Kanssas Home Care Ltd

Kanssas Home Care - Hayes

Inspection report

Unit 27 The Winning Box
27-37 Station Road
Hayes
UB3 4DX

Date of inspection visit:
09 May 2022

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21 June 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Kanssas Home Care - Hayes is a domiciliary care service personal care and support to people of all ages living in their own homes . At the time of our inspection there were four people using the service.

People's experience of using this service and what we found
We found identified risks had not always been risk assessed and a risk mitigation plan developed, for example around people's mobility and COVID-19 risk assessments.

We have made a recommendation about the management of COVID-19 risk assessments.

People were generally 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. However, we saw one person's records were signed by a relative. The registered manager told us the relative had the authority to do so but did not have any evidence to demonstrate the person's authority.

We have made a recommendation about considering current guidance around the Mental Capacity Act 2005 and taking action to update their practice and records accordingly.

The provider did not always maintain contemporaneous records which meant people were at risk of not receiving the care and support they required.

The provider had some quality monitoring process in place, but these had not always been effective as they had not enabled the provider to identify and address the issues we found during the inspection.

People told us they felt safe with the care provided. The provider followed safe recruitment practices to help ensure suitable people were employed. Staff received appropriate training to meet people's care needs.

Care plans provided background information including people's cultural and religious needs, and how they would like their car to be provided. People were supported by the same staff who were kind and caring.

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 1 April 2020 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care, person centred care and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Kanssas Home Care - Hayes

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector.

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

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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

Inspection activity started on 9 May 2022 and ended on 31 May 2022. We visited the location's office on 9 May 2022.

What we did before the inspection
We reviewed information we had received about the service and we sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is

information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at records the provider used for managing the service, including the care records for three people who used the service, three staff files, and other records used by the provider for monitoring the quality of the service. We spoke with one person who used the service, one relative and two members of staff.

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 of 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
• Risk assessments were not always robust enough to help reduce the risk of avoidable harm to people. Identified risks had not always been risk assessed and a risk mitigation plan implemented. For example, one person's skin care plan stated, 'Carers to support with creaming and monitoring skin integrity.' However, there was not a risk mitigation plan for this person's skin integrity so care workers did not have appropriate guidance for what to look for and how to prevent and care for poor skin integrity.
• In the care plan under 'Transfers' for the same person it stated, 'I would like my carers to support with all transfers from bed to chair, on/off commode' and the 'Moving and handling assessment' indicated the person used a stick or walking frame. The' Personal Handling Plan' recorded, 'I will like my carers to support me on and off commode to avoid slip / fall'. However, there was no risk mitigation plan that provided guidance to the care workers about how to assist the person in and out of bed or to use the commode. The lack of relevant information meant the provider was not taking the necessary action to help ensure people were supported in a safe way that reduced the risks to their health and wellbeing.
• Another person's records stated they had a fall and should be encouraged to use mobility aids to move around the house. However, there was no risk assessment for falls and the care plan did not include what aids the person should use. This meant the provider did not have robust guidelines that reflected the person's support needs and helped to mitigate falls. When we raised this with the registered manager, they completed a risk assessment for falls and updated the care plan during the inspection.
• This person also had epilepsy but there was no risk assessment completed. The provider told us this was because the person's family were always present to manage any epileptic seizures. However, the provider completed a risk assessment for epilepsy during the inspection.

Systems had not always been used effectively to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection
• People were not always protected from risks associated with infections. Although the provider had a number of systems in place to help prevent and control infection, and to help keep people safe, this did not include COVID-19 risk assessments for either people using the service or staff. This meant indicators such as ethnicity and underlying medical issues which could have increased the level of risk to a person if they were to develop COVID-19 had not been considered and a risk mitigation plan to reduce the risk of COVID-19 had

not been developed.

We recommend the provider follow the 'COVID-19: adult social care risk reduction framework' guidance on the UK government's website and take action to update their practice accordingly.

• Staff had relevant training about infection prevention and control, including refresher training.
• Staff were provided with personal protective equipment (PPE) such as gloves and masks to protect people from the risk of infection. People and staff confirmed they wore PPE and followed good hygiene practices.
• The provider undertook three monthly spot checks for care workers to help ensure they were following infection control guidelines and using PPE correctly.

Systems and processes to safeguard people from the risk of abuse
• The provider had systems and processes to help safeguard people from abuse. This included safeguarding adult and whistleblowing procedures. One person told us, "Absolutely I feel safe. How they care for me is good."
• Staff had completed safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of abuse and how to respond to help ensure people remained safe.
• No safeguarding alerts had been raised since the service had become operational. However, there were systems were in place to manage these appropriately if needed. The registered manager understood their role around safeguarding and knew how to raise a safeguarding alert.

