Kosh Care ltd

Kosh Care Ltd

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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
Kosh Care Ltd is a domiciliary care agency that provides care and support to younger and older people in their own home. People receiving a service included those with dementia, sensory impairment, physical disabilities and learning disabilities. At the time of our visit the service was providing regulated activity to 4 people.

People's experience of using this service and what we found
Kosh Care is a small provider in the process of establishing itself as a well prospering care service. Although we found some improvements were needed (as described in this report's safe and responsive domain), the registered manager had taken the necessary steps to provide individualised service and support for people.

Some care plans and risk assessments had limited information about details of people's care. This was related to how staff should minimise identified risks and how people would like to receive their care. Furthermore, the registered manager needed to further develop the process around managing people's medicines. We have made recommendations about effective risk assessment, management of medicines and care planning. Since our visit, the registered manager informed us that he had addressed these matters.

Staff protected people from harm. Staff received training in safeguarding people. Where people needed additional support or their health had deteriorated, staff took immediate action to ensure people received the necessary support. There were effective infection prevention and control measures to protect people from the risk of infection, including COVID-19.

Recruitment procedures were safe to ensure people were protected from unsuitable staff. The registered manager deployed enough care staff to support people as agreed.

People and relatives spoke positively about the staff who supported people. They described staff as kind and willing to go the extra mile to keep people well. Staff protected people's privacy and dignity when supporting them and encouraged people's independence as much as it was possible.

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.

People and their relatives, staff and external professionals all thought the service was well managed. The registered manager was approachable, supportive, and took prompt action when people, relatives, and staff identified shortfalls in the care and service provided. There were monitoring systems to ensure the service was run effectively, and lessons were learnt when things went wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)
This service was registered with us on 08/05/2018 and this is the first inspection.

Why we inspected
We inspected Kosh Care Ltd as part of our inspection prioritisation programme. We carried out this inspection as we had not inspected this location since it was registered with us in May 2018. We needed to carry out a comprehensive inspection to obtain an in-depth and holistic view across the whole service, looking at all five key questions to consider if the service is safe, effective, caring, responsive and well-led.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Kosh 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 team included one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

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

What we did before the inspection
Before the inspection, we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager, who is also the provider and the owner of the service. We reviewed a range of records. This included three people's care records and two staff files in relation to recruitment and

staff supervision. We looked at a variety of records relating to staff training, the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate the evidence found. We looked at training data and quality assurance records. We received feedback from one person using the service, four relatives and one external health professional.

Requires Improvement

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 requires improvement. This meant some aspects of the service were not always safe, and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had assessed risks to people's health and wellbeing. Care documentation for some people had limited information on how the identified risks could affect people and how staff should manage the risk. Relatives and staff told us the same staff supported people, and staff understood the risks. They provided us with examples when staff took effective action to protect people from avoidable harm. However, limited, written guidance on reducing risks could cause the staff less familiar with people to not have information on how to provide safe care.
- Near misses (narrowly avoided accidents) had not been recorded for further analysis to identify the cause of the near-miss and agree on control measures to reduce risks of the potential harm to people. One near-miss happened since the service started providing care. The staff took appropriate action, and the person was not harmed. However, the lack of process around the management of near-misses could put people at risk of avoidable harm.

We found no evidence that people had been harmed. However, the gap in the risk assessment and near-misses management process could potentially lead to people being at risk of avoidable harm. Therefore, we recommend that the service seeks further training and guidance on the comprehensive risk management process.

- The provider had a system in place for managing accidents and incidents to analyse them and to reduce the risk of them reoccurring.
- The provider had an accidents and incidents register where accidents and incidents would be recorded should they happened. This was to ensure the service could take remedial action to minimise the risk of another occurrence. The registered manager confirmed that there had been no accidents and incidents since the last inspection.

