Kharis Healthcare Limited

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Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection of Kharis Healthcare Ltd took place between 27 July 2018 and 7 August 2018. Our visit to the office was announced to make sure the registered manager was available.

This is the first inspection of this service. They were first registered with us, the Care Quality Commission (CQC), on 13 April 2016.

Kharis Healthcare Ltd is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our visit three people were using the service.

Not everyone using Kharis Healthcare Ltd receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at this agency who was supported by three care staff. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew how to respond to possible harm and how to reduce risks to people. Risks to people were assessed and action taken to reduce these. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were administered safely. Staff used personal protective equipment to reduce the risk of cross infection to people. There were systems in place to make sure lessons were learnt about accidents and incidents.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. People received support with meals, if this was needed. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

There was enough information for staff to contact health care professionals if needed and staff followed the advice professionals gave them. People's personal and health care needs were met although not all care records were updated with changes to guide staff in how to do this.

A complaints system was in place and there was information available so people knew who to speak with if they had concerns. Staff had guidance to care for people at the end of their lives if this became necessary.

The provider's monitoring process looked at systems relating to the care of people. People's views were regularly sought so that action could be taken to improve the agency if needed. The agency was run by a family group, who all knew and cared for people, and updated them with any changes.

Further information is in the detailed findings below

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.

Medicine administration records were accurately completed and medicines were given as prescribed.

Staff knew how to keep people safe from harm. Staff assessed risks to protect people from harm and followed infection control practices to reduce the risk of cross infection.

There were enough staff, who had undergone recruitment checks, available to meet people's care needs.

There were systems in place to learn lessons from accidents and incidents.

Is the service effective?

Good

The service was effective.

Systems were in place to make sure people's care and support was provided in line with good practice guidance.

Staff members received enough training to provide people with the care they required. They supported people to continue making decisions for themselves.

People were supported to eat and drink as independently as possible.

Staff worked with health care professionals to ensure people's health care needs were met.

Is the service caring?

Good

The service was caring.

Staff members developed good relationships with people using the service and their relatives, which ensured people received the care they needed.

Staff treated people with dignity and respect and people's

preferences were always respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People had their individual care needs planned for, although care records were not always updated when their needs changed.

People had information if they wished to complain. There were procedures to investigate and respond to these.

Guidance was available for staff about how to care for people at the end of life.

Is the service well-led?

Good

The service was not always well led.

The quality and safety of the care provided was not always effectively monitored to drive improvement.

People's views about the agency were obtained and action was taken to address issues.

There was a good working relationship between staff members and people.

Staff contacted other organisations appropriately to report issues and provide joined-up care to people.

Kharis Healthcare 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 is 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.

This inspection took place between 27 July 2018 and 7 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we wanted to make sure staff would be available in the office.

Inspection site visit activity started and ended on 27 July 2018, to see the registered manager and to review care records, policies and procedures. We spoke with people using the service on 27 July 2018 before our visit to the agency office and with staff between 27 July and 7 August 2018.

This inspection was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We used information the provider sent us in the 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 also contacted community stakeholders about the service, such as the local authority commissioning and safeguarding teams.

We spoke with two people using the service, two members of care staff and the registered manager. We checked three people's care records and medicine administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records.

Good

Is the service safe?

Our findings

People said that they had never had any concerns about staff members; one person told us, "I feel safe with the staff here." Staff knew how to protect people from harm, they told us they had received training, they understood what to look for and who to report to. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission (CQC).

Risks to each person were assessed, reviewed and actions were identified to reduce those risks. These included moving and handling risks and the risk of developing pressure ulcers. Information was available to guide staff in using equipment and what they should do if they had concerns.

Environmental checks of people's homes had also been completed. This provided staff with an overview of where there may be risks, such as for using moving and handling equipment on carpeted floors. Risk management plans informed staff on how to reduce risks and included when servicing and maintenance checks had been completed.

People told us that there were enough staff, they were always on time and never missed a visit. The agency was small which meant people using it knew all the staff. Staff said that there were enough of them employed to provide additional cover if needed and have regular time off. The registered manager told us that before the agency increased the amount of care it provided they would recruit new staff members.