Staffing and recruitment
• There were enough staff to support the people using the service and to help keep them safe. People told us staff arrived on time, stayed the correct length of time, and that they received support from the same staff which provided consistency of care.
• The provider had a call monitoring system which provided oversight and identified any late or missed calls. Staff confirmed they had enough travel time between calls.
• The provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. Staff recruitment records included completed application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
• The provider had a medicines policy and procedure in place with guidelines to administer medicines safely. Only one person received support with administering their medicines and their medicines were administered as prescribed and in a safe way.
• Training records confirmed that staff had received training on the administration of medicines.
• Medicines administration records (MARs) were completed appropriately and audited to help ensure medicines were being administered as directed.

Learning lessons when things go wrong
• Records indicated there had been no incidents or accidents, complaints or safeguarding alerts raised since the provider began operating.
• The registered manager told us they were aware of the importance of recording and notifying other relevant agencies if something went wrong, and they had templates ready to use when the need arose.

Requires Improvement

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 requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

• We found that the provider was working within the principles of the MCA and had a process for identifying and supporting people who lacked the mental capacity to consent to their care but needed to ensure all records were up to date.
• The registered manager told us all people using the service had the capacity to make decisions about their care. However, we saw in one person's records their relative had signed a care plan review, even though they had capacity and there was nothing to indicate they had requested their relative to sign for them. Also, there was no evidence the relative had appropriate legal authority, although the registered manager said they had. We discussed with the registered manager ensuring they had proof that others had the legal authority to consent on people's behalf.

We recommend the provider consider current guidance around the Mental Capacity Act 2005 and take action to update their practice and records accordingly.

• Where people were able to sign their consent to care form, these were signed appropriately.
• The provider had an MCA policy and staff received training on the principles of the MCA.
• People and their relatives told us that care workers respected their choices and sought consent before supporting them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

• People's needs were assessed appropriately. Prior to agreeing a package of care, the provider carried out assessments of people's needs to consider if the service could support them safely. The assessments considered various areas of people's care and were used to develop care plans and risk assessments.
• We found generally the care plans were reviewed and updated when there was a change in need and the provider liaised with other relevant agencies to help ensure people's needs were met.
• However, we saw records for one person who had a catheter but no risk assessment or care plan. When we raised this with the registered manager, they told us at the time of the assessment the person did have a catheter, but this was removed prior to the package of care starting. The person's records had not been updated to reflect this. The registered manager said they would take action to ensure the care plan reflected the person's current needs.

Staff support: induction, training, skills and experience
• Staff received training and support relevant to people's needs and completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
• People and their relatives told us that care workers carried out their duties effectively. One person said, "They know what they are doing. Staff are well trained."
• Staff completed annual training to keep their knowledge and skills up to date so they could provide good and safe care. This included safeguarding adults, moving and handling, infection control and the Mental Capacity Act 2005 (MCA).
• Care workers received monthly supervisions and unannounced spot checks four times a year to help ensure good practice when supporting people they cared for.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to have enough to eat and drink. The provider completed a needs assessment in relation to any dietary support needs of people.
• All four people using the service lived with family members who looked after their dietary needs. However, where people required support with eating and drinking, or meal preparation, this was recorded in their care plans along with food preferences, so staff had appropriate information when providing care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People received support to maintain good health. The provider worked in partnership with family members and other health care professionals.
• As the people using the service all lived with their families, families mainly liaised with other healthcare professionals. However, when required the provider also contacted healthcare services on behalf of the people they worked with.
• During the inspection we heard a relative ring the office about a person's needs. The staff member rang the district nurse to resolve the issue and rang the relative back to confirm the district nurse would come out to assess the person.
• In one person's care records we saw the provider had made a referral to the occupational therapist regarding equipment. They had also referred this person to the district nurse for further support.

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
• People were well treated and supported. Care records included people's social histories, their cultural backgrounds and preferences for how they liked their care to be given.
• The registered manager told us how they respected people's diverse needs, religions and cultures when they supported them in their homes. This included supporting a person to go to their place of worship, respecting people's diet and dress in terms of their religious beliefs and ensuring people had a choice of carers who supported them.
• Where possible the provider tried to match staff with people from similar backgrounds and language, which helped people to be actively involved in their care. One person commented, "These people really know what to do and are really amazing."

Supporting people to express their views and be involved in making decisions about their care
• People were able to express their views and make decisions about their care. Records included people's choices and indicated people were involved in reviewing their care.
• The registered manager told us at the initial assessment, people were asked about their routines and preferences so care plans were as person centred as possible.
• People were involved in care planning. They indicated they could express their views and they were listened to. One person said, "The agency is helpful to me. The lady comes on time and does everything I ask for."

Respecting and promoting people's privacy, dignity and independence
• The provider supported people in a way that maintained their dignity and promoted their independence.
• Care plans had guidelines for how to complete personal care tasks with people's personal preferences described.
• Care plans also encouraged support to be delivered in a way that promoted independence. For example, the care records for one person stated, 'The carer to prompt and encourage me to initiate tasks such as washing my lower body and back with a long-handled aid to promote independence'. It also said what the care worker needed to do to help the person.

