

Key Care and Support Ltd

Citibase Salford Quays

Inspection report

The Junction
Merchants Quay
Salford
M50 3SG

Tel: 01612340035

Date of inspection visit:
08 January 2020

Date of publication:
26 February 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

About the service

Citibase Salford Quays (known as Key Care and Support) is a domiciliary care service, which provides support for both children and adults in the community, who require assistance with personal or nursing care. At the time of this inspection two adults were receiving personal care provided by Key Care.

Key Care also provides short term staff to other organisations. This part of the service does not come under the CQC regulatory activities and so did not form part of this inspection.

People's experience of using this service and what we found

Relatives were positive about the care and support provided by Key Care. Staff knew people's needs and were caring. People had a stable staff team to support them and support shifts were always covered.

A new operations manager was in post. They planned to introduce regular staff supervisions and spot checks. A document to prompt discussion of people's wishes for their end of life care had been written. Audits of medicine administration records were to be recorded. The provider was also due to record the checks they made when they visited the service. We will check these have all been implemented at our next inspection. Incidents report forms were available in case of any incidents, which would be reviewed by the operations manager.

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; however, the systems in the service did not support this practice. Changes were made to the pre-admission assessment during our inspection to record any capacity assessments and best interest decisions undertaken by the local authority or Clinical Commissioning Group. A capacity assessment form had been written but not yet used.

Care plans and risk assessments were in place to identify the support people wanted. People and relatives were involved in agreeing and reviewing their care plans. People were supported to meet their health and nutritional needs and received their medicines as prescribed.

The pre-admission assessment had been reviewed to ensure full details of people's needs were established. Any specific training staff would require to meet people's needs was completed prior to the support starting.

Staff said they felt well supported and were able to contact the operations manager or on call manager at any time. The training required for each person had been reviewed so staff had the skills to meet each individual's specific needs.

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)

The last rating for this service was requires improvement (published 18 July 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also met with the provider to discuss these action plans.

Since this rating was awarded the service has moved premises. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The last rating for this service was requires improvement (published 18 July 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was 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?

Good ●

The service was 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.

Citibase Salford Quays

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

This inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The provider of this service was also registered as manager with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided. A new operations manager had been appointed in November 2019 to manage the day to day operation of the service. They were due to register with the CQC as the registered manager, with the provider being the nominated individual for the company. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 operations manager or provider would be in the office to support the inspection. Inspection activity started on 8 January 2020, when we visited the office location, and ended on 13 January 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We spoke with two relatives about their experience of the care provided by Key Care. The people supported by Key Care were not able to speak with us. We spoke with five members of staff including the provider, operations manager, and three members of care staff. We also contacted two case managers from the Care Commissioning Group.

We reviewed a range of records. This included two people's care records, two pre-admission assessments for potential new service users and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection risks to people's safety were not effectively managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12.

- Risk assessments were in place which identified known risks and provided guidance for staff to manage these risks. Clear guidance was in place where people were at risk of choking. A relative said, "The biggest issue is around choking; staff need experience to support [name]. Staff all follow rules from the Speech and Language Team (SALT). They're good at this."
- One person's family was heavily involved in their care and support. Risk assessments reflected this and that the family would provide detailed instructions for staff to be able to meet the person's moving and handling needs.
- An environmental risk assessment was completed for each home the staff would be working in, which identified any potential risks and how staff should manage them.
- A business continuity policy was in place, which detailed the actions to be taken to ensure the service continued in the event of an emergency, such as an internet failure.

Learning lessons when things go wrong

- Following a recommendation at our last inspection the operations manager told us they reviewed all incident and accident reports to identify any trends or action that needed to be taken to minimise the risk of a reoccurrence.
- We saw emails from the operations manager and provider to the relevant professionals regarding incidents involving one person who was no longer supported by Key Care. A staff member told us they had written a statement about the incidents for the operations manager. However formal incident reports had not been completed.
- There had been no incidents at the service since this. We will review how incidents and accidents are recorded and analysed at our next inspection.

Using medicines safely

- People received their medicines as prescribed.
- Care plans identified people's needs in relation to medicines. Medicines administration records (MARs) were completed when staff administered any medicine. A relative said, "The staff are all very good at

medicines and ensure [name] takes them the right way."

Preventing and controlling infection

- Staff received annual training on infection control.
- Personal protective equipment was available for staff to use when carrying out personal care.

Systems and processes to safeguard people from the risk of abuse

- Relatives were positive about the support provided by Key Care and thought their relative was safe when being supported by Key Care staff.
- Staff knew the procedures for reporting any concerns they had and had completed training in safeguarding vulnerable adults.

Staffing and recruitment

- Staff were safely recruited. All relevant checks were completed centrally and signed off by the provider before new staff were able to be allocated to work any shifts.
- Relatives and a Care Commissioning Group care manager said that the staff were always available for the shifts they needed. A relative said, "The staff are very reliable and always turn up."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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.

At our last inspection the principles of the MCA were not being followed and meetings had not been held to ensure decisions were being made in people's best interests. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 11.

- The service was contracted by the Care Commissioning Group (CCG) to provide care and support. The CCG had assessed people's capacity and where applicable had agreed the contracted support was in the person's best interests.
- The operations manager was knowledgeable about the MCA and had written a new capacity assessment and best interest document, which was due to be introduced to the service.
- The operations manager added a section to the Key Care pre-admission assessment during our inspection to formally record whether this had been completed.
- All staff completed MCA / DoLS training as part of the annual refresher training day.

Staff support: induction, training, skills and experience

- The operations manager had started to hold supervision meetings with the staff team. Following a recommendation at our last they planned to complete the supervision meetings every two months and also

planned to complete spot checks to observe staff when they were supporting people to check their competency to meet people's needs.

