

Konastone Healthcare Ltd

# Konastone Healthcare Ltd

## Inspection report

20 Brook House  
Brook Street  
Tipton  
West Midlands  
DY4 9DD

Date of inspection visit:  
31 January 2019

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01 March 2019

### 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:

Konastone Healthcare Ltd is a home care service that was providing personal care to 6 people at the time of the inspection.

### People's experience of using this service:

People were supported by a regular team of staff who had been recruited safely. Staff managed risks to keep people safe and knew how they should report any safeguarding concerns they may have. Medicines were managed safely.

People's needs were assessed and the assessments took into account people's religious and cultural needs. People's dietary needs were met and people had access to healthcare services where required. People's rights were upheld in line with the Mental Capacity Act. Staff had received training to enable them to support people effectively.

People were supported by staff who were kind and caring to them. People's dignity was respected and people were encouraged to remain independent where possible.

People's care records reflected their likes, dislikes and preferences with regards to their care. Staff knew people's care needs well. Complaints made were investigated and resolved.

People and staff spoke positively about the leadership of the service. There were systems in place to monitor the quality of the service. People were given the opportunity to feedback on their experience of the service.

Rating at last inspection: This was the first inspection of the service since its registration in 2016.

Why we inspected: This was a planned comprehensive inspection.

Follow up: We will monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe  
Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective  
Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below

Good ●

### Is the service responsive?

The service was responsive  
Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led  
Details are in our Well-Led findings below.

Good ●

# Konastone Healthcare Ltd

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of an inspector and an assistant inspector.

**Service and service type:** Konastone Healthcare Ltd is a care at home service registered to provide personal care.

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 the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 31 January 2019 to see the manager and office staff; and to review care records and policies and procedures. We made phone calls to people, relatives and staff on 01 February 2019.

#### What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three relatives. We also spoke with three members of staff as well as the registered manager who is also the provider. We looked at care records for three people, three staff recruitment files and records held in relation to accidents, complaints and quality assurance systems.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us their family member felt safe when staff visited them in their home. One relative told us, "Yes, [person's name] feels safe. The staff know what they are doing".
- Staff we spoke with understood their responsibilities in relation to safeguarding people from abuse. Staff were confident in the actions they would take if they had concerns that people were at risk. One member of staff told us, "I would report it to the manager and make sure it was followed up and acted on". The registered manager had not had cause to make any referrals to safeguarding authorities but demonstrated an understanding of how she would respond to any allegations of abuse.

Assessing risk, safety monitoring and management

- People were supported by staff who knew how to manage risks to keep people safe. Care records held detailed information about the risks posed to people and how staff should act to reduce this risk. For example where people had catheters in place, risk assessments had been completed that detailed how staff should care for this and the risks to look out for in relation to this. Staff demonstrated a good knowledge of the risks posed to people and could detail how they support people to manage this to ensure their safety.
- There were systems in place to manage risks where staff could not gain access to people's home at their support times. Staff informed us that if they could not determine if a person was home and had concerns about their safety, they would contact the office and remain at the person's door until the management had contacted the person's family and the person had been located. This meant that if a person was unable to grant staff access to their home, this would be acted upon by staff to ensure the person was safe.

Staffing and recruitment

- Staff had been recruited safely. We saw staff had been required to complete checks that included providing references from previous employers and completing checks with the Disclosure and Barring Service (DBS). The DBS would show if a staff member had a criminal conviction or had been barred from working with adults.
- There were effective systems in place to ensure people received their care at the time they needed. People's relatives told us that staff always arrived on time and that on the rare occasion they were running late, someone would contact them to inform them. One relative told us, "They will come at the set time but if they are running more than 20 min late they will let me know and both carers will turn up together".
- People knew their staff team and were always supported by staff who were familiar to them.

Using medicines safely

- Medicines were managed safely. Where people required support with medication, there were care plans in place that detailed what medications were required, how these should be given and any side effects that staff should be aware of. We looked at Medication Administration Records and found that these had been

completed accurately and included the times that the medication was given. This evidenced that people had been given medication as prescribed.

- Staff had received training in the safe administration of medicines and we saw the registered manager had completed spot checks on staff to ensure they completed these tasks safely.

Preventing and controlling infection

- Staff had received training in infection prevention and understood the importance of using equipment such as aprons and gloves to prevent the spread of infection.

Learning lessons when things go wrong

- The registered manager analysed information where accidents and incidents occurred and took action to reduce the risk to people in future. For example, we saw that where accidents occurred, the registered manager had taken action that included making referrals to health professionals and recommending new equipment.

# 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

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

- Before people received care from the service, an assessment of their needs took place. This was completed by the registered manager and included looking at people's medical history, current care needs and the preferences the person had about the times they received support. People's care needs had been reassessed as and when their needs had changed.
- The assessments had considered any needs people may have in relation to protected characteristics under the Equality Act. People had been asked about any religious or cultural needs they had to ensure these could be met by staff delivering care.

Staff support: induction, training, skills and experience

- New staff received an induction that included completing training and shadowing more experienced members of staff. Relatives informed us that any new staff had always shadowed other staff before visiting the service alone. A relative said, "If there is someone new, they will come and shadow the other staff".
- Staff training included training that was specific to the needs of people they cared for. Although the service was new, the registered manager had plans in place to ensure that staff received updates to their training annually or when needed.
- Staff felt that the training provided equipped them with the skills they needed to support people effectively and were given opportunity to request extra training if they wanted this.

