

KEYFORT Group Limited

# KEYFORT Liverpool

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

KEYFORT Liverpool is a domiciliary care agency providing care to people living in their own homes, so they can live as independently as possible. At the time of our inspection the service was supporting three people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received medicines as prescribed, however this was not always well recorded and audits had not always been effective at identifying concerns. There was a lack of information regarding how people's medicines should be taken, but staff knew people well and were able to administer their medicines as prescribed. We made a recommendation that the provider review and update their medicines processes.

Risks to people's health and wellbeing were not always completed appropriately. Risk assessments relating to specific health conditions were either missing or not completed sufficiently. The provider had addressed these concerns before the end of the inspection. However, people were kept safe from harm because staff knew them well and people were able to communicate their needs to staff.

There were systems in place to monitor the quality and safety of the service through auditing, however these were not always effective at identifying concerns found at this inspection. The provider and registered manager were responsive to concerns raised during the inspection. There was positive feedback about the management team and how they responded to concerns from staff and people.

There were good working relationships with a variety of healthcare professionals to ensure the best outcomes for people. However, there were some improvements needed in the recording of this information.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's independence was truly respected and promoted. People felt staff supported them to have a good quality of life.

People told us they had good relationships with the staff that supported them. People were treated with dignity and respect. Staff supported people to express their views about the service and their care. People were supported by a consistent staff team who knew them well.

People told us the service was person-centred. There was a complaints procedure and any received were investigated and responded to. People's communication needs were recorded, and staff supported people

day to day in ways that met their needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was registered with us on 01/04/2021 and this is the first inspection.

#### Why we inspected

This was a planned inspection for this newly registered service.

#### Enforcement

At this inspection we have identified a breach in relation to governance processes at the service.

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 arrange to meet with the provider to seek assurances about concerns raised at this inspection. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# KEYFORT Liverpool

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection 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.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted time to obtain contact details of people who used the service and relatives, where appropriate.

Inspection activity started on 15 September 2021 and ended on 24 September 2021. We visited the office location on 16 September 2021.

#### What we did before inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, regional service manager and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at three 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe.

### Using medicines safely

- Medicines processes were not always well managed. Information regarding people's medicines, such as dose frequency and how to take the medicine were not recorded. However, staff knew people well and we were assured people had received their medicines as prescribed.
- One person was using a cream to prevent friction which staff were to support them in applying. There was no record of this being administered. This person had no current issues with skin irritation and they told us they had the cream applied when needed.
- Staff had received medicines training and had been assessed as competent.

We recommend the provider consider current guidance on administering medicines and act to update their practice accordingly.

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

- Risks to people had not always been appropriately assessed. People with specific health conditions did not always have sufficient risk plans in place to guide staff on how to support them safely. However, people were able to inform staff of their support needs. We raised these concerns with the provider and plans were immediately updated to reflect people's health conditions.
- Appropriate interventions were not always recorded as taking place to keep people safe from harm. One person was assessed as needing support and/or prompting to re-position to reduce the risk of skin irritation. The care plan in place did not detail how often the person should be supported with this, and records showed this was completed inconsistently. The provider put measures in place during the inspection to ensure this was recorded accurately in future.
- A log of accidents and incidents was kept and actions to reduce the risk of further incidents were recorded.

### Staffing and recruitment

- The provider carried out thorough staff recruitment checks to ensure staff were suitable to work at the service.
- People received support from staff in sufficient numbers to meet their care and support needs safely.
- People were supported by a consistent group of staff. People valued having regular staff as they felt staff got to know them well.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. Comments from people included, "The

care staff are wonderful. Any hiccups are mainly with the office," and "Staff are really good and look after me. They [staff] are well trained."

- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff were confident to share concerns with the manager and other essential agencies.
- The registered manager appropriately reported potential safeguarding incidents to the local authority and the Care Quality Commission.

