

Kayoski Care Ltd

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Inspection report

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Date of inspection visit:
24 August 2021
25 August 2021
31 August 2021

Date of publication:
21 September 2021

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Kayoski Care is a home care service providing support and personal care to people in their own homes. At the time of our inspection there were three people receiving personal care from the service.

Not everyone who used the service received personal 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 and what we found

The registered manager carried out regular visits to people that used the service which assessed the quality of the care provided to people. They also regularly visited or telephoned people and their relatives about whether they were happy with the care. However, not all these or other relevant checks were recorded in sufficient detail to ensure an effective quality assurance process was in place.

Staff and relatives told us the registered manager was approachable and easy to contact.

There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. We have made a recommendation about recruitment processes. Staff understood the various types of abuse and knew who to report any concerns to. At the time of our inspection people were able to take their own medicines or had support from family members. We have made a recommendation about strengthening information within the care plans in relation to potential risks to people and staff.

Staff respected people's choices and took their preferences into account when providing support. 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.

Training records for staff showed that essential training, covering a variety of topics, had been undertaken including induction training. Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

People's care needs were initially assessed before they started to use the service and care plans were completed prior to support commencing. Feedback from people and relatives was positive about people's care and support.

People told us they knew who to contact the service if they had a concern or complaint.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 22 July 2020 and this is the first inspection.

Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well-Led findings below.

Requires Improvement ●

Kayoski Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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.

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 or registered manager would be in the office to support the inspection.

Inspection activity started on 24 August 2021 and ended on 31 August 2021. We visited the office location on 24 August 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care co-ordinator and care workers.

We reviewed a range of records. This included three people's care records. We looked at seven 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 for 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 registered manager and staff understood their safeguarding responsibilities to report any concerns to the relevant authorities if required. A staff member told us, "I have had safeguarding training and if I had any clients I thought were neglected I would report this to the manager straight away and if I was not happy with their response I would raise a safeguard and go to CQC."
- There were policies in place to protect people from abuse and harm and these were communicated to staff.

Assessing risk, safety monitoring and management

- People that used the service had relatively low needs and lived with family members. Staff told us all risks were communicated to them prior to them delivering care. However, whilst care plans were clear about the care staff needed to deliver, not all risks were recorded. For example, risks that might be present in the environment were not always recorded in care plans. Whilst the registered manager introduced new staff to people and worked alongside staff when they first started, care plans required more detail about specific risks to both people and staff.

We recommend the provider seek advice and guidance from a reputable source, about assessing and recording of risk.

Staffing and recruitment

- People received consistent care from regular staff who knew them well. A relative told us, "We usually have the same two carers, one is very good and more than meets our expectations and the other is still getting to know us but still good. The registered manager will bring carers around to introduce them to us, they are arranging for a third carer to visit for us to meet. All new carers are introduced to us."
- All the relatives we spoke with confirmed staff always attended and were reliable. One relative told us, "This service always comes it is 100% they have never let us down."
- The registered manager who is also the provider had recently purchased a staff rostering and management system that will provide oversight in relation to care visits.
- We looked at the recruitment procedures followed for staff. The provider had not followed their own recruitment procedures. This had not impacted on people as some control measures were in place. The registered manager took action during the inspection to obtain missing recruitment information for the individuals concerned.

We recommend the registered manager ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

Using medicines safely

- At the time of our inspection people were able to take their own medicines or had support from family members.

Preventing and controlling infection

- Staff had received training in managing infection prevention and control and COVID-19 risks. The registered manager sent regular updates to staff about government guidance, safe practices and reminders about keeping people safe.
- Staff confirmed they had enough personal protective equipment (PPE). The provider had systems in place to ensure they used this effectively when in people's homes.

Learning lessons when things go wrong

- Due to the small size of the service there had not been any significant incidents. However, the registered manager understood their responsibility for reporting, recording and analysing any future accidents or incidents.

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 received an assessment which covered their physical and mental health, social and cultural needs. This ensured staff had enough information to meet people's needs in the way they wanted. A staff member told us, "I shadowed the manager for quite a few shifts. [Registered manager] tells me everything about the clients. There is also a care plan in the property I can read."
- Relatives told us new staff were introduced to them before they started providing care.

Staff support: induction, training, skills and experience

- Staff told us the training was good and provided them with the skills to undertake their role.
- An induction was in place to support new staff. This included shadowing more experienced staff. One staff member told us, "I have received all the mandatory training with this company."
- The registered manager regularly worked alongside staff to monitor performance and competence. These spot checks had started to be recorded.