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

- Relatives were happy with the support their family member got with meals. One relative told us that their family member was always given choices of meals by staff.
- People's care records held detailed information about the support people required with meal preparation and support with eating. Records held details about the meals people like to eat and how they like this to be presented. Staff knowledge of people's dietary needs reflected the information that was held in care records. This meant that people's dietary needs would be met as staff understood what support was required.

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

- We saw that people had been supported by staff to access healthcare services where required. Records showed that people had made referrals to services such as Occupational Health where required. The registered manager had recorded information about the healthcare services people currently used so that contact could be made where 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Relatives told us that staff always sought people's consent when providing care. One relative told us, "They [staff] are very good at explaining what they are going to do".
- Records we looked at showed that staff had received training in MCA and understood the importance of gaining consent prior to supporting people. One member of staff said, "We always ask first. If they can't say, we can use non verbal cues such as nodding the head or eye contact".

# 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

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

- Relatives we spoke with told us that staff were kind and caring to their loved one. Comments made included, "They are the best care team [persons name] has had", and "I am happy, they are doing a good job".
- Staff spoke about people in a caring way and were keen to build positive, trusting relationships with people. One member of staff told us, "We make enough time for people. If all jobs are complete, we will sit and talk to people. It's about companionship", and "We get to know people well and build good relationships with them".

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

- Relatives told us their family member's were given choices and involved in their care. One relative said, "They [staff] are always willing to listen and update records and I have never had a care agency like this, absolutely excellent". Another relative added, "They [staff] always ask and are respectful".
- Staff we spoke with gave examples of how they supported people to be involved in their care. Records we looked at showed that people had been asked about their care and how they would like this to be delivered.

Respecting and promoting people's privacy, dignity and independence

- Relative's told us that their family member was treated with dignity. One relative said, "They [staff] are very good in that aspect. Excellent". Another relative added, "I cant say that I have seen anything that would question [person] dignity and they are satisfied with how they are dealt with".
- Staff understood the importance of ensuring dignity and gave examples of how they promoted this. Examples given included covering people up during personal care, considering people's privacy and remembering their preferences.
- People's independence was encouraged. Records clearly recorded what tasks people were able to do for themselves and how staff should encourage this.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives had been involved in the planning for their care. One relative told us, "[person's name] and myself are spoken to and the care plan is updated accordingly".
- People's care records gave detailed information about people and their likes and dislikes. Records gave information about people's life history, past occupation, family and favourite pastimes. Where records related to people's care needs, detail was given about how the person would like their support to be given. Staff knowledge reflected the level of detail in care records and staff demonstrated an in depth knowledge of people and their care needs. For example, one member of staff told us how they ensured they always remembered how each person liked their hot drink making as they said this made people feel like staff cared and had taken time to remember their preferences.
- People's preferences with regards to the gender of their care staff was respected. This was confirmed by a relative who told us that their family members gender preference was always respected by the provider.
- Where people required their care to be delivered at a different time to previously agreed, the registered manager had been responsive and accommodated these requests to enable people to receive support at the time they requested.

Improving care quality in response to complaints or concerns

- Relatives told us that they knew how to complain and that any issues they raise were dealt with to their satisfaction. One relative told us about an instance where they complained and said "I spoke to the registered manager and was happy with what she said. She was lovely and approachable".
- We looked at records held on complaints and saw that any complaints made had been investigated and the outcome shared with people.

End of life care and support

- The provider was currently not supporting anyone who was at the end of their life. However, they were awaiting a person to return from hospital who would need end of life care. The registered manager had been proactive in preparing for this person's support and had sourced training for staff and worked alongside the local authority palliative care team to ensure they would be able to meet the person's needs at home.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Relatives told us that the service was well led. Relatives felt supported by the registered manager. One relative said, "I have never had a care agency like this, absolutely excellent". Another added, "They are very good team, the best we had. They are lovely people." All relatives spoken with told us that the registered manager would visit them in their home and was hands on with their family member's care.
- Staff also felt the service was well led and felt supported by the registered manager. One member of staff told us, "Sometimes the managers will come with me [to deliver care] and it gives me security. They are hands on."
- The registered manager demonstrated a caring attitude and a desire to provide high quality care. She told us, "I have a passion for care. I want to help people". The provider had been awarded as one of the 'Top 20 Recommended Home Care Providers West Midlands 2018' by an external organisation. This was awarded based on the reviews submitted to the organisation by people who used the service.

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

- There were systems in place to monitor the quality of the service and these had been effective. The registered manager analysed the daily records completed by care staff to ensure people were receiving care in line with what they had been assessed as needing. Other audits included analysing the reasons for missed and late calls and complaints made. Where areas for improvement were identified, action had been taken to address this.
- The registered manager displayed a good understanding of the requirements of their registration and how they should meet these.

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

- Relatives told us they were given opportunity to feedback on the quality of the service. One relative told us, "Yes, I have filled a few questionnaires. I have to complete the reviews when they come in and any problems are acted upon".
- We saw that the registered manager regularly contacted people to ensure they were happy with the care they were provided with. We looked at the most recent records held in relation to these calls and each person contacted had described the level of service as 'excellent'.

Continuous learning and improving care

- The registered manager was keen to develop the service to improve the level of care to people. She had attended courses to enable her to improve her service and regularly used Skills for Care and the Care Quality Commission website to keep themselves informed on changes across the social care landscape.
- The registered manager had plans to implement systems that would improve the effectiveness of the service. This included sourcing an electronic rota planning system to ensure people continued to receive their care at the correct time.

#### Working in partnership with others

- The registered manager demonstrated a willingness to work with others to improve the service where required. They had worked alongside the local authority where changes were required to people's care and had recently worked alongside palliative care teams to ensure they could safely support a person in their own home.