Staff recruitment files showed that satisfactory checks were carried out on staff before they commenced employment. This helped to ensure their suitability. A staff member confirmed that checks and information had been returned before they could provide care to people unsupervised. These included criminal record checks (DBS), identification and references to ensure that staff were safe to work with people who were vulnerable. However, health declarations had not been obtained. The registered manager told us that they were aware of any health conditions that may affect staff performance as all staff employed were family members. They confirmed they would seek declarations from prospective new staff. New staff completed induction training and shadowed more experienced staff so that they had an understanding of how to keep people safe while providing care and support.

Two people required support with their medicines; they were given their medicines at the time prescribed for them and records were completed appropriately. To ensure that it was clear who the medicine was prescribed for, information, such as identification, allergies and contact details for each person's GP, was available. There was information in their care plans to advise staff on the type and level of support they required to take their medicines. One relative told us their family member was able to take their medicines independently if staff removed the medicines from their packaging. Staff members told us that they received training in medicines awareness and records confirmed that this had been updated within the last 12 months.

People told us that staff always wore gloves and aprons when supporting them with personal care and that these were removed or replaced appropriately for other tasks. Staff had received training in infection control

and prevention, which provided them with the skills to reduce risks to people.

The agency was a small family run business and delivered care to only a few people. They monitored systems and processes however, due to the low number of issues they were unable to identify any trends or themes of concern at the current time. The registered manager said they would continue to develop this area and take action across the agency when issues were identified, in order for lessons to be learnt and any necessary improvements made.

Good

Is the service effective?

Our findings

A full needs assessment was carried out on each person prior to the service providing a care package. This was to ensure the service was able to meet their assessed needs. These assessments were completed with information from the person and or their families and health or social care professionals, where available. The registered manager told us that they considered current guidance when planning people's care. For example, they had consulted NICE (National Institute for Clinical Excellence) guidance about social isolation to consider how best to meet one person's needs. This gave them information about how best to support the person and encourage greater social confidence.

People received care from trained and competent staff. One person told us, "I think they're very professional in what they do and I couldn't have a better team." A relative said, "[Staff] have had enough training," and went on to explain that staff used the equipment their family member needed to transfer correctly. Staff told us that they received enough training and support to give them the skills to carry out their roles effectively. They received additional training if required to meet a person's specific needs and that training was updated. Staff training records showed that staff had received training and when updates were next due.

Staff members said they received enough support from the registered manager and other staff to do their jobs. They explained that they had individual meetings that allowed them to discuss their training, development needs and ongoing issues. One staff member explained due to the agency being small they were able to discuss and address any issues as they arose.

We saw that where needed, people were supported to eat and drink enough. A relative told us, "[Staff] help her have breakfast." Care records held information about people's preferences and what staff needed to do to support each person. They were specific for each person and gave staff enough information to ensure people were able to eat and drink safely. For one person this meant giving details of how to thicken drinks and for another person, ensuring that food was still in date.

The registered manager told us that they would work with health and social care professionals for those occasions when people used other services, such as hospital admissions. However, they had not developed a written record, such as a hospital passport or 'This is me' form. These records would normally contain important information about the person that health professionals would need to be aware of.

People's care records showed that they had access to the advice and treatment of health care professionals. These records provided enough information needed for staff to contact health professionals and to support people with their health needs, if needed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. These applications must be made to the Court of Protection, although no applications had been made. We checked whether the service was working within the principles of the MCA. Staff had a good understanding of the MCA and worked within its principles when providing care to people. Both staff members explained that they always presumed people could make their own decisions. They also confirmed that the people they cared for were able to make their own decisions.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. Staff were described as, "They're always nice and polite," "They do more than everything," and "Always polite – 100% brilliant." We observed the interactions between people and staff and saw that staff were polite and kind. One person told us, "They give me a lift, they care about it (caring for people)." They went on to say, "I love them, they're a lovely family and really good."

Care records contained some details about how people wanted to be addressed, their likes and dislikes and their preferred routines. We found that staff knew people well and that they were able to anticipate people's needs. This was because all of the staff visited each person on a regular basis and always asked if they were happy with their care or whether they wanted anything completed differently.

People told us that they were aware of their care records and staff spoke with them about how they wanted their care given. Care records were signed by people to say they were happy that the information reflected their care needs and wishes in terms of how staff should support them. The registered manager said that during the initial assessment visit they explained to people about advocacy and how these services could be accessed. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Staff respected people's right to privacy and treated them with respect. One person explained how this made them feel, "I don't feel embarrassed at all." A relative told us that staff always drew the curtains and closed the door when the person received personal care. This was evident in the way staff spoke about people with thoughtfulness and concern. Staff told us that they knocked on doors and called people by their preferred names. Curtains and doors were closed when people received personal care and people were covered as much as possible when receiving a wash. We saw that staff greeted people before entering rooms, which made sure people knew who was entering and they were not startled.

