Kharis Solutions Limited

Kharis Solutions

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 10 and 22 January 2018. It was an announced visit to the service. This was the service's first inspection since registration with us in September 2016.

This service is a domiciliary care agency. It provides personal care to older people and younger adults living in their own homes. There were 29 people using the service at the time of our inspection, in the Slough, Windsor and Maidenhead areas.

The service had a registered manager in post. 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.

We received positive feedback about the service. Comments from people included "The carers are wonderful…they turn up on time, they are as good as gold," "I get on well with them all…I look forward to them coming" and "I'd never manage without them and that's the truth. They listen to my moans and groans, they help cheer me up. They let my cat in and out. They always leave me a fresh brew."

A community professional spoke highly of Kharis Solutions. They told us "Kharis Solutions have been providing excellent, safe and effective care to our clients in the community. They have been exceptional in promoting and empowering the clients with their activities of daily living and recovery with their physical and mental health. Our clients have reported that they have significantly benefitted from their involvement and speak highly about their care delivery. We would like to continue working with Kharis Solutions and would strongly recommend them to our clients in future."

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. We saw a safeguarding matter was dealt with straight away and all relevant agencies were informed.

Risk was managed well at the service so that people could be as independent as possible. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care.

Some people were supported with their medicines by care workers. Staff received training on medicines practice. However, we found staff competency to administer medicines had not been assessed. We have made a recommendation for the service to follow best practice by carrying out medicines competency assessments for all staff.

The service was not providing end of life support to anyone at the time of our inspection. There was no care plan template to use to record needs specific to this type of care. We have made a recommendation to make

sure the service follows best practice regarding care planning and end of life care, in the event of anyone needing this support.

We checked whether the service was working within the principles of the Mental Capacity Act 2005. The registered manager and care co-ordinators knew which people had appointed an attorney. However, there were no records or copies of the Lasting Power of Attorney documents to confirm this. We have made a recommendation to ensure the right people are involved in making decisions on others' behalf.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We have made a recommendation for the service to ensure people have access to information in a way they can understand it.

We found there were sufficient staff to meet people's needs. Staff were supported by managers and said there was good communication with the office. They felt they could approach the registered manager and office staff if they encountered any difficulties or needed advice. Staff were supervised and received training to help them meet people's needs safely and effectively. Recruitment checks were carried out to make sure prospective staff were suitable to work with people. We have made a recommendation about checking police records for workers who have lived or worked overseas, to ensure they do not have criminal convictions from their time abroad.

People knew how to raise any concerns. We saw people's views and complaints were listened to; action was taken where necessary when staff had not supported people appropriately.

The service was managed well. The provider regularly checked the quality of care at the service through user surveys and spot checks. The service's computer system enabled live monitoring of when staff were at people's homes and could alert office staff if care tasks had not been completed. For example, if staff had not confirmed they had supported a person with their medicines.

Records were maintained to a good standard and staff had access to policies and procedures to guide their practice.

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.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify and reduce areas of potential risk.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through supervision and training.

People told us they received effective care which met their needs.

Is the service caring?

Good

The service was caring.

People were supported to be independent.

Staff treated people with dignity and respect and protected their privacy.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

There were procedures for making compliments and complaints about the service. People were able to identify someone they could speak with if they had any concerns.

Is the service well-led?

Good

The service was well-led.

People's needs were appropriately met because the service had a registered manager to provide effective leadership and support.

The provider monitored the service to make sure it met people's needs safely and effectively.

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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 checked 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 on 10 and 22 January 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure the registered manager would be available to assist with the inspection and facilitate access to confidential records.

An expert by experience contacted five people who used the service and four relatives by telephone, on 10 January 2018. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

We also contacted community professionals to seek their views about people's care.

We spoke with the registered manager and five staff members, including care co-ordinators, new and experienced care workers. We checked some of the required records. These included three people's care plans, three staff recruitment files and three staff training and development files. We read a sample of policies and procedures and read records of complaints and compliments.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. Comments included "I feel safe with the carers," and "Safe yes, they treat my (family member) well, that's the main thing." A relative told us "I do feel safe. I trust them." Another relative commented "We feel safe and my (family member) feels safe with the carers." People also said care workers left their properties safe and secure after they had visited.

The service had systems and processes for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Staff told us they would always contact the office if they had any concerns about people's well-being.

