

Kosi Ltd

# Day Lewis House

## Inspection report

Bensham House  
324-338 Bensham Lane  
Thornton Heath  
Surrey  
CR7 7EQ

Tel: 02070189031

Date of inspection visit:  
15 June 2018

Date of publication:  
02 July 2018

### Ratings

#### Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

Day Lewis House, also known as Kosi Care Agency, is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of inspection they were providing a service to one person.

The service was registered with the Care Quality Commission on 12 September 2017. This was their first comprehensive inspection since registration.

A registered manager was 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.

Processes were followed to safeguard people from harm and individual risk assessments were completed. There were sufficient staff to meet people's needs and safe recruitment practices were in place. Infection control procedures were adhered to.

Staff received ongoing training to ensure they had the knowledge and skills to undertake their duties. Staff liaised with community healthcare professionals to ensure the person's health and welfare needs were assessed and met. Staff adhered to the principles in the Mental Capacity Act 2005. Staff provided the person with any support they required with meals and ensured there was access to drinks.

There was consistency in the staff supporting the person and this enabled staff to build close working relationships with them. Staff had gathered information about those people important to the person. Staff involved the person using the service as much as possible in their care and took their views into account when making decisions. Staff respected people's privacy, dignity and independence.

Detailed care plans were developed informing staff about what support the person required at each visit and how this was to be delivered. Daily records were maintained about the support provided and these showed the person was supported in line with their care plan. A complaints process was in place and information was available in the service user information guide about how to make a complaint and how to escalate concerns if required.

Staff felt well supported by the manager and felt there was clear management and leadership at the service. The staff were aware of their roles and responsibilities. The registered manager undertook regular spot checks to review the quality of care delivery and there were procedures for obtaining feedback from the person using the service and/or their relatives.

## 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. Processes were followed to safeguard people from harm and individual risk assessments were completed. There were sufficient staff to meet people's needs and safe recruitment practices were in place. Infection control procedures were adhered to.

**Inspected but not rated**

### Is the service effective?

The service was effective. Staff received ongoing training to ensure they had the knowledge and skills to undertake their duties. Staff liaised with community healthcare professionals to ensure the person's health and welfare needs were assessed and met. Staff adhered to the principles in the Mental Capacity Act 2005. Staff provided the person with any support they required with meals and ensured there was access to drinks.

**Inspected but not rated**

### Is the service caring?

The service was caring. There was consistency in the staff supporting the person and this enabled staff to build close working relationships with them. Staff had gathered information about those people important to the person. Staff involved the person using the service as much as possible in their care and took their views into account when making decisions. Staff respected people's privacy, dignity and independence.

**Inspected but not rated**

### Is the service responsive?

The service was responsive. Detailed care plans were developed informing staff about what support the person required at each visit and how this was to be delivered. Daily records were maintained about the support provided and these showed the person was supported in line with their care plan. A complaints process was in place and information was available in the service user information guide about how to make a complaint and how to escalate concerns if required.

**Inspected but not rated**

### Is the service well-led?

The service was well-led. Staff felt well supported by the manager and felt there was clear management and leadership at the service. The staff were aware of their roles and

**Inspected but not rated**

responsibilities. The registered manager undertook regular spot checks to review the quality of care delivery and there were procedures for obtaining feedback from the person using the service and/or their relatives.

---

# Day Lewis House

## **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 on 15 June 2018 and was unannounced. We gave the service 72 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was undertaken by one inspector.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

During the inspection we spoke with the registered manager. We reviewed the care records for the person receiving care and the records relating to the two staff employed. We also reviewed records relating to the management of the service. After the site visit we spoke with two staff and received feedback via email from a relative of the person using the service.

## Is the service safe?

### Our findings

People were protected from abuse and discrimination. When we asked the person's relative if they felt their family member was kept safe, they responded, "Yes, absolutely." Staff were aware of signs of possible abuse and there were reporting processes in place if staff had any concerns about a person's safety or welfare. The registered manager confirmed they knew how to report a concern to the local authority's safeguarding adults' team. Since the service registered with the Care Quality Commission there had been no safeguarding concerns raised.

People were supported to stay safe and well. Staff assessed the risks to people's safety and developed plans to manage and mitigate those risks. Information was included in the person's records about how to manage the risks of developing pressure ulcers, protecting them from malnutrition and from the risk of falls. We saw staff were provided with detailed guidance about how to mitigate these risks. The registered manager also informed us they liaised with other community professionals in relation to any risks to people's safety. This included liaising with the community nurse if they had concerns about the person's skin integrity and liaising with the occupational therapist to arrange for mobility aids to be installed at the person's home.

There had not been any incidents whilst staff had been supporting the person using the service. Nevertheless, there were processes in place to report any incidents that occurred and these would be reviewed by the registered manager to ensure they were learnt from.

Staff had access to personal protective equipment, including gloves and aprons, and followed procedures to protect people from the development and spread of infection. We saw the person's care plan referred to adhering to infection control procedures including ensuring good hand hygiene when supporting the person with their personal care and food preparation.

At the time of inspection there were three staff employed (including the registered manager) to provide support to the one person using the service. The person required support from two staff at each appointment to ensure their safety and welfare. The registered manager told us there was a regular allocation of work to the three staff so they and the person using the service knew what times and days they were providing support. The registered manager confirmed there had been no missed visits and there were sufficient numbers of staff to support the person to stay safe and meet their needs. This was also confirmed by the relative we received feedback from.

