

Keelby Community Cares

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Inspection report

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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?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Keelby Community Cares is registered to provide personal care to people. The service is a domiciliary care agency that provides personal care and support services to people living in Lincolnshire. Services provided range from a few hours support several times a week, to 24 hour support every day. The service supports adults with a range of conditions including older people, physical disabilities and people living with dementia. At the time of our inspection the service was supporting over sixteen people.

The service was developed in response to the needs of isolated and vulnerable people in Keelby village and the surrounding area. Between 2012 and 2015 a dedicated team of independent professional carers delivered tailored person centred care. They developed a reputation for quality care in the local community where demand for their services quickly outgrew their capacity. This led to the development of Keelby Community Cares which registered with the Care Quality Commission (CQC) in the autumn of 2015.

This announced inspection took place on 20 and 22 May 2016 and this was the first inspection to take place since they registered with CQC.

We found improvements needed to be made to recruitment practices as three of the initial staff members had not had references taken up. All other employment checks had been completed to ensure staff were suitable to work with vulnerable people. We have made a recommendation about staff recruitment practices. The quality assurance system also needed further development to make sure the service completed regular audits to ensure practice was reviewed and remained safe and effective. We have made a recommendation about improving the quality assurance system.

People who used the service were protected from the risk of harm and abuse because staff had received safeguarding training and knew what action to take if they suspected abuse was occurring. People had risk assessments in place regarding their health and wellbeing and environment. This helped to keep all parties safe.

People's health needs were assessed and kept under review, where necessary. Staff received training in a variety of subjects which enabled them to support people safely and meet their assessed needs. Staff were supported with supervisions but these needed to be more structured and to include individual appraisals in order to help develop the staff's practice and identify their learning needs. We have made a recommendation about improving the supervision and appraisal system.

Staff understood if people lacked capacity to make their own decisions then the principles of the Mental Capacity Act 2005 must be followed.

Staff had completed an induction when they were first employed at the service and they were provided in sufficient numbers to support the needs of people currently using the service. Staff had completed a range of training in key areas which helped them to meet people's needs effectively.

Support plans detailed people's likes, dislikes and preferences for their care and support. Staff contacted relevant health care professionals for advice to help maintain people's wellbeing.

People told us staff treated them with respect and were kind and caring. Staff demonstrated they understood how to promote people's independence whilst protecting their privacy and dignity.

Staff felt supported and listened to by the registered manager and the trustees. Staff attended regular team meetings to ensure they were included and updated about changes happening within the service.

The service had a complaints procedure in place and people felt they could raise concerns and they would be addressed efficiently.

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.

The service had not taken up references for all staff members employed by the agency.

People were offered appropriate support with their medicines, we found these were stored safely.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm.

Is the service effective?

Requires Improvement ●

The service was not fully effective.

Staff had received an induction and participated in a variety of training which helped them support people effectively. Staff were supported with supervision, but the system needed further development to ensure records were maintained for all these meetings.

Staff monitored people's health and wellbeing and gained support and advice from relevant health care professionals.

People were consulted over their care and staff asked for their consent.

Is the service caring?

Good ●

The service was caring.

People were treated by kind and caring staff who respected their privacy and dignity.

Staff promoted people's independence and choice.

People were involved in the planning of their care and felt in control of their lives.

Is the service responsive?

Good ●

The service was responsive.

The service was responsive.

People's care was person-centred specific to their needs.

People were provided with information about the registered provider's complaints procedure. Complaints were monitored and issues raised were acted upon.

Is the service well-led?

The service was not consistently well-led.
Although there was a quality assurance system, this needed to be developed further in order to demonstrate its effectiveness in monitoring the quality of care provided.

The registered manager was available to help and support staff at any time.

People were asked for their views about the service they received.

Requires Improvement ●

Keelby Community Cares

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 registered 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 the 20 and 22 May 2016 and was carried out by one adult social care inspector. During the inspection we visited two people receiving a service to gain their feedback. The inspection was announced and we provided the registered manager with 48 hours' notice of our intention to visit. The reason we announced the inspection was to ensure someone would be available at the registered office.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned by the provider within the timescales set. We reviewed the information we held about the service. We also contacted the local authority's contracts monitoring and safeguarding teams. There were no concerns raised by these teams regarding this service.