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

- If required, staff supported people to have access to food and drink that met their needs and preferences.
- People's food and drink preferences were assessed, and staff supported people with their preferences. A relative told us, "They do help with cooking and carers have now got to know [person's] likes and dislikes, what they like to drink in their tea or fluids. This help is significant for us."

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

- If staff were concerned about a person's health and wellbeing, staff were aware about informing the registered manager. A relative told us, "They have contacted the district nurse if they are concerned about anything, to be honest I could not be without them."

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 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.

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.

- The registered manager and staff were aware of the MCA and how they used it when providing care and support to people. A staff member told us, "The person I support is able to make their own decisions. If I had anyone with dementia, I would not dream of making decisions for them, if they needed help I would refer to the care plan or consult with any family members in their best interests."
- All the people who were being supported by the service either had the ability to make decisions for themselves or were supported by relatives.

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; respecting equality and diversity

- People and their relatives were complimentary about the care they received from the service. One relative told us, "The carers go above and beyond, they deal with anything that comes up and usually do more than is expected." Another relative said, "We are very happy with our service."
- Staff had developed positive relationships with people. Staff spoke warmly about the people they were supporting. One staff member told us, "I try my very best for clients."
- The service was committed to meeting the cultural and religious needs of people with specific protected characteristics. This included respecting individual choice about the gender of care staff people felt more comfortable with.

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

- People, and their relatives, where appropriate, were involved in their care planning and how they wished to be supported. One relative told us, "There is a care plan in my home and yes I was involved in this care plan. The registered manager visits every three weeks so we can review this."
- People had not been using the service for very long, so formal reviews had not yet been recorded. However, all relatives we spoke with told us they had the opportunity to talk to the registered manager at any time.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative told us, "The carers are very respectful of my [family members] privacy and dignity." Another relative told us, "The carers are very respectful."
- People's care plan recorded what they could do for themselves and staff we spoke with understood the importance of promoting independence. A staff member told us, "We talk to people and read the care plan."

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

- Care and support was planned to meet individual needs. People's care needs were kept under review.
- Each care plan contained information about their medical conditions, their physical and mental health and social care needs. This included their personal care, mobility, medicines, nutrition and skin care. Care plans recorded what a good day looked like for an individual and what a not so good day looked like. This enabled staff to respond with the support needed to meet people's day to day needs.
- Relatives told us the service was flexible and went out of their way to accommodate individual needs. A relative told us, "We do not make it easy for them as we swap our days frequently. I have even rung the registered manager late evening for a really early call the next day for a hospital appointment and the carer was there on time. Whenever I have asked for an early call, they are able to help."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager informed us currently people and their relatives understood information in the standard format; however, where preferred information would be provided in other formats and to meet individual needs.
- Peoples communication needs were identified within initial assessments. This information was used to develop their care plans.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. There had been no formal complaints received. Relatives told us they would feel comfortable talking with the registered manager if they had any concerns. One relative told us, "I have not had to make a complaint, but I would always go to [registered manager] if I was concerned about anything."

End of life care and support

- The service was not currently providing end of life care to people. The registered manager told us they would work with the other professionals and family members if this situation arose.

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

- The service was small, and we had no concerns with the care provided to people. However, not all the quality checks undertaken by the registered manager were formerly recorded. For example, we found there was no formal audits of staff files or care records.
- Not all recruitment checks were in line with schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, not all staff had references in place to assure the provider staff recruited were suitable to work in a care setting. The registered manager told us they had completed these checks by telephone but had not kept records of these conversations. Following the inspection, the registered manager sent us confirmation these references and checks had been requested.
- We discussed the quality assurance process in place with the manager who understood that some improvements were needed to processes and systems to ensure the safety and quality of the service provided could be fully monitored. We discussed the need to set up a robust quality assurance system, which would need to be in place if the company was to expand their care packages and their staff team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives and staff were positive about the way the service was managed. They all knew the registered manager very well and felt able to raise any issues of concerns with them. One relative told us, "We would not change this agency for anything." Another relative said, "The way [registered manager] runs the service means it is a very effective service. This is a small bespoke service that meets our needs. We have found that larger services cannot do this, and the quality is affected so hopefully this service will remain small."
- A staff member told us, "This service has only just started really, I am hoping to be part of Kayoski care and so far, I am happy working here."
- Relatives and staff told us communication was good with the service and they kept them up to date with any changes. One relative told us, "[Registered manager] always lets us know about any changes with carers. They are very respectful and do more than we ask."

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

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

- The service had not yet needed to submit a notification to CQC, however the registered manager understood when this was required.

Continuous learning and improving care: Working in partnership with others

- The registered manager worked in partnership with other agencies when required to ensure people's needs were met.