Safe recruitment practices were followed to ensure suitable staff were employed. This included a process of application and interview to assess people's knowledge, skills and previous experiences. The registered manager also checked people's identity, their eligibility to work in the UK, obtained references from previous employers and arranged criminal records checks to be undertaken.

At the time of our inspection the service was not supporting anyone with their medicines and therefore we did not review this area of service delivery at this inspection. We will review medicines management processes at our next inspection if they are providing this service at that time.

## Is the service effective?

### Our findings

Staff completed regular training to ensure they had the knowledge and skills to undertake their duties. The provider arranged for staff to complete training in health and safety, infection control, safeguarding adults', equality and diversity, food safety, medicines management, moving and handling, and basic life support. There were arrangements for staff to refresh their knowledge and skills annually. The provider was also providing one staff member with the time to complete the Care Certificate. The Care Certificate is a nationally recognised tool which gives staff new to a care setting the knowledge and skills to undertake their basic duties. Staff told us they had good access to training courses and felt well supported in their roles.

Staff provided people with any support they required with their nutrition and hydration. People's care records detailed information about ensuring drinks were left within reach and the level of support the person required with meals. The person and/or their family would instruct staff about what meals to provide in line with their choices.

Staff liaised with community healthcare professionals to ensure the person's health and welfare needs were assessed and met. This included liaising with the community nurse if staff had any concerns about a person's skin integrity, liaising with the occupational therapist about the person's mobility and they also had details of the person's GP in case the person became unwell. The person had also received support from a local hospice and staff had been made aware of any advice provided and the person's wishes regarding their end of life choices. Staff were aware of procedures to follow if they had urgent concerns about a person's health and how to obtain support in a medical emergency.

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.

Staff adhered to the principles in the MCA. Staff involved the person as much as possible in decisions about their care. Where the person did not have capacity to consent, staff liaised with family members who had registered as the person's power of attorneys.

## Is the service caring?

### Our findings

At the time of inspection the service was very small providing support to one person. All staff employed were involved in the delivery of care to this person. This enabled consistency in the staff supporting people and enabled staff to build close working relationships with them. Staff had gathered information about those people important to the person, as well as their likes, interests, religion, culture and sexuality as part of the assessment process and this information was taken into account when providing care and support.

Staff involved the person using the service as much as possible in their care and took their views into account when making decisions. The person had close family and staff involved those important to the person in their care decisions.

Staff respected people's privacy, dignity and independence. Staff told us when supporting the person they ensured they protected their privacy and ensured doors and curtains were closed when providing personal care. They maintained the person's dignity when supporting them with their continence needs. Staff had built a good relationship with the person they were supporting and were aware that due to their diagnosis and fluctuations in their health they were more independent on certain days. They enabled the person to be as independent as possible, whilst also offering more support when the person was feeling poorly.



## Is the service responsive?

### Our findings

The registered manager liaised with the referring agency and undertook their own assessments to identify the person's support needs and how they liked to be supported. We saw detailed care plans were developed informing staff about what support the person required at each visit and how this was to be delivered. Daily records were maintained about the support provided and these showed the person was supported in line with their care plan. The registered manager reviewed the person's support needs at regular intervals and as and when their needs changed. For example, we saw since the person had started receiving care all of their appointments had been changed to two staff supporting them to ensure their safety and welfare. The person's relative told us, "[The person] requires gentle adhoc care and the [staff] meet this need perfectly."

The person had previously received support from a local hospice and the registered manager had liaised with relevant professionals, the person and their family to identify their end of life wishes.

A complaints process was in place and information was available in the service user information guide about how to make a complaint and how to escalate concerns if the person felt the registered manager had not appropriately considered their concerns. Since the service started operating they had not received any complaints.

## Is the service well-led?

### Our findings

Staff felt well supported by the manager and felt there was clear management and leadership at the service. Feedback from the person's relative in regards to the management of the service was, "It is excellent, far beyond my expectations." The staff were aware of their roles and responsibilities. The registered manager worked 'hands on' and was available on call to provide any support, advice or guidance staff required.

The registered manager undertook regular spot checks to review the quality of care delivery. These spot checks reviewed staff's adherence to policies and procedures, including complying with infection control procedures, wearing personal protective clothing and displaying their ID badges. The spot checks also reviewed the quality of care delivery, interactions between staff and the person using the service, and completion of care records. From the spot checks completed we saw there had not been any concerns raised about the quality or safety of care delivery.

The registered manager had also implemented procedures for obtaining feedback from the person using the service and/or their relatives. The registered manager told us feedback questionnaires were made available in the records kept at the person's house to enable people to provide ongoing feedback. From the completed questionnaires seen at the time of inspection we saw the person and their family were satisfied with the support provided.

The office for Day Lewis House was situated in an office block which was shared by other companies, including other domiciliary care services. The registered manager told us they had built good relationships with the registered managers for these services and this enabled them to share ideas and learning.

There were appropriate policies and procedures in place and the registered manager had processes in place to regularly review them and ensure they were updated in line with best practice.

The registered manager was aware of their CQC registration responsibilities including in what instances a statutory notification should be submitted.