During our inspection we spoke with five staff, the registered manager and three trustees. We also spoke with two people who used the service.

We looked at the care records of four people who used the service this included support plans, assessments undertaken before a service commenced, risk assessments, medication records and records made by staff following their visits to people. Records relating to the management of the service including policies and procedures, quality assurance documentation, accident and incident reports and complaints were also looked at. Staff rotas, training records, supervision and six staff recruitment files were also reviewed.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the service they received. Comments included, "I have known (Name) for a number of years, but I feel completely safe with all of the girls. I trust them without question." Another told us "I've never felt safer knowing I have the support I need," and "I feel so much more at ease now, knowing if I need someone to stay with me when I am unwell, this can be provided for me."

People told us the service was reliable and staff 'who knew what they were doing,' looked after them.

We looked at the recruitment files for six staff employed by the service and found that three of the initial staff who had previously worked on a self-employed basis, had not had references taken up. When we spoke to the registered manager about this, they offered us assurances that this would be done immediately. We saw the remaining staff all had appropriate references obtained prior to their appointment. All other recruitment checks had been completed for all of the staff team; including disclosure and barring (DBS) checks to see if people were suitable to work with vulnerable people had been completed.

We recommend the registered provider puts in place systems to ensure all staff employed have the appropriate recruitment records on file, prior to starting their employment.

One staff member told us, "The interview process was very thorough, there were three people interviewing me. I was asked about different scenarios and my previous experience as well as my personal values, to see if I was right for the job. I then had to wait for all of my employment checks and references to be done before I could start."

People were protected from discrimination, abuse and avoidable harm by staff that had the knowledge and skills to help keep them safe. The registered provider had policies and procedures in place to guide staff and advise them of what they must do if they witnessed or suspected any incident of abuse. One staff member we spoke with told us, "I wouldn't hesitate to report anything I was unhappy about. It is our responsibility to keep people safe."

Training records confirmed staff had completed training about safeguarding people from harm and abuse. Staff we spoke with confirmed they had completed safeguarding training and they were able to describe different types of abuse. Staff told us they would report any concerns they had straight away and they also described the relevant agencies who they would report such abuse to including the local safeguarding team and CQC. We reviewed the safeguarding incidents records that had occurred at the service. The registered manager told us that any concerns regarding the safety of a person would be discussed with the local authority safeguarding adult's team and referrals made, when necessary.

People who used the service had risk assessments in place relating to their health, wellbeing and home environment. The care records we reviewed contained risk assessments for medication, moving and handling, use of equipment and nutrition. Environmental risk assessments were also completed regarding the properties of people who used the service. This ensured staff worked in safe environments. The risk

assessments included information about action to be taken to minimise the chance of harm occurring.

Staff were seen to wear uniforms when visiting people in their homes. Staff we spoke with also told us they were provided with personal protective equipment (PPE) including gloves and aprons. One person told us, "The staff are always very smart in their uniforms and wear gloves and aprons when assisting me."

Only one person who used the service required support to manage their medicines. They told us they were happy with the support they received with managing their medicines. The service had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. Staff told us they completed training in medicine management before they were able to support people with medicines.

People who used the service told us there were sufficient numbers of staff available to support them. One person told us, "They (staff) are very good. They arrive on time and stay for the time that we have asked for. If there are ever any changes like holiday cover we are always informed beforehand, so we know who will be coming."

People who used the service had access to an 'out of hours' number so that support and guidance could be provided around the clock. Staff also had the contact numbers of relatives and care coordinators in case they needed any advice. This helped to provide a safe and reliable service to people.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met and understood their needs. People told us, "The staff are excellent, I can't fault them, nothing is too much trouble" and "We have continuity from the same staff and receive the type of service that most people would wish for, but are not offered. I feel very fortunate to receive such good care."

A comprehensive induction programme was in place for all new staff joining the service. This consisted of reviewing the organisations policies and procedures, mandatory training to support them in their role, shadowing experienced staff and regular monitoring to ensure they were confident and competent in their position. Staff we spoke with told us, "The induction was good and very informative, it gives you the opportunity to meet people and get to know them before you start to support them," and "it gives you the basics for being able to the job properly."