Using medicines safely

- People had their medicines managed by their relatives. In three cases, staff applied creams for people, however, they did not record cream application as required by national guidelines. We highlighted this with the registered manager who took immediate action to address it. Staff confirmed that since our visit, the registered manager had updated the procedure around creams application, and they were now recording each cream administration as required by the guidelines.

We found no evidence that people had been harmed. However, the observed gap in managing medicines (creams) could potentially lead to other medicines errors in the future. Therefore, we recommend the

provider revisits current guidance on managing medicines in the care at-home services.

● Staff received training in the management of medicines.

Systems and processes to safeguard people from the risk of abuse

● Relatives told us that people who used the service were safe in the presence of care staff. They told us, "My relative definitely feels safe with them (care staff), and they are very calming for her."

● The service had policies in place, including safeguarding, whistleblowing and management of people's money. These detailed the process of dealing with safeguarding matters and reporting concerns.

● Care workers had received safeguarding training, and they understood their role in safeguarding people from harm. They told us: "I have to protect people from abuse and neglect. If I had concerns, I would immediately report to the manager and ensure people receive the help they need."

Staffing and recruitment

● The service deployed enough staff to support people, and care visits took place as agreed. Relatives told us, "Staff are very reliable on time" and "They are always dot on time, and they leave dot on time. So far, there have been no changes in staff. I am sure they would let me know if there was."

● People were supported by the same staff who the registered manager appointed specifically to look after individual people. This helped to ensure continuity of care and develop positive, friendly relationships between people and staff who supported them. One relative told us, "Having only one carer means that the person can build a bond with that carer. Consistency is best, and we have it."

● The provider had carried out safe recruitment and selection processes to ensure suitable staff were caring for people. In addition, the provider completed a range of recruitment checks, including obtaining references from a previous employer and undertaking a criminal record check to ensure that a prospective employee had not been barred from working with vulnerable adults.

Preventing and controlling infection

● We were assured that the provider was using PPE effectively and safely. Relatives said that care staff who visited people used personal protective equipment (PPE). One relative told us, "Carer has always been very careful (wearing PPE) around my relative."

● We were assured that the provider was accessing testing for staff.

● We were assured that the provider's infection prevention and control policy was updated and included information on COVID-19.

● We were assured the provider promoted vaccination for staff to protect staff and people from the COVID-19 infection. All staff supporting people had a least one vaccination jab completed on the day of our visit.

Good

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

- The provider assessed people's needs and preferences before they started receiving the service. The information gathered included a person's care needs and a description of health conditions, cultural and religious support, and preferences. Family members told us that the service actively included them and people in the assessment process. One relative said, "I was involved [in the planning of care] at every step and my relative too. It was all written down."
- Each person had a care plan which overall was person-centred. We noted some care plans lacked detail on how people would like to receive their care. The same staff supported people, which helped with continuity of care and the staff knew people's preferences well. However, the lack of information on how people wanted staff to support them in care plans could cause staff less familiar with the person not providing the support effectively or how a person liked it.

We recommend the service seeks further training and guidance on comprehensive care planning.

Staff support: induction, training, skills and experience

- Staff had the training to help them to support people safely and effectively. Staff undertook an induction that included mandatory training, shadowing and an introduction to the service and the provider. Where staff supported people with specific equipment, and they required additional training to care for people safely, this was provided to them. Staff confirmed this by saying, "Induction included mandatory training, job description and what you will be expected to do. The manager explained everything to ensure I look after my client well."
- Care staff were supported and monitored through regular supervisions and spot checks of their work with people. In addition, the registered manager carried out staff appraisals, supervisions and spot checks. Topics discussed during these activities included staff wellbeing, training, communication about people's changing needs, and additional support staff needed to support people well.