- The operations manager had reviewed the skills required to support each person and the training staff had completed to ensure all staff had the specific training to meet people's identified needs.
- Staff told us they felt well supported by the operations manager and provider. They thought they had the training they needed for their role.
- Staff completed shadow shifts with an experienced colleague when they were introduced to a new care package so they could get to know the person, their needs and routines.

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

- Following a recommendation at our last inspection the operations manager had reviewed the pre-admission assessment process to ensure full details of people's care and support needs were identified and details provided for staff on how these needs could be met.
- Information about people's care and support needs, preferences and history was obtained from people themselves, their families and other professionals who had worked with the person.
- Any specific training the staff team would require to support people was identified from the pre-admission assessment and completed before the support package started.

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

- Clear guidance was provided for staff to meet people's nutritional needs, including where people had their nutritional needs met through PEG feeding (a tube directly into the stomach through the abdominal wall).
- People's dietary preferences were recorded, including how they liked their food and drink presented and the temperature they liked.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Key Care were part of a package of care, which also included other care agencies, health professionals and families, to ensure people's needs were met. Relatives and the CCG care managers told us Key Care worked well with the other agencies involved in people's care.
- Key Care also worked closely with the CCG care managers, who were complimentary about the service provided. One told us, "They (Key Care) respond quickly to queries and sort out any issues very quickly."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives we spoke with were positive about the Key Care staff and the care and support they provided. A relative said, "In comparison to other care companies we've had they are very professional. They select their staff well."
- Staff knew people's needs and were able to describe the support people needed.
- People's care plans contained brief details about their life history and family, to give staff some background information about the people they were supporting.
- Any cultural needs were identified during the initial assessment, including any religious observance.
- Training in equality and diversity was part of the annual refresher training completed by all staff.

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

- Relatives were involved in agreeing the care and support plans.
- People's preferences for their staff team were identified and staff were matched to these preferences. Each person had a consistent staff team supporting them to ensure staff knew people's needs and there was continuity in their care.
- Detailed information about people's communication needs were identified, including a communication passport explaining what different expressions or sounds may mean.
- Relatives said they were able to contact the operations manager whenever they needed to.

Respecting and promoting people's privacy, dignity and independence

- Relatives said staff respected their relative's privacy and dignity. A relative told us, "[Name] can't see so voices are very important. It's really important that staff give verbal input (when supporting [name])."
- Staff were able to explain how they did this, for example one member of staff said, "I always explain what I'm doing. I talk to people even if they can't speak back; they can understand some of what I say."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; End of life care and support

At our last inspection care plans were not in place for one person and people's end of life wishes had not been discussed with them. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 9.

- People's care and support plans provided details of their needs and had been reviewed to ensure they were current. Clear guidelines had been written for one person detailing their routines and support needs for the morning shifts completed by Key Care staff.
- The operations manager had written a Living Well document to prompt discussion of people's advanced wishes for the end of their life. We will check at our next inspection that, where people wanted to, Key Care have discussed and recorded their end of life care wishes.
- Staff training had been completed, with another course arranged, for palliative end of life care.

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.

- The two people supported by Key Care were not able to communicate verbally. Detailed information was available for the staff team to identify what different sounds, facial expressions and actions were trying to communicate. For example, how people expressed they were happy, unwell or hungry.
- People's families were provided with a range of information about Key Care and the support they were able to provide.

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 supported by Key Care lived with their families, which reduced their social isolation.
- One person was supported to attend a day centre as part of their agreed support.

Improving care quality in response to complaints or concerns

- A formal complaints procedure was in place. No complaints had been received since our last inspection.
- Relatives we spoke with said they would speak with staff or contact the operations manager directly if they had any concerns. They said these were always resolved.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to 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.

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

At our last inspection the provider had failed to ensure robust systems were in place to assess and monitor the quality of service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- The operations manager had reviewed people's care plans and the pre-admission assessment since being appointed in November 2019.
- The operations manager had started to hold supervision meetings with staff and plans were in place for regular spot checks to be completed. The operations manager was also due to record people's end of live wishes and capacity assessments, if required. The monthly audits of medicine administration records were to be formally recorded.
- The provider spoke with the operations manager daily and visited the office at least monthly. A monthly compliance report, covering staff training, appraisals and recruitment details was used by the provider to monitor the service.
- The operations manager was applying to become the registered manager with CQC. The provider said they would complete a formal record for checks they made on the quality of the service at each office visit.
- We will check that all these initiatives have been fully implemented at our next inspection.
- Bi-monthly meetings were held for all the provider's operations managers, so they could share good practice and review any issues that may affect other branches of the business.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 operations manager knew the kind of incidents that needed to be notified to the CQC. There had not been any incidents at the service that had needed to be notified to the CQC.
- Following an incident in November 2019 for one person a member of staff had made a statement about what had happened. The operations manager and provider had informed the relevant professionals about

the incident. The operations manager said formal incident reports, that they would review, were available for any future incidents.

- Relatives said there was good communication with the care staff and the operations manager.
- Staff said they enjoyed working at the service and felt well supported by the operations manager and provider.

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

- Relatives said they were involved in agreeing and reviewing their relatives care plans and were able to contact the operations manager if they needed to.
- Staff told us that they were always able to access support if they needed, either from the office or the on-call duty manager outside of office hours. One member of staff said, "You never feel stranded or on your own, someone always comes back to me if I need them."
- An annual survey was used to gather feedback from relatives and staff. One relative survey had been returned, which was seen to be positive.
- The service worked with the Care Commissioning Group (CCG) and local authority to plan and review people's care and support. A CCG care manager told us, "They are very communicative with all aspects of the care packages. They respond quickly to queries and sort out any issues very quickly. They hold regular reviews. They are meeting clients' needs and their staffing commitments are met."