The registered manager and staff told us a mixture of face to face and on line training was provided. Staff confirmed they had access to arrange of training, supervision and support. Training records seen showed staff had access to a variety of training including: safeguarding, MCA/DoLS, moving and handling, dementia, first aid, infection control and food hygiene.

When we looked at supervision records we saw there were inconsistencies in the frequency and records maintained in relation to supervision and appraisal for staff. Some records demonstrated staff had sufficient opportunities to review and develop their working practices, while others were not in place. A formal plan for supervision and appraisal was not in place. We recommend the service finds out more about structured supervision and appraisal for staff, based on best practice to ensure all staff have the same opportunity to access regular supervision and appraisal and records are maintained for all discussions with staff.

When we spoke to the registered manager about this they confirmed that supervision did take place with staff, but the planning and recording of these needed to be improved. We spoke with staff who confirmed that regular supervision was available to them and the registered manager regularly worked alongside them and observed their care practices.

The registered manager told us the service had developed more quickly than had been initially anticipated and they (The registered manager) had spent the majority of their time supporting with care delivery. All funding for the agency had to be approved by the trustees and a recent increase to the staff team had been recognised and appointed to. Additional staff had been recruited, they received training and induction and after shadowing, had been signed off as competent to work independently. This meant the registered manager was now in a position to spend more time in the office in a supernumerary capacity. The trustees we spoke with confirmed this and told us further plans were in place to recruit a deputy manager to support the registered manager further.

The registered manager told us regular team meetings were held and staff newsletters were sent out. Staff we spoke with confirmed these were in place.

Staff we spoke with told us they felt they had enough training and were able to approach the registered manager if they felt they required any additional training and were confident this would be provided. They told us they had completed training in the Mental Capacity Act 2005 (MCA) and were aware of the legislation. The 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. Staff explained how they discussed what care people wanted to receive and gained their consent before supporting people. Care records we looked at contained signed consent documents, capacity assessments and minutes of best interest meetings which involved relevant healthcare professionals and family members.

People told us that staff understood their needs and knew how to support them in the way they preferred. People told us, "They (staff) always ask what I want and I tell them. They have a real understanding of how I like things to be done in a particular way and are good at meeting my needs." And, "They consult with me all the time, they make no assumptions, they always ask me." People's care records contained evidence that health care professionals were involved in their care, when required.

Staff told us they liaised with people's GP and district nurses when necessary to ensure people's health needs were met. They also said that a bank of approved volunteers were available to support with transport to and from appointments when required. One person told us, "The girls (staff) use their initiative and call for the doctor if I become unwell and they will ask me if I want my family to accompany me on appointments or if I would like them to arrange for them to go with me. Nothing is too much trouble."

Staff supported people to eat and drink sufficient amounts. People's nutritional needs were assessed by staff as part of the initial planning of their care and support. Care plans indicated people's likes, dislikes and preferences for their food and drink as well as the level of support they required for eating and drinking. Some people needed encouragement with their nutrition and when required staff prepared meals when supporting them.

Is the service caring?

Our findings

People we spoke with told us they were happy with the care and support they received. Comments included, "They are lovely people. They do their job very well and make sure I'm cared for and that I'm happy with everything, which by the way I am." Another person told us, "I'm more than happy with the service I get. No complaints. It is like having an extended family," and "I would highly recommend them to anyone."

People we spoke with told us staff were punctual and attended their calls at the allocated time. If for any reason staff were going to be late or held up for some reason, people said they were informed of this. They told us staff were always caring and respectful when supporting them. One person said, "I have a regular core group of staff caring for me. I've built up good relationships with them and I trust them 100%," and, "We are involved in making decisions about the care we receive; we are fully consulted, but more importantly, listened to."

Each person received a service user guide which provided them with key information about the service and ensured people were aware of the standard of care they should expect.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they provided the support that people needed but were mindful of retaining people's dignity. One staff member said, "It's important to shut doors and windows, close curtains and cover the person up whenever possible. We should care for people as we would like to be treated." Another told us, "It can be quite difficult when intimate personal care is needed. The staff that come are very attentive and respectful. They put me at ease and treat me with respect and fully maintain my dignity."

The staff we spoke with demonstrated a good knowledge of the people they supported and their care needs and were able to describe people's personal preferences and details of their life history. Staff confirmed they read people's care records and spoke to them to understand their support needs and get to know their likes and dislikes.