Requires Improvement

Is the service responsive?

Our findings

Care plans provided written guidance for staff members. Information included why people needed the care and support they received, the difficulties the person experienced, what they needed help with and how staff should do this. Information was set out in different sections for different types of care needs, such as washing and dressing, continence and medicines management. Plans also included individual information about how to meet people's emotional needs and the actions staff should take to meet these.

People told us that the registered manager reviewed their care plans with them and one person said they discussed whether the plans were still accurate. Care staff completed daily records after each visit to inform others of the care and support they had delivered to that person. Not all people's care plans had been reviewed and revised when their care needs had changed. However, staff were aware of the changes and how they needed to care for the person, and the person's relative confirmed this.

For people who had additional health conditions, care plans had been introduced. These gave some guidance to staff regarding what they should do if the person's condition deteriorated and they became unwell. They described the effect the condition could have, although this information was a general description and not specific to the person. Despite this, staff we spoke with had a good understanding of people's needs in this area.

The organisation had a policy and procedure in place for end of life care to support staff in meeting people's needs. There was no one at the time of this visit who was receiving end of life care. The registered manager confirmed that end of life care had not yet been provided by staff as none of the people using the service needed this support. People did not have their end of life care wishes recorded as part of their support plan and therefore staff may not have guidance for individual wishes if this were to occur suddenly.

People told us that they received the care they wanted, in the way they wanted. One person commented that, "I don't have to ask or say anything, they always do everything." A relative told us that their family member received the care they needed. Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. They told us that there was enough information in care plans to guide them in supporting each person.

People and a relative told us that they knew how to make a complaint and who to contact for this. Only one person had made an informal complaint. This had been responded to appropriately and resolved to the person's satisfaction. There were copies of the complaints procedures in each person's care records. However, these only provided contact details for the agency and did not contain contact details for any external organisations, such as the Local Government Ombudsman. Records showed complaints were investigated and they detailed the action that was taken to resolve them to a mutual satisfaction.

Good

Is the service well-led?

Our findings

Overall the service is good in this domain but as already identified in this report there were elements that require improvement. The governance management was not always reliable and effective and these areas for improvement were not identified.

The registered manager used quality monitoring visits to people to monitor the service provided. These included looking at the systems used by the agency, such as care and medicine records. However, we found that although the monitoring looked at people's experiences of the care they received, it did not always identify when care records needed updating or when further information was needed. The registered manager told us that they would amend their monitoring forms so that this was looked at in future and update one person's care records.

The agency was run and staffed by members of the same family. They worked as a tight knit team who were able to discuss any issues amongst the whole group. One staff member told us, "This is a family run business and we see each other regularly." They explained that they held regular meetings to discuss issues but would often contact other staff members or the registered manager at other times, if they needed advice. This enabled all staff, not just the registered manager, to have an overview of the agency and to ensure care was delivered in an individual and person-centred way. For example, by allowing all staff to contribute their knowledge of how people preferred to be cared for to any discussions about how care was provided.

There was a registered manager in post, who was available for our visit to Kharis Healthcare Ltd. The registered manager was supported by care staff in the running of the agency. Staff told us that expectations of staff were discussed in staff meetings, so that they were all aware of their responsibilities. The registered manager confirmed that any issues identified during the auditing process were also discussed at staff meetings. This made sure that all staff were aware of the actions being taken to address these and the improvements required. One staff member confirmed that staff were encouraged to speak up in these meetings, with the aim of improving the service.

The registered manager sought the views of people through visits to them every three months and the completion of questionnaires. One person told us that they were always asked, 'Is there anything we can do better?', and then said, "But there isn't." Questionnaires were returned with positive responses.

Staff worked in partnership with other organisations, such as the local authority commissioning teams. We saw that the registered manager contacted other organisations appropriately and took action where this was required. The local authority was contacted when the registered manager was concerned that they were not providing the number of hours care to one person that the local authority had requested. This was because the person had not wanted this much care and the registered manager was concerned that the local authority funding could be used for other people.