

Keymen Associates Limited

Keymen Associates Ltd

Inspection report

Unit C10 Falcon Enterprise Centre
Victoria Street
Chadderton
Oldham
OL9 0HB

Tel: 01616331616

Date of inspection visit:
20 December 2017

Date of publication:
09 February 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 20 December 2017 and was announced. This service is a domiciliary care agency and provides personal care to people living in their own houses and flats in the community. It provides a service to people living with dementia, older people with physical disabilities and younger disabled adults. At the time of the inspection there were 60 people using the service. The office is situated on an industrial estate in Oldham.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service felt safe with the people who supported them. Staff files showed the recruitment system was robust and people employed had been checked via the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. Staff rotas showed there were enough staff to meet the needs of the people who currently used the service.

There was an electronic call monitoring service in place and an out of hours on call system which helped ensure visits were not missed. There were appropriate individual risk assessments within the care plans. There was a staff health and safety manual to ensure staff were aware of how to keep themselves and people who used the service as safe as possible.

The service had a relevant and up to date safeguarding policy and procedure and all staff had had training in safeguarding. The medicines systems were safe and staff had undertaken appropriate training in medicines administration.

Records showed a thorough induction programme for new staff. Further training was on-going and staff were required to complete regular refresher courses for mandatory subjects.

Care plans we reviewed included relevant information about people's health and well-being. People's nutritional and hydration needs were clearly documented, along with any allergies and special dietary needs.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People who used the service told us the staff were kind and caring. Staff we spoke with were positive about their jobs.

We saw from care plans we looked at that independence was promoted and people told us their dignity and privacy were respected. There was a service user guide which included relevant information about the

service.

Care files we looked at were person-centred and people's choices for their care and support were respected.

Risk assessments and care plans were reviewed on a regular basis. Any changes were clearly documented within the care files. Activities, such as accompanying people who used the service to the shops, were facilitated by the service if possible.

Regular feedback was sought from people who used the service via telephone calls and quality assurance surveys. There was an up to date complaints policy and procedure and complaints were dealt with appropriately.

The registered manager was experienced and had been in post for some time. People who used the service told us they could contact the management team when they needed to and care staff felt well supported by management.

Regular staff supervisions and appraisals were carried out and there were staff meetings held on a regular basis. We saw records of regular observations of staff competence which were undertaken by the management.

There were a number of audits carried out on a regular basis. All were followed up with appropriate actions where required.

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.

People who used the service felt safe with the people who supported them. The recruitment system was robust and there were enough staff to meet the needs of the people who currently used the service.

There was an electronic call monitoring service in place and an out of hours on call system which helped ensure visits were not missed. There were appropriate individual risk assessments within the care plans

There was a relevant safeguarding policy and procedure and all staff had had training in safeguarding. The medicines systems were safe and staff had undertaken appropriate training in medicines administration.

Is the service effective?

Good ●

The service was effective.

Records showed a thorough induction programme for new staff. Further training was on-going and staff were required to complete regular refresher courses for mandatory subjects.

Care plans included relevant information about people's health and well-being. People's nutritional and hydration needs were clearly documented, along with allergies and special dietary needs.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People who used the service told us the staff were kind and caring. Staff we spoke with were positive about their jobs.

Independence was promoted and people told us their dignity and privacy were respected. There was a service user guide which included relevant information about the service.

Is the service responsive?

Good ●

The service was responsive.

Care files were person-centred and people's choices for their care and support were respected.

Risk assessments and care plans were reviewed on a regular basis. Regular feedback was sought from people who used the service via telephone calls and quality assurance surveys.

There was an up to date complaints policy and procedure and complaints were dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

People who used the service could contact the management team when they needed to and care staff felt well supported by management.

Regular staff supervisions and appraisals were carried out and there were staff meetings held on a regular basis.

There were a number of audits carried out on a regular basis. All were followed up with appropriate actions where required.

Keymen Associates Ltd

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 December 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in to facilitate the inspection.