Requires Improvement

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 requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• The provider had care plans in place, but these were not always updated with relevant information. For example, the records for one person indicated they required catheter care when they did not. The care plan was written during the initial assessment when the person required a catheter but did not appear to have been reviewed since to reflect the person's current needs. This meant care workers did not have up to date guidance about how to meet the person's needs.
• The care plan also indicated the person required only one staff member when they needed two. The lack of updated records meant people were at risk of receiving inappropriate care.

People's care plans were not always updated to reflect their current circumstances which meant there was a risk they might not receive appropriate care according to their needs and preferences. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The impact on people using the service was minimal as it was a very small service and people had the same care workers who knew people's needs. People also lived with their families who were able to give input regarding care planning.
• Notwithstanding that care plans were not always updated appropriately, we saw relevant information and guidelines for staff so they could meet people's needs and preferences, for example, when providing personal care.
• Family and social background information provided staff with context and areas of interest when communicating with the person.
• People were supported by the same carer workers which provided consistency.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

• People's communication needs were assessed and recorded in their care plans. This included if they required assistive aids such as glasses or a hearing aid.

• All four service users communicated in English, but the provider told us they could produce information in different languages to help communicate with people if needed.
• Care staff spoke different languages and where possible were matched with people whose language they spoke.

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
• People using the service lived with their families which helped to reduce social isolation. They also had consistent staff which helped the staff to understand about the people they were caring for and helped them to build relationships.
• At the time of the inspection, the provider supported one person to attend their place of worship in the community. The registered manager said in the past they had made referrals to day centres and supported people to attend.

Improving care quality in response to complaints or concerns
• The provider had systems for managing complaints and concerns, however, there had not been any complaints since they became operational.
• People told us they knew who to speak with if they had any concerns. One person said, "I have the [service user handbook] and I know where to call [if I have a complaint], but they call me all the time anyway to check how I am. They are absolutely amazing."
• Due to the small number of people being supported by the service, the registered manager had regular contact with people and their relatives and was able to address issues before they escalated.

End of life care and support
• The registered manager told us no one using the service was receiving end of life care and support at the time of our inspection.
• Records showed some people had end of life information but not everyone. The registered manager said this was because not everyone wanted to discuss end of life preferences and families would manage this aspect of the person's care if required. They agreed that even if they did not have detailed information, they would update peoples' records with basic details such as religion.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care
• The provider had quality assurance checks in place to help monitor the quality of service. These included feedback from people and audits on staff performance through spot checks. However, systems in place to monitor service delivery were not always effective, as they did not always identify the quality of the information input and areas identified during the inspection. We found that some people's identified risks did not have a plan in place to mitigate risk and that care plans were not always up to date. This meant care workers did not always have relevant information and guidelines to provide safe care.

The provider's systems had failed to identify and address issues with the quality of risk assessments and care plans. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The service was small, and the registered manager had regular contact with people using the service, their relatives and staff to monitor the service and make adjustments when needed.
• Care coordinators carried out unannounced checks on staff in people's homes to make sure that care was provided to people appropriately and safely
• The provider had a business continuity plan that provided guidance for a number of events that could impact on the continuity of care, including how to respond to COVID-19.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• There was an open culture within the service, where people, relatives and staff felt comfortable approaching the registered manager. We received positive feedback from people and relatives about the service and the registered manager.
• Staff told us they enjoyed working for the agency and told us they would recommend the service as a good place to work. Comments included, "It's a fantastic company. If I need help, they are available. They are very good".

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 was aware of their responsibilities under duty of candour including the

requirement to notify appropriate agencies including CQC if things went wrong. They spoke about being 'open and transparent" and "communicating with whoever is raising the concern".
• People and their relatives knew who to contact if something went wrong, however at the time of the inspection, no complaints had been raised.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Managers and staff understood their roles and responsibilities.
• Staff told us the registered manger was approachable and they could ask for help and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and staff engaged with the service and the provider worked in partnership with other agencies to provide good outcomes for people.
• People and relatives told us the provider regularly asked for their feedback through phone calls and home visits.
• The provider used messaging applications and held team meetings to share information and give staff the opportunity to raise any issues.
• Care plans included information about people's diverse needs and how these could be met, for example, cultural needs.

Working in partnership with others
• The registered manager told us that all the people using their service lived with relatives, and it was mainly them who provided support with appointments.
• However, we found where required the provider liaised with other relevant agencies, such as the occupational therapist and community nurses to help ensure people's needs were met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not always ensure the records for the care and treatment of service users met with their needs and reflected their preferences. Regulation 9 (1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users. Regulation 12 (1)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always have effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17 (1)