We heard and saw how care co-ordinators and the registered manager responded to a safeguarding concern. For example, they contacted the local authority, who take the lead role in protecting adults at risk. Care workers who had been at the person's home were asked to come into the office to provide witness statements.

People were protected from the risk of harm during the provision of their care. We saw risk assessments had been written in each care plan we read. These included assessments of people's home environments and supporting people with moving and handling. Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. For example, staffing rotas and care records showed two staff supported people who needed a hoist to reposition. People who used the service told us "There's always two to transfer me" and "There's always two staff." Staff said they would not undertake hoisting on their own. This ensured people were supported safely.

The service ensured there were enough staff to support people. Staffing rotas showed care workers were allocated to work with people in accordance with their assessed needs. Most people required two staff to assist them. People we spoke with told us "They turn up on time," "They come more or less the way I agreed. Oh no, never missed (a visit)," "They always turn up on time, always stay the full time. They let me know if they're late because they're stuck in traffic" and "They always turn up and if they are going to be late or early they let me know. They've never missed me. Depending on traffic, they can be either side of the time." One person said "I've had early hospital appointments and they've come earlier, they are flexible."

There were recruitment procedures to ensure people were supported by staff with the right skills and attributes. The files we checked contained required documents, such as proof of identification and written references. Staff completed a health questionnaire to declare fitness to carry out their roles. A check for criminal convictions was also carried out. Where staff have lived or worked overseas they must supply evidence of a police check from that country. The service did not have evidence that these checks had been undertaken. We recommend the service follows Home Office guidance on obtaining overseas criminality information before staff are confirmed in post.

Some people received support from care workers with their medicines. There were medicines procedures to

provide guidance for staff on best practice. People told us they received their medicines when they needed them. We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail. Staff completed training on medicine practice and we were told their induction included safe ways of administering and recording medicines. However, no assessments had been carried out to observe and check staff competency before they were permitted to administer medicines alone. We recommend the service follows best practice by carrying out medicines competency assessments for all staff.

There had not been any accidents during the provision of people's care. We saw staff were asked during their supervision meetings if any accidents had occurred. When we checked some of these records we could see 'No' had been ticked in all cases. Staff knew they would need to report any accidents to the office so that appropriate action could be taken.

Staff received training to ensure they followed safe practices when they supported people. This included first aid training, moving and handling and fire safety awareness. Updated courses were attended to keep these skills refreshed.

People were protected from the risk of infection. Staff completed food hygiene and infection control training and were provided with disposable protective items, such as gloves. Care plans instructed staff to wash their hands and put on clean disposable gloves for all aspects of people's personal care. People told us "They put gloves on. They don't touch you at all until they've got gloves and gel on" and "They always wear aprons and gloves."

The service had not had occasion to implement learning from when things went wrong. For example, learning from near misses, responding to external safety alerts and learning from investigations. However, we could see any concerns were responded to promptly and performance management was used where staff conduct had been questioned. This ensured people were kept safe.

People's records were accessible in their homes with copies kept securely in the office. These were accurate and had been kept up to date following changes to people's care needs.

Good

Is the service effective?

Our findings

We received positive feedback from a healthcare professional about how the service met people's needs. They said "Kharis Solutions have been providing excellent, safe and effective care to our clients in the community. They have been exceptional in promoting and empowering the clients with their activities of daily living and recovery with their physical and mental health. Our clients have reported that they have significantly benefitted from their involvement and speak highly about their care delivery. We would like to continue working with Kharis Solutions and would strongly recommend them to our clients in future."

People described an effective service. Comments included "They'll do anything I ask them and they say 'If there's anything extra you need us to do we will do it for you'. They'll always make me a cup of tea. They are very observant. If I've got a bruise they put cream on, I'm quite happy with that. If I wasn't well and I was on my own they would call the GP or an ambulance. One time I fell and they made me comfortable and got an ambulance. Sometimes if I'm feeling down in the morning, by the time they go I'm laughing. They really encourage me."

Another person said "I'd never manage without them and that's the truth. They listen to my moans and groans, they help cheer me up. They let my cat in and out. They always leave me a fresh brew. They sort my meals out, they ask me what I want and get it out the freezer for me and cook it. They do their best with everything as they have limited time. They make sure the kitchen's tidy and there's nothing that I could fall over. I order my shopping on line and they help me put it away when they come about the same time. My washer was broke and the manager gave me the number of a plumber so I could get it fixed. They record everything I eat and weigh me once a month and take it to the office. Now they do it on their phone and it goes straight to the office. They help me keep the cats clean."

