

Karpe Diem Healthcare Ltd

KD Healthcare Ltd

Inspection report

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31 March 2022

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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

About the service

KD Healthcare Ltd is a domiciliary care service providing personal and nursing care to people in their own homes. It is registered to provide care for older people and younger adults, including people with dementia and a physical or sensory disability. At the time of the inspection, one person was receiving live in care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service

Relatives said people received care from caring staff who knew their relative well. They were confident staff had the skills to care for people. One relative told us, "I feel I don't have to worry about my family member when I am not there".

The provider was working through the actions highlighted in February 2022's improvement plan. Audits and checks were being strengthened to ensure there was clear oversight of the service. This included staff recruitment, training and supervision.

People's needs and any potential risks were assessed before they first used the service. Care plans developed with people which included their needs and preferences. Staff appropriately supported people with their medicines, nutrition and health needs, based on guidance in people's care plans.

There was a positive culture at the service and staff and people's representatives felt listened to. Also, that any issues or concerns they raised would be acted on. The registered manager and staff understood their roles and responsibilities and the aims of the service.

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 18 June 2020 and this is the first inspection.

Why we inspected

This is the service's first inspection since registering with the Care Quality Commission.

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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

KD 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 was carried out by one inspector.

Service and service type

KD Healthcare Ltd is a domiciliary care agency. It provides personal and nursing care to people living in their own houses and flats.

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 the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did

We reviewed information we had received about the service. 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

Inspection activity started on 28 March and ended on 31 March. We visited the location's office/service on 28 March 2022.

We reviewed one person's care plan and daily notes. We spoke to the registered manager and one care staff. We saw two staff records relating to recruitment, training, supervision and spot checks. We also looked at quality checks and audits.

We spoke to a relative to gain their view of the quality of care provided.

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.

Systems and processes to safeguard people from the risk of abuse

- The provider and staff understood their roles and responsibilities in keeping people safe.
- Staff had undertaken training in safeguarding people. They felt confident any concerns they raised would be actioned by the registered manager. Staff had access to information about how to contact the local safeguarding team if required.
- Relatives told us people were safe in staff's care. One relative told us, "I feel I don't have to worry about my family member when I am not there".

Assessing risk, safety monitoring and management

- Assessments of risk contained information to guide staff how to support each person, in the way they preferred, and to ensure risks were mitigated.
- Potential risks in people's everyday lives had been assessed such as when eating and drinking and mobilising. Staff were informed about what actions they needed to take to help keep people safe. There was detailed guidance for people who required a hoist to move around their home. This included the number of staff needed, type of sling and how to reassure the person when being moved.
- Relatives were complimentary about staff's skills to manage risks and look after people safely.
- The home environment was regularly checked to make sure it was free from hazards and that equipment was maintained. Staff passed on any maintenance concerns to the family involved in people's care to action.

Staffing and recruitment

- The provider acknowledged that staffing had been challenging due to the pandemic. However, they had ensured that 24 hour care was provided for people with live in care packages.
- A range of checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work references, employment history, right to work in the UK, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- On occasion not all necessary information had been obtained about staff before they started to support people. In these emergency situations, people or their representatives had been involved in making decisions about assessing and mitigating the potential risks.
- The provider was working towards employing two, rather than one live-in carer for each person. This was to ensure continuity of care and to help minimise staffing challenges.

Using medicines safely

- People were supported to receive their medicines as prescribed by their GP.
- Staff had received training in medicines management and had their competency assessed. They described how they used gentle encouragement to make sure people took the medicines they needed to maintain their health.
- Staff kept a record of when people were given their medicines including those prescribed as 'when required' (PRN). A medicines audit in March 2022 found that people had received their medicines as prescribed.
- Some people had been prescribed topical creams. Staff guidance was available to inform staff where on people's skin these creams should be applied.

Preventing and controlling infection

- Staff followed the providers' infection control policy and procedure. This included daily COVID-19 tests which were reported to the registered manager to ensure compliance. Staff were also encouraged to have their COVID-19 vaccinations.
- Staff had completed training in infection control, including for COVID19. They understood the importance of using personal protective equipment, such as gloves, aprons and face masks. Also, the importance of regular handwashing and keeping people's home's clean.

Learning lessons when things go wrong

- The provider had a process for recording, monitoring and learning from accidents and incidents.
- The registered manager had access to review people's daily notes, to ensure staff took appropriate and timely action to any significant events. However, there had not been any accidents since the service had commenced operating.

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 of 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

- The registered manager used an assessment tool to identify people's needs before they started to use the service. This guided the assessor to check all aspects of a person's health and social needs.
- Relatives told us the registered manager visited them and their relative to discuss the type of care they wanted to receive. This helped to ensure that care was provided from the point of view of the person receiving care.