#### Preventing and controlling infection

- Effective infection prevention and control procedures were in place, including those relating to COVID-19.
- Staff followed good infection control practices and used PPE (personal protective equipment) to help prevent the spread of healthcare related infections. People we spoke with confirmed this.
- The provider ensured staff were regularly testing for COVID-19 in line with current guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us staff were suitably trained and competent to carry out their roles. Training records confirmed this.
- Staff received an induction aligned to the Care Certificate. The Care Certificate is the recognised standard for training for staff new to health and social care. Staff were required to shadow experienced staff until ready to undertake lone working.
- Staff received formal support through supervisions and appraisals.

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

- People's nutritional needs were met. Where people were supported with this aspect of their care, they told us they were happy with the support they received.
- People's preferences regarding food and drink were respected by staff. Information in care plans regarding likes and dislikes was limited, however people told us staff knew them well and they were able to tell staff what they wanted to eat.

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

- Staff checked on people's well-being and told us what they would do if they had any concerns about people's health.
- Staff worked well with healthcare professionals to ensure people had access to health services and had their health needs met.
- Where healthcare professionals provided guidance to staff, this was followed.

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

- People's needs were assessed before they started to use the service to ensure their support needs could be met.
- Care and support was delivered in line with people's individual assessed needs.

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.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005.
- Staff told us they always asked people for their consent before they provided care and support. They did this to promote people's rights to accept or refuse support. People we spoke with confirmed this.

# 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 told us they were well looked after and they were happy with the staff supporting them. Comments included, "Care staff are absolutely fantastic. They [staff] are all lovely and down to earth. It's like having a friend with you" and "Staff are really good, they clearly know me very well."
- People told us they had good relationships, particularly with staff who supported them regularly and they had got to know them well. People told us staff understood their needs.
- Staff told us they always treated people as individuals and fairly. People confirmed this, and they said their support was personalised to their preferences.

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

- People were involved in the planning of their care.
- Regular care reviews were held with people. This ensured people's views were regularly considered.
- People told us they were able to make day to day choices about their care, and this was reflected in records.

Respecting and promoting people's privacy, dignity and independence

- People received a good service from staff who respected their needs and wishes. Staff ensured people's right to privacy and confidentiality were maintained.
- People told us staff were respectful and protected their dignity.
- People told us that staff encouraged them to be as independent as they could be, and records reflected this.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were being supported with person-centred care. Staff knew people well, and people were able to communicate their needs to staff. People told us staff respected their preferences for care. However, this information wasn't always recorded in people's support plans.
- Care plans were regularly reviewed with people and if appropriate their relatives, which ensured people's needs were up to date.
- People were supported to maintain social and educational activities. Staff supported people to access the community to engage in meaningful activities.

Improving care quality in response to complaints or concerns

- A complaints system was in place and information on how to complain was made available to people.
- People told us they felt comfortable raising any concerns and knew how to. People told us their concerns were listened to and management were responsive to issues they raised.

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.

- People's communication needs had been identified. Staff were aware of these and supported people in these ways.
- The registered manager told us they could provide information to people in different formats if required.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- The provider had an end of life policy in place to provide support to staff.

# 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.

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

- Systems in place to monitor the quality and safety of the service were not always effective.
- The system for auditing medicines was not robust. This meant opportunities to improve safety and quality were missed.
- Records regarding people's care and support were not always well maintained. Some risk assessments lacked enough detail to guide staff and some were incomplete.
- Policies in place to guide staff on safe care delivery had not always been followed. Governance processes had failed to identify this.

Systems and processes to monitor the quality and safety of the service were not always effective. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to concerns raised during the inspection and implemented new processes to support improvements.

- The registered manager was aware of their regulatory requirements including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements.

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

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf.
- Staff were encouraged to contribute to the development of the service through meetings and supervision.
- When referrals to other services were needed, these referrals were made in a timely way

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

- Staff told us the management team were every responsive to concerns raised and approachable.
- Staff told us how they promoted a person-centred approach to people's care and support. They discussed with people how they wanted to be supported and involved them in developing their care.

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

- There was an open culture within the service. People told us the manager and staff were open and honest with them.
- The manager had discussed concerns raised with people and their relatives.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were not always robust enough to ensure the safety and quality of the service could be monitored.