People's needs had been thoroughly assessed before they received support. This included assessment of their physical needs and mental health. Assessments took into account equality and diversity needs such as those which related to gender, sexuality, disability and religion.

People received their care from staff who had the appropriate skills and support. New staff undertook an induction to their work. The registered manager told us no one had completed the Care Certificate yet. This was because they had not been able to acquire a work-based assessor. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way. The registered manager advised us they had found a local company who could provide support and all staff would be put through the Care Certificate.

There was a programme of on-going staff training to refresh and update skills. This included health and safety awareness, fire safety, moving and handling and safeguarding.

Staff told us they felt supported. They said face to face supervision took place every three months. They were able to speak with managers in between these times if there were any concerns. Staff said

communication with the office was good and someone always contacted them back if they were unable to take the call straight away. Appraisals were undertaken annually to assess and monitor staff performance and development needs.

Staff communicated effectively about people's needs. Relevant information was documented in people's care notes, such as observations about their well-being, what they had been supported to eat and drink and whether medicines had been given. Staff worked together within the service and with external agencies to provide effective care. For example, the local authority and healthcare professionals.

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. Applications must be made to the Court of Protection for domiciliary care services.

We checked whether the service was working within the principles of the MCA. The registered manager and care co-ordinators knew which people had appointed an attorney. However, there were no records or copies of the Lasting Power of Attorney (LPA) documents to confirm this. This meant the service had not fully satisfied itself it had consulted the right people to make decisions on others' behalf. We recommend the service ensures care plans contain a copy of LPA documentation, to make it clear who can act on people's behalf, and for which decisions.

Good

Is the service caring?

Our findings

People told us they received support from caring, compassionate staff who were respectful towards them and treated them with dignity. Feedback included "They are caring, kind and compassionate. They know how I prefer to be treated," "They are very caring. They help me with my body wash as I haven't got a shower. They always keep me covered and check what I want help with" and "They always treat me with dignity and respect. They are kind and compassionate and very caring." We read some of the compliments the service had received. One included "I would like to say how lovely and caring the carers have been to our mum. They are really lovely…I would highly recommend them."

Staff were knowledgeable about the people they supported and their care needs. Staff regularly worked with the same people and had got to know them well. A relative told us "They are very good, they understand his needs."

The service promoted people's independence and enabled them to remain in their own homes. Risk assessments were contained in people's care plan files to support them to be as independent as they could be. One person told us "I've been with them two and a half years. I get on well with them all. They encourage me to walk and they help me. I look forward to them coming." Another said "I'd never manage without them, that's the truth. They help me out of bed, put my walker in front of me so I don't fall. They always keep an eye on me."

People were supported to express their views and be involved in making decisions about their care. A relative told us "We have a care plan, we are involved in that. When the carers shower or bathe him they always keep him covered. They always reassure him and talk him through what they are doing. They look after him well, they are all very good." Another person said "They help me wash, they always keep me covered and talk through things. I feel involved and I have a care plan." Reviews also took place to discuss people's care and whether the service was meeting their needs. People who used the service were involved in these.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager was not familiar with this framework. There were no examples of information being provided where, for instance, people had sight loss. We recommend the service ensures that people have access to the information they need in a way they can understand it, to comply with the Accessible Information Standard.

Staff respected people's confidentiality. There was guidance for staff on ensuring confidentiality. The staff handbook contained information about use of mobile telephones and social media, to protect people's privacy.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. One person told us "I came out of hospital and they rang my carers and asked if they could come and put me to bed so I could come out that night. They did that so I could come home that night, they came half an hour later. They said if I needed anything else just to ring and they'll come. Knowing they would put themselves out if necessary is really reassuring."

We read a compliment from the local authority which thanked the provider for supporting a person in respite care. When we asked the registered manager about this they said the care home had been short of staff and so they had provided care to the person at the care home. This showed the service was flexible and responsive to the needs of people.

Each person had a care plan which outlined the support they required. Care plans included information about people's religious needs, emergency contacts, ethnicity and preferred language. They contained information about the person's life and medical history. Details were noted about people's GP and any other agencies involved in their care, such as community psychiatric nurses.