Staff understood the importance of promoting people's independence and this was documented throughout the care records we looked at. Outcomes people wanted to achieve were recorded along with specific details of how staff could support individuals to achieve them. One staff member told us, "We need to be mindful that for some people although they have lost some of their skills, there are others they still have. We need to continue to support them and encourage them with these for as long as they are able." Another told us, "Things can change on a daily basis so we need to assess them each time we visit, offer the correct support and ensure everything is well documented to reflect people's changing needs."

People told us they were included in the planning of their care and support. One person said, "There always check things out with me and ask me if it's ok for them to do something or if I'm happy with what they are doing." We saw care records were signed by people when they had the ability to do so or it was documented if people had given verbal permission.

Staff understood the importance of keeping people's information confidential. They explained about not speaking about people's care needs in front of others and stated that information should only be shared with other staff members on a need to know basis.

The registered manager showed us the secure computer system where information about people who used the service and staff was held. They confirmed that computers were password protected and only staff who needed to have access were aware of the passwords. Any paper files were held securely in locked cupboards and only accessed by staff with permission. Everyone who worked at the service understood the importance of maintaining confidentiality.

Is the service responsive?

Our findings

People told us the service was person centred and responded well to meeting their needs. Comments included, "Oh I can't fault it, they do things the way I like it", "I can always get in touch with someone when I need to, even after working hours" and "The girls that come are all very good, I couldn't ask for anything better."

People were supported by staff to contribute to the planning and delivery of their care. People told us they were involved in helping plan their own care and support package. Care records we looked at showed that people who used the service, their relatives and professionals (social workers and district nurses) were involved in contributing and reviewing how care packages were provided.

Before services commenced an assessment of the person's needs was undertaken and information was provided to help staff understand the care and support that was required. Referrals for services predominantly came from people independently or their family members and on occasions adult social care teams. This information was used to create basic support plans and risk assessments that were then amended over time and more information was added as people's needs changed. One staff member told us, "People's care plans get reviewed and updated when something changes. We are made aware immediately of any change in needs to our clients and we read the care plan to make sure we are kept up to date."

The staff team understood the care and support needs of each of the people they supported and were able to describe their individual needs and how these were met during discussion. They also had a good understanding of their preferences for the way their support was delivered. One person who used the service told us, "All the girls are good. When they have supported me with bathing, they always make sure my doors are opened to let in the fresh air; this helps me with my breathing. They don't have to be told they just ask me if I would like them to do it for me, it's these little things that make all the difference."

Care records described people's preferences and what people could do for themselves to maintain their independence. People's preferences, life histories and interests were recorded so that staff had holistic information about each individual. This helped to ensure that people received individualised care and support, in line with their preferences.

Each person who used the service received a plan of their care which detailed who would provide the calls, when they would be provided, duration of the calls and details of what was required during each call. People had daily communication records completed by staff which detailed the support which had been provided, food and fluid consumed, their physical and emotional well-being and medication administered. This information provided staff with an overview of what had happened for individuals on a daily basis and provided accessible information for staff during staff shift changes.

Any concerns about people's well-being or anything considered to be unusual were immediately reported to the registered manager, for further advice and support.

The service had complaints and compliments procedure in place and the registered provider followed this procedure to respond appropriately to people's concerns and complaints. People were provided with a copy of the complaints procedure when services commenced. The procedure detailed how concerns and complaints would be dealt with.

People told us they knew what to do if they were unhappy with the service. One person said, "I'd call the office, or talk to the staff supporting me to pass information on. [Name] (registered manager) visits us regularly so we have plenty of opportunities to discuss anything with her."

We saw a process was in place for the registered manager to log and investigate any complaints received which included recording any actions taken in response to resolve them. We looked at the way the registered provider managed and responded to concerns and complaints. Records showed people's concerns had been documented and responded to in an appropriate time. Staff had been informed about issues raised and any changes or improvements needed with their practice through supervision and staff meetings.

Is the service well-led?

Our findings

People we spoke with told us they were happy with the service provided to them. They told us they were satisfied with the service and the contact and communication they had with the agency was good. Comments included, "When [Name] (registered manager) told me they were leaving and going to be part of the new company, I told her, well you aren't going without me. I'm coming too!" Another told us, "The service was recommended to me by someone in the village. When they came to see me I thought, this is what I am looking for, not the dozens of different people traipsing through my front door. It is the personal touch that makes all the difference."