Staff support: induction, training, skills and experience

- Relatives told us staff had the knowledge and skills to support people.
- New staff undertook an in-house induction. The Care Certificate was available for those staff new to care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- An audit in February 2022 had highlighted that improvements needed to be made to ensure staff training was regularly refreshed. This was so staff kept their skills up to date. As a result, staff had been booked on face to face moving and handling training and a first aid course. They had also been assigned on-line training in essential areas such as fire and safeguarding.
- Staff were given opportunities to review their work and development needs through individual supervision.

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

- People's nutritional needs had been assessed and were monitored by staff to ensure people had a balanced diet.
- Some people were at risk of poor nutrition or hydration. Staff made a record of what these people ate and drank to ensure they had sufficient.
- Staff prepared meals for people and were knowledgeable about people's food preferences and choices.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with people and their relatives, so ensure people had access to healthcare support and services.
- A relative told us staff acted with confidence when an ambulance was called for their family member. They told us, "She knew exactly what to do. She got her medicines and this and that to take with her in the ambulance".

- Staff observed and monitored people's health and well-being. They made a record of any health professional visits and communicated any changes in people's health, to relatives and the registered manager.

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.

- Staff had completed training around MCA and understood their responsibilities to support people to make their own daily decisions.
- Some people had appointed a person to make decisions about their health, welfare or finances on their behalf. The registered manager had seen the original document and was obtaining a copy. This was so they were able to assure themselves that people acting on another's behalf had the legal authority to do so.

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 of 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; respecting equality and diversity

- Relatives told us staff treated people well. One relative told us, "The carers care, and are gentle. My family member is happy".
- People were supported by a regular main carer. This meant people were supported by staff who were familiar to them and understood their likes, dislikes and preferences.
- Relatives said it was the 'little things' that made a difference to their family member's positive experience of being supported. One relative told us, "She warms the towels before giving my family member a wash. It is lovely".
- People were asked about their religion, race, and sexuality during the assessment. This was clearly documented in order to observe and respect the person's needs when providing care and support.

Respecting and promoting people's privacy, dignity and independence

- Relatives said that people were always treated with dignity and respect.
- Staff described how they supported people's independence by encouraging and involving them in their care.
- People's personal information was kept secure and confidential.

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

- Staff explained how they communicated with people through humour and patience to help them make their views known.
- People had been asked about their likes, dislikes and preferred routines. This information was available to staff so they could support people to make decisions according to their choices and preferences. For example, information about how people liked to present themselves and how they liked to run their home.

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 of 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

- Care plans contained important information about people's choices, needs and preferences. Staff knew about people's interests and preferences which helped them to provide care in a personalised way.
- Relatives were very positive about the care and support provided. One relative told us, "With the last agency we had 12 carers in two or three months. It is nice that this agency has found one main carer that my family member has got used to."
- The provider used an informal process to 'match' people with care staff, taking into account people's support needs, skills and as far as possible their interests. A relative told us, "My family member considers their last carer as a friend. But the main carer is the best one we have had so far. They share an interest in cooking."

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.

- The registered manager understood the importance of working closely with people and their families to identify and use communication approaches which maximised their involvement. The service had identified the need to develop a service user guide in a way that people with communication difficulties could understand.

Improving care quality in response to complaints or concerns

- Relatives said they felt confident that any complaint they raised would be listened to and acted on. They said that when they had raised a concern with the registered manager, it had been dealt with to their satisfaction.
- The provider had a complaints process which included using complaints to identify areas where the service could improve.

End of life care and support

- Staff had consulted people about their end of life wishes and choices and this was recorded in their care plans.
- The registered manager understood how to care for people at the end of their lives. This included working with healthcare professionals, so people experienced a comfortable, dignified and pain-free death.

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 of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives and staff said there was a positive culture at the service which was honest and open.
- Staff understood the aims of the service to provide personalised care. Relatives told us that people received consistent care from people who knew their family member well.
- The registered manager understood the duty of candour. They outlined how they would respond in an open and honest manner if something at the service did not go as it had been planned.

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

- People benefitted from being supported by staff who understood their roles and responsibilities and whom had confidence in the management of the service.
- The provider had employed an improvement manager to help identify shortfalls in service delivery. Areas for improvement had or were being actioned at the time of the inspection visit. This included having management trackers to ensure staff spot checks, supervisions and training were undertaken regularly. A digital documentation system had been installed which the registered manager said, helped them to have a real time picture of the care that was provided.
- The programme of audits and checks was being strengthened to help drive improvement. This included audits of staff records, care plans, missed calls and complaints.
- The registered manager was near completion of a Level 5 Diploma in Leadership and Management for Adult Care. They understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths, in line with regulatory requirements.

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

- People were contacted at regular intervals to check if they were satisfied with the service or if any adjustments needed to be made. In addition, there were spot checks on staff to directly observe care and assess if staff were following set protocols and the aims of the service.
- Staff were involved with the development of the service through informal phone calls and gaining their views in supervisions. There were plans to involve staff in regular meetings. Staff were happy to work for the service and confident any suggestions they made were listened to and acted on.

Working in partnership with others

- The service worked in partnership with people's family and health care professionals such as community nurses and GP's.