

Kamino Homecare LTD

Kamino Homecare Ltd

Inspection report

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31 October 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 2 and 8 August 2017 and found breaches of legal requirements. This was because people using the service were at risk because the provider did not identify, assess and mitigate risks involved in supporting people, did not follow safe medicines management, did not provide sufficient information and instructions to staff on how to provide personalised care, staff were not appropriately trained and did not receive regular supervision, and did not have effective systems and processes to assess, monitor and improve the quality and safety of the service. We served the provider with a Warning Notice where we specified actions that the provider was required to take by a set date.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on the 31 October 2017 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Kamino Homecare Limited' on our website at www.cqc.org.uk.

Kamino Homecare Limited is a domiciliary care service that provides personal care to people living in their own homes. At the time of this inspection the service was providing personal care to 71 people.

At our focused inspection on the 31 October 2017, we found that the provider had followed their action plan based on our Warning Notice which was to be completed by the 15 October 2017 and we found that the provider had addressed the breach of the Regulation 17.

People's risk assessments were reviewed and they provided information on risks to people and how to safely manage them. People's care plans had been reviewed and captured their likes and dislikes to ensure staff had information to provide personalised care. The daily care logs were in place and had improved but we found they were still not consistently brought into the office and were not always easy to follow.

Suitable action had been taken to train, support and supervise staff, and appropriate security and references checks were carried out to confirm staff suitability to work with people using the service.

The provider had developed systems to monitor and audit spot checks, care plans and staff personnel files.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

We found that action had been taken to improve how the service was managed.

As set out in the Warning Notice served against the provider for Regulation 17, the provider had developed monitoring and audit systems to ensure safety and quality of care.

The provider had reviewed and updated people's care plans and risk assessments to ensure staff had sufficient information to provide safe and personalised care.

The provider updated staff recruitment records and provided staff with mandatory training and supervision.

While improvements had been made we have not revised the rating for this key question to good; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

Requires Improvement 

Kamino Homecare 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of Kamino Homecare Limited on 31 October 2017. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 2 and 8 August 2017 had been made. We inspected the service against one of the five questions we ask about services: is the service well-led. This is because the service was not meeting legal requirements in relation to this question and we served the provider with a Warning Notice in relation to this question.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home, this included the Warning Notice we served the provider, the provider's action plan, which set out the action they would take to meet legal requirements. We spoke with the local authority commissioning team.

During and after the visit to the service we spoke with the registered manager, one field supervisor, one human resources officer and the administrator. At the visit we looked at 10 people's care plans and risk assessments, new medicines administration record charts and daily care logs, six staff personnel files, staff training matrix and records, staff supervision records, complaints, safeguarding, accidents and incidents records and missed and late visit records, and quality assurance audits.

Is the service well-led?

Our findings

At our comprehensive inspection on 2 and 8 August 2017 we found the service lacked effective monitoring and auditing systems to ensure the safety and quality of the service. The provider did not identify gaps in people's care plans, risk assessments, medicines administration records (MAR) and daily care logs. People's risk assessments and care plans did not give sufficient information and instructions to staff on how to provide safe and personalised care. The provider did not audit and identify gaps in the staff personnel records, staff training needs and supervision. Spot checks where office staff visits people's homes with their permission to check on the staff member without the staff member knowing in advance were not carried out regularly. The provider did not maintain accurate records on people's complaints and safeguarding concerns. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 31 October 2017 we found the provider had followed the action plan and were compliant with our Warning Notice served in relation to the requirements of Regulation 17 described above.

We looked at people's daily care records and found the daily care logs were now brought back in the office. However, it was still not consistent and there were still some gaps in them and some were difficult to read and follow. The management told us they were training staff on how to write daily care logs and were working on developing a new daily care log template that would make it easier for staff to record how they supported people on care visits.

We saw records of people's care plans and found they had been reviewed and updated to make them more personalised with information detailing people's likes, dislikes and preferred way of receiving care. We looked at people's risk assessments and found they identified risks associated to people's mobility, health and care needs. The risk assessments also provided information on the mitigating factors to minimise the risks whilst providing care. This meant staff were now being provided with adequate information on how to provide safe and individualised care to people using the service. We looked at the recently updated version of MAR chart and found it was detailed and included information on the prescribed medicines, time they needed to be administered or prompted, the dosage amount and any other relevant information. The management and staff told us they were trained on the new MAR chart.

We reviewed staff's personnel files and found there were updated Disclosure Barring criminal checks and reference checks in place. All staff had been provided with mandatory training including safeguarding, health and safety, moving and handling and infection control. The provider had booked further training sessions to ensure staff were provided with yearly refresher training.

We reviewed recent safeguarding cases and complaints records and found they were appropriately maintained and provided information on investigation, actions taken, outcomes and learning gained.

The provider had developed a schedule of planned spot checks to ensure they were carried out regularly. We looked at the spot checks matrix that confirmed there were bimonthly spot checks planned for all staff.

We looked at the internal audits and found the provider had developed systems to regularly audit staff personnel records, people's care plans and risk assessments, MAR and daily care logs.

Staff told us the management of the service had improved and they felt well supported by the registered manager. Staff also said communication, recordkeeping and filing had improved. One staff member commented, "People and the relatives have complemented us on how well the service is [now being] managed. The office is much better managed now than before. [Registered manager] is very supportive and communication has improved." Another staff member told us, "We are regularly calling people when staff are running late or change in staffing. We respond to people's complaints promptly, picking up on any change in people's needs and have developed a system to analyse findings from our year end survey results." This demonstrated staff were well supported and given clear instructions and guidance on how to provide safe and good quality of care.