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

- People's care plans had information on what support people needed with food and drink. This included information about people's special cultural requirements and personal preferences.
- Most people did not need staff support with nutrition as family members led on this aspect of care. Relatives told us the care staff made breakfast or served a meal for their relative, usually prepared in advance or supplied by relatives. People and relatives were happy with how staff contributed to ensuring people had sufficient food and drink. One person told us, "When a carer comes in the evening if I haven't eaten, she will ask me if I want anything to eat and make me something. One relative said, "I have shown the

carer how to do the drinks - juice and water."
● Staff had training in food hygiene and safety to ensure they handled people's food safely.
● Staff recorded what food and drink people had. This helped to monitor if people had enough and suitably nutritious diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Relatives trusted staff would appropriately support people when their health deteriorated. One relative said, "Once when my relative was [feeling unwell] and was refusing to go to hospital, the carer called an ambulance. The carer always picks up on when my relative is not feeling well."
● Staff understood the importance of acting when people's health had changed. For example, a relative told us about one incident where staff had concerns about a person's wellbeing and acted to ensure the person received safe care. One staff member said, "I need to ensure the wellbeing of the person and that the person is in good hands when they are not feeling well."
● External professionals told us that Kosh Care have been accommodating in providing care to people throughout the pandemic. They also said they received regular positive feedback about the care provided by Kosh Care.

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 the 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. We checked whether the service was working within the principles of the MCA.

● Relatives said care staff sought people's permission before providing care. One relative told us, "The care staff always asks my relative's permission every time before doing something."
● Staff received training in the Mental Capacity Act, and they understood its principles. One staff member said, "One client may be forgetful at times. However, they can clearly tell me what they like and does not like, they guide me, and I follow her lead."
● All people using the service had the capacity to make decisions. When required, the registered manager carried out a mental capacity assessment to assess if people could make decisions about their care. They understood that if they observed that people's capacity had lessened, they should refer to an external mental capacity assessor.
● The registered manager had respected people's rights to make their own decisions about their care, health and financial affairs. People signed the consent to care and treatment and sharing information with external professionals.

Good

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

- The staff treated people with kindness. Family members told us that the carers who looked after their relatives were kind and caring. Their comments included, "The carer is very gentle with relative" and "The carer is amazing. She goes above and beyond what she needs to do. My relative relies on her and would be lost without her."
- People usually were supported by the same care staff who were appointed to meet people's specific needs. This helped to develop a friendly relationship and meet people's needs better.
- External professionals said they received positive feedback from the family members about the care provided by Kosh Care.

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

- Staff talked with people and listened to their views. Relatives told us, "Carers are usually very busy with my relative but talk to her while they are working" and "the carer does have time [to talk to my relative]. It works well, and they have built up a good relationship."
- Koch Care matched the carer to people based on their language needs so that they could communicate effectively. One relative told us, "I can hear them talking from upstairs. My relative understands [language], and that is what the carer speaks to her."
- Staff understood how to involve people in making decisions about people's care. One staff member told us, "I help a lot, however, the client decides what clothes to wear and what to eat. I always ask what their choice is."

Respecting and promoting people's privacy, dignity and independence

- People's care plans guided staff and reminded them to protect people's privacy when providing personal care.
- People could choose if a male or female care staff supported them and the registered manager respected their wishes. One relative told us, "We asked for a female carer, and they sent one."
- The staff ensured people's dignity was protected when providing personal care. They told us,
- Staff knew how to promote people's independence and participate in decisions about their care. One staff member told us, "I make sure I get clients involved in what I am doing. For example, one client does their personal care, and I am there in case they need me."

Good

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

- People received person centre care. Relatives told us how they requested a carer with specific skills and the service provided it. One relative told us, "We asked for someone who could speak our relative's language. The carer they sent speaks [language] and understands my relative's culture."
- Care plans provided staff with an all-round picture of the person they supported. They included people's life history, information on their medical condition, emotional wellbeing, religious and social needs, things they liked to do and hobbies.
- We noted care plans provided staff with less information on how people would like to receive their care. We discussed this with the registered manager. They said they would address this immediately. The same staff usually supported people, and all people had the capacity to tell staff how they would like to receive the support. Additional positive feedback on the support offered by the care staff assured us that staff supported people as people wanted.
- Relatives said people had care plans, and they participated in their formulation. One relative told us, "I was involved in drawing up the care plan, and we have a copy."