Care plans took into account people's preferences for how they wished to be supported. Where people lived with relatives, it was clear which tasks (if any) family members wished to continue providing. For example, doing laundry, assisting with medicines and meal preparation. It was also clear which tasks people wanted to continue to do for themselves.

Care plans had been kept under review, to make sure they reflected people's current circumstances. This helped ensure staff provided appropriate support to people.

The service was not providing end of life support to anyone at the time of our inspection. We asked if the registered manager had any examples where they had written end of life care plans for former users of the service. We understood there had not been anyone referred to the service specifically for end of life care. We noted the care plan format used at the service did not contain any reference to end of life care and asked if there was a separate format they would use, if required. There was not one available at the time of the inspection. We recommend an end of life care plan template is devised to make sure people's wishes and preferences are clearly recorded. This should incorporate involvement and responsibilities of other agencies and how staff will recognise and control pain.

The service made use of technology to ensure people received timely care and support. The service's computer system enabled live monitoring of when staff were at people's homes and could alert office staff if care tasks had not been completed. For example, if staff had not confirmed they had supported a person with their medicines. This helped to ensure people received the support they needed.

People knew how to complain about the service if they needed to. People's comments included "I ring the office if I've got a complaint. They are good, if I'm not happy with carers they'll change them," "I've never had

reason to complain" and "I know how to make a complaint." One person told us "We'd prefer female staff. My (family member) is sorting it out. I can ring the office and talk to the manager anytime. If I've got a complaint I ring the office… the manager comes out to check on things."

We looked at how complaints had been handled. Records showed these were managed appropriately. For example, a letter was sent to everyone who used the service with the office contact details and out of office hours number. This was after a complaint had been received that someone could not contact the office when they needed to. In another example, records showed a care worker attended supervision, their performance was monitored and the complainant was asked for feedback to ensure improvements had been made. This showed the service handled complaints effectively and kept appropriate records of actions taken to improve the service.

Good

Is the service well-led?

Our findings

People received care in a service which was well-led. This enabled then to receive safe, effective and co-ordinated care.

The service had a registered manager in post. We received positive feedback about how they managed the service from the people who provided feedback. The service had also received compliments from external agencies it worked alongside, such as the local authority. One thanked the service and other agencies involved on their "Good communication and assistance" with a package of care. We read a compliment from a representative of a clinical commissioning group who said "Thank you very much for a job well done in ensuring a smooth transition of care." This showed the service worked with other organisations to ensure people received effective and continuous care.

A healthcare professional had also made a compliment to the service. They said "The family gave a very glowing review regarding the carers who come in to support and I must say that the level of professionalism from the day we all met has continued in how the carers provide their care service. The family stated that they could not fault the carers."

Staff were supported through supervision and received training to meet the needs of people they cared for. We observed staff who came in to the office were comfortable approaching the registered manager and care co-ordinators to ask for advice, pass on information or just have a chat. Staff told us they could speak with the registered manager at any time. One care worker told us "They're very supportive, they look after us. If we ring them at 3 a.m. they don't shout at us." This showed a positive culture had been established. All the staff we spoke with understood about their roles and responsibilities including safeguarding people at risk of harm. They said they worked well together as a team.

People's views were sought about the service through care reviews and surveys. We looked at nine completed user surveys for 2017. Each person had reported positively about the care they received. One person commented in their survey "Very pleased, perfect service, ten out of ten."

The registered manager and care co-ordinators were able to monitor people's care using computer technology. This provided a live record of where staff were and which tasks they had undertaken to support people. Other monitoring included spot checks to people's homes when care visits were being made, to ensure care workers provided satisfactory levels of care.

The registered manager ensured the service continually improved. They told us about changes they had made in the past year. These included introduction of their computer system which was purpose designed for effective care management. They aimed for all staff to have completed the Care Certificate in the next twelve months. They had also looked into arranging English classes to improve communication for some of the staff team. In both cases they had sourced companies which could provide the necessary support for staff.

Records were well maintained at the service and those we asked to see were located promptly. There was secure storage for personal and confidential records such as staff files. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, and safe handling of medicines. These provided staff with up to date guidance.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about incidents and from these we were able to see appropriate actions had been taken.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity.

The provider did not yet have an occasion where the duty of candour requirements needed to be utilised. A duty of candour policy was in place to refer to in the event of any incidents happening.