received any complaints they would try to resolve them as quickly as possible in partnership with the complainant.

The records maintained at the service showed evidence of partnership working with other key professionals involved with people's care, for example general practitioners and community and specialist nursing services. During our inspection we heard office-based staff speaking with other professionals regarding people's care and support needs.

Good

Is the service well-led?

Our findings

People spoke positively about the management of the service. One person said, "I've met the manager and they were very helpful." A family member said, "[My relative] hasn't; had them for long but we feel confident in the management from the contact we've had."

The documentation that we viewed showed that quality assurance processes such as on-site spot monitoring, telephone checks with people who used the service, and home visits by senior staff to check on people's views of the service took place. One person said, "They called me to ask about the lady that helps me. I told them that she was great." Another person told us, "They've come from the office to check on my care." The records of telephone monitoring and home visits showed that people and their family members were positive about the care provided by the service.

Telephone and on-site monitoring of care had and people's satisfaction with this had taken place. We saw that these showed high levels of satisfaction. The nominated individual told us that the service planned to undertaken formal annual satisfaction surveys of people's views of their care.

We looked at other quality assurance processes that the service had put in place. The service had systems in place for monitoring care calls, care and medicines administration records, staff training and supervision, spot checks of care, safeguarding and complaints. The service was using an electronic monitoring and audit system and we saw that quality assurance records were maintained on this. The registered manager showed us that reports were run from this on a regular basis so in order to ensure that actions had been taken in relation to any concerns. The management team met regularly to discuss quality assurance issues.

A range of policies and procedures were in place. These were up to date and reflected legal and regulatory requirements as well as good practice in social care.

Staff meetings took place on a monthly basis. We saw from the minutes that issues in relation to quality assurance and good practice had been discussed.

Staff members spoke positively about the management of the service and told us that they felt supported in their roles. A staff member said, "The management is great. They are always there to help." Another staff member told us, "Everyone in the office is friendly. It feels like a family."