Staff and people who used the service told us the registered manager was 'approachable, a good listener and willing to roll up her sleeves and get on with the job in hand.' Staff said they felt valued working at the service and were given opportunities to develop and increase their skills and knowledge through training. One staff member said, "I've worked for many different care agencies but I have to say this one is one of the better ones. I feel valued here and we are afforded the time to do things properly for people, without having to rush them or worry about making up lost time."

The service had been developed from a recognised need to provide high quality care in rural areas. Originally this had been provided by three independent self-employed carers serving the local community. The lay ministry teams wanted to ensure vulnerable people were not isolated, so approached one of them with an idea about developing a service. After considering the idea at length a decision was made to progress this further.

Keelby Community Cares registered with the Care Quality Commission in autumn of 2015 and has continued to grow and develop. The registered manager was open and transparent that the demand for the service had been much higher than they were initially prepared for. The initial small staff group and registered manager provided the care delivery to people who used the service, but without the availability of any other senior management, some systems were not fully in place to the level the registered manager had wanted them to be.

Although policies and procedures were in place, the registered manager was fully aware further work needed to be completed to ensure a formal staff supervision and appraisal plan was developed. Similarly, the current quality assurance system was found to be limited and required further development and embedding to ensure that more in depth analysis of how the service could be improved was undertaken. Staff required further support and development in their roles as the service continued to expand. We recommend the registered provider finds out more about effective quality assurance systems, based on current best practice in order to develop the systems they have in place.

The registered manager offered us assurances the development of robust quality assurance system was her key priority for the service. They told us, they had already recognised the need to review the current systems in place as the service expanded. Members of the trustee's board, the recruitment manager and herself were already looking into different systems available and giving consideration to what would suit the needs of the

service. They had also arranged to visit other agencies for networking purposes in relation to improving the quality assurance systems.

A recruitment manager was appointed to recruit a group of volunteers to respond to the practical and social needs of people in the locality. All volunteers were interviewed, vetted and subject to DBS checks before being appointed and trained. They offer a range of services including, grass cutting, gardening, dog walking and providing transport to appointments.

At the time of our inspection, two further staff members had been recruited and were due to start their induction. Once this had been completed this would mean the registered manager would be able to work in a supernumerary capacity and focus on this further. Currently they spend the majority of their time working alongside supporting with the delivery of care. They were supported in their management role by the recruitment manager who had been appointed to recruit volunteers. Within his role he had also made a successful lottery bid and part of the criteria involved doing a piece of work to consider how people with chronic obstructive airways disease and other conditions could be supported to stay at home rather than be admitted to hospital, when they were unwell.

There was a supportive and open culture in the service. The registered manager and trustees encouraged staff to express their views about the agency. They told us they felt they worked well together as a team and that there were good communication systems in place that enabled them to keep up to date with any changes in the needs of the people they supported.

We saw people were supported to express their views about the service. Questionnaires had been sent out to people using the service, relatives and staff. The results from these were very positive and included comments such as, "I am completely satisfied." and "The carers are like best friends." We saw that where minor issues had been raised these had been acted on promptly, for example, one person having made a request to change their morning call had been responded to. Following this they had written to the service and thanked them for doing this.

The registered manager told us how they monitored information relating to incidents, falls and accidents to make sure people were kept safe and protect people's wellbeing. Accidents and incidents were recorded and analysed on a regular basis and we saw that where issues were identified, action was taken. For example when staff found one of the people who used the service attempting to use a stool to get into the bath, this was reported and prompt action was taken for the Occupational Therapist to visit and complete an assessment for a more appropriate aid to be provided.

The registered manager was aware of their responsibilities to notify the Care Quality Commission (CQC) and other agencies of incidents that affected the safety and wellbeing of people who used the service. Due to the service only recently being registered with the CQC no notifications had been received at the time of the inspection. However, conversations with the registered manager assured us that they would report any incidents in a timely manner when the need arose.

We asked the registered manager how they kept up to date with current good practice and they confirmed they attended partnership board meetings and conferences to ensure their knowledge remained current and to establish links with outside agencies to keep up to date with changes.