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.

- Staff knew how to best communicate with the people they supported. This included conversation in the language preferred by people. One family member told us, "We asked for a carer who was a female and who could speak our relative's language, and they did." Another family member described how speaking the same language helped their relative develop a friendly relationship with the carer."
- Relatives told us it was easy for them and people to communicate with the service. One relative said, "[The manager and the staff] are clear and prompt with their messages. They are responsive, and they explain things clearly. I can go to them with any question, and they will answer it."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where agreed, staff supported people in following their interests and maintaining social relationships in the community. For example, in one case, staff accompanied a person using the service to visit a local community centre.

Improving care quality in response to complaints or concerns

● The provider had a complaint's policy. People and relatives knew how to make a formal complaint. They told us they never had to make a formal complaint about the quality of the care provided. One relative said, "I haven't had to make one, but I would be more than comfortable doing so. I can call them or email them, and I know I would get a prompt response."

● When people or relatives raised informal concerns about the service provided, they told us the registered manager dealt with it promptly and to people's satisfaction.

End of life care and support

● The service was not providing end of life care at the time of our visit.

Good

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

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

- Some improvements to the service were needed as described in this report's safe and responsive domain. However, we noted, the registered manager had taken the necessary steps to provide person-centred support for people. Since our visit, they informed us that all gaps in the service delivery had been addressed. This was confirmed by staff we spoke with after our visit.
- The service had a range of policies and procedures that provided staff and the registered manager with guidance on how to run a care service. These had been made available to staff.
- The registered manager provided staff with information on what the service expected from them. Staff received terms and conditions of their employment and a job description for their role.
- The registered manager regularly monitored and developed staff through one-to-one supervision, yearly appraisals of staff work, and observations of their direct support given to people in their homes. The registered manager set up the individual supervision and appraisal process to support and remind staff about their role and responsibilities as care staff. Staff had also discussed these in meetings with the manager.
- The registered manager carried out a monthly audit of all aspects of the service delivery. It included monitoring of staff files and care documentation for people.
- The registered manager was proactive in addressing issues when these were highlighted. This was feedback from people and their relatives as well as the staff employed by the service. We observed that any matters highlighted during our visit were promptly addressed shortly afterwards.

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

- The service provided person-centred care, which was achieving good outcomes for people. Relatives spoke positively about the service received. They said, "Everything is going well", and "I would recommend this service in a heartbeat. We were cautious at first during Covid, but it's been good for us."
- Relatives told as the provider communicated with them effectively. One relative said, "Whenever I have a question, the manager answers it."
- Staff empowered people when providing personal care and promoted people's independence as much as it was possible.

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 their obligation under the duty of candour. They told us, "We are transparent with the service users about their care. We inform them that they can contact us any time. My duty is to contact the local authority, social worker and the CQC if things go wrong."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

●The registered manager was personally involved in ensuring people received the care they needed and wanted. One relative told us, "I would recommend this service. The manager is compassionate and in touch with us. He knows what caring means. He looks after his staff well."

● Staff thought the registered manager was supportive. They said, "The manager is nice. He encourages me and comments when I am doing good work" and "The manager ensures he always has time for me and is always there to help. The way he deals with clients is amazing, and he calls them to check how they are doing and if they have any concerns."

● People and relatives were involved in the design of each care journey from the start of the care package. One relative told us, "We had a visit from the manager who came in and introduced himself. The manager rings up and asks me if everything is ok – I think it is a monthly check."

● The registered manager carried out a satisfaction survey for people using the service and their relatives. One relative said, "I had a phone call from the company asking me if we were satisfied with the service." A separate survey was completed by staff. From these surveys, we saw people and their relatives were satisfied with the support they received. Staff were happy with working for the provider.