

Kimarchie Health & Social Care Ltd

Kimarchie Health & Social Care

Inspection report

11 Trafalgar Close
Huddersfield
HD2 1NZ

Tel: 07491116561

Website: www.kimarchiehealthcare.co.uk/

Date of inspection visit:
12 April 2023

Date of publication:
12 May 2023

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kimarchie Health and Social Care is a domiciliary care service providing personal care. The service provides support to people with dementia. At the time of our inspection there were 6 people using the service.

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

There was no evidence of audits or an improvement plan. The provider had policies in place to support the management of the service. Staff told us there was a positive culture at the service.

Risk assessments were detailed and regularly reviewed. We found learning was shared with staff through emails, supervision and team meetings. Staffing levels were safe and there were enough staff to meet people's needs. Staff were on time to care visits and people received care from staff they knew. Staff were safely recruited.

Relatives were involved in the assessment, planning and review of care. Staff received an induction, training, shadowing and competency checks. All staff were up to date with mandatory training.

People were treated with kindness and protected from discrimination. People's privacy, dignity and independence were respected. Systems and processes were in place to respond to people's concerns and complaints.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 20 May 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified a breach in relation to good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Kimarchie Health & Social Care

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people and staff.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

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

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 April 2023 and ended on 26 April 2023.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, 5 relatives and 5 members of staff. We reviewed a range of records. This included 2 people's care records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Lessons learnt when things go wrong

- Risks to people were assessed and regularly reviewed. Risk assessments were detailed so staff could follow instructions to reduce risks.
- Risks were regularly reviewed and updated to ensure staff were working with the latest information.
- There was an accident and incident log in place. Although there had been no incidents recorded, the log was sufficient.
- Learning was shared with staff. The registered manager confirmed information was shared with staff through emails, supervision and team meetings.

Staffing and recruitment

- There were enough staff to safely meet people's needs. Staff were punctual and people received care from regular staff. A relative told us, "Staff always come on time; they are regular."
- Staff were safely recruited. The provider carried out appropriate pre-employment checks, including obtaining proof of identity and the right to work in the UK. They also obtained a full work history and evidence of satisfactory conduct in previous employment.
- Staff were checked with the Disclosure and Barring Service (DBS) before they started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to safeguard people from the risk of harm. The registered manager had clear policies which provided guidance on how to respond to allegations of abuse.
- Staff understood how to report safeguarding concerns. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The provider had a robust system to record safeguarding's. Although there had been no safeguarding raised since the service registered. The registered manager showed us how safeguarding concerns would be managed. We found no evidence of unreported safeguarding.

Preventing and controlling infection

- The provider had safe procedures in place for managing infection control practices. The registered manager was providing staff with personal protective equipment (PPE) to help prevent the spread of healthcare related infections. Staff confirmed they had access to regular supplies of PPE.
- Staff had received infection control training and their practice was monitored during spot checks.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives were involved in the assessment, planning and review of care.
- Care plans contained information relating to people's likes, dislikes, medical condition and how this impacted on their health. This meant care and support was provided in a manner which met people's needs and preferences.

Staff support: induction, training, skills and experience

- Staff completed a thorough induction which included online training and shadowing of senior staff. The registered manager completed competency checks of staff knowledge to ensure they applied their learning safely in their practice. A staff member told us, "I did training and then shadowing. For now, I feel I have received the training I need to do my job."
- Staff were up to date with training. There was a training matrix in place for oversight which included dates of completion.
- Staff told us they received regular supervision and felt confident in seeking additional support from their colleagues and the registered manager if required.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans contained information advising of people's nutritional requirements and level of support which was required.
- Staff were familiar with people and recognised when there was a deterioration in people's medical condition and made referrals to health professionals appropriately.
- People's records contained evidence of referrals made to health professionals for specialist guidance and advice.

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 MCA 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.

- People and their relatives told us the staff always sought consent prior to providing care and support. A member of staff told us, "We don't force people to do what they don't want to do. I will document it if a service user refused treatment or care."
- Staff had received training in the Mental Capacity Act and understood how to apply this in their work. One staff member told us, "If someone refuses care, I will find out why, if they had capacity I will let them know the consequences of refusing care and if they insist I will go away."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and respect. A relative commented, "Oh yes, they [staff] are always respectful towards [person]."
- People were protected from discrimination within the service. Staff understood the different forms of abuse. They told us all people were treated equally.

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

- Relatives told us people were involved in decisions about their care. Care plans were person centred and evidenced people were involved with the decisions made on their care. Care plans also identified people should be given choices and be part of decisions when being supported.
- The registered manager told us they always encouraged people to make decisions for themselves while being supported, such as with personal care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- A staff member told us, "When the service user is having a bath you wouldn't want everybody to be in the room, we cover up when giving them a wash, only do what you are supposed to do to respect their privacy."
- The registered manager gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. The registered manager understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- People were encouraged to be independent. Care plans included information on how people could be supported to be independent such as supporting people with personal care or mobilising.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned holistically and in co-ordination with them. It reflected their physical, mental, emotional and social care needs. People's strengths, levels of independence and planned outcomes for their care were detailed within their person centred care plan.
- People's care needs were reviewed periodically or following a change in the person's needs. A relative told us, "I am involved in my [family members] care."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs and how these were to be met were detailed within their care plan.
- Staff provided information for people in alternative formats such as braille and audio if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans provided staff with information about their personal history, background, family, interests and social contacts. This ensured staff had access to relevant information about people and what was important and of interest to them.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to people's concerns and complaints. Relatives stated they knew how to complain', One relative said, "I do know who to contact if I need to raise any concerns."
- At the time of the inspection no one using the service was in receipt of end of life care. Discussions regarding peoples end of care wishes were evident in their care plans.
- Staff received training in end of life care as part of their mandatory training.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were limited processes in place to help maintain oversight of the care provided and make any necessary improvements. The service completed no audits and there was no overall action plan.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had policies and procedures in place to manage and operate the service. The registered manager explained all staff had access to these.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider and registered manager understood their role and responsibilities and had notified CQC about all important events that had occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive staff culture at the service. People and relatives were complimentary about the culture and transparency of the service. A relative commented, "The service is really good, I'm happy with it."
- Staff told us there was a positive culture. A staff member said, "I enjoy everything about my job."

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; Working in partnership with others

- The registered manager understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.
- The service worked with other organisations and health care professionals to provide appropriate support to people. There was evidence of partnership working with other professionals such as GPs and the district nursing.

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

- The provider engaged with staff, people, and their relatives, and involved them. Staff told us regular meetings took place. Staff gained support and information via group chat.

- People had been contacted by the management team in regular telephone monitoring calls and via feedback surveys.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to effectively operate processes and systems to ensure compliance with regulations