Inspection site visit activity started on 18 December 2017 and ended on 20 December 2017. It included making telephone calls to people who used the service. We visited the office location on 20 December 2017 to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Oldham local authority commissioning team and the local safeguarding team to find out their experience of the service. This was to gain their views on the care delivered by the service. We did not receive any negative comments about the service.

During the inspection we spoke with the registered manager, the divisional manager and four members of care staff. We contacted 12 people who used the service and one relative to gather their views. We spent time at the office and looked at six care files, three staff personnel files, training records, staff supervision records, service user satisfaction surveys, meeting minutes and audits.

Is the service safe?

Our findings

People who used the service felt safe with the people who supported them. One person who used the service told us, "They [staff] always come on time". Another said, "I am never left without a visit". A third told us, "Workers turn up when they should and never leave me without a visit".

We looked at three staff files and they all included an application form, full employment history, interview questions, two written references, proof of identity and terms and conditions of employment. Each file contained a Disclosure and Barring Service (DBS) check. A DBS check helps a service to ensure people's suitability to work with vulnerable people. We saw evidence that disciplinary matters were followed up as per the service's policy and procedure.

We looked at staff rotas which showed there were enough staff to meet the needs of the people who currently used the service. We saw that staff had time to get from one visit to the next in the time allotted. There was an electronic call monitoring service in place. This helped the service to monitor when care staff arrived at a call and left the premises. There was an out of hours on call system which could be used by people who used the service or staff. This also helped ensure visits were not missed.

There were appropriate individual risk assessments within the care plans. These referred to issues such as falls, mobility, nutrition and hydration and manual handling. The risk assessments were regularly reviewed and updated to ensure the information remained relevant and current. There was a staff health and safety manual to ensure staff were aware of how to keep themselves and people who used the service as safe as possible.

There was a relevant and up to date safeguarding policy and procedure and all staff had had training in safeguarding. Staff members we spoke with were able to give examples of what may constitute a safeguarding concern and they were confident to report any issues. There was a safeguarding concerns log where details of the concern, actions taken and outcomes were documented.

The medicines policy and procedure was comprehensive and included reference to relevant legislation, such as the Mental Capacity Act (2005) (MCA). There were protocols for the administration of medicines given as and when required (PRN) and homely remedies. There was guidance around controlled drugs (CDs). These are some prescription medicines which are controlled under the Misuse of Drugs legislation. There was guidance for staff around how to correctly complete medicines administration record (MAR) sheets. All staff had received relevant medicines training and refresher courses and their competence with regard to medicines administration was regularly checked.

Is the service effective?

Our findings

Records showed a thorough induction programme for new staff. This included mandatory training, orientation to the service and a minimum of three days shadowing with a more experienced member of staff. The probation period was three months and staff were required to complete the Care Certificate within this period. The Care Certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. The probation period could be extended if needed to ensure new staff were fully competent to begin to work alone. Staff were also given a handbook which contained guidance about their roles and responsibilities.

Further training was on-going and staff were required to complete regular refresher courses for mandatory subjects, such as moving and handling, safeguarding and medicines administration. Staff we spoke with said they could request any supplementary training and they felt this would be facilitated.

We saw records of regular staff supervision sessions and staff we spoke with confirmed these took place. Supervisions offer the opportunity for staff to discuss work issues on a one to one basis. We saw that issues discussed included workload, concerns and team issues, training and development. Actions were recorded where relevant. Each staff member also had an annual appraisal where they could reflect on the previous year's achievements and look at any development and training needs for the coming year.

Care plans we reviewed included relevant information about people's health and well-being. Agreed tasks were documented and people who used the service had signed their agreement to the care plan, when they were able to do so. The service ensured information was accessible to as many people as possible. Literature about the service could be produced in large print, easy read and various languages to accommodate people who used the service.

People's nutritional and hydration needs were clearly documented, along with any allergies and special dietary needs. We saw that the service worked with other agencies, such as dieticians, and completed food and fluid intake charts where these were required.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People who used the service had signed consent forms for areas such as the sharing of their information for the purpose of CQC

inspections. Staff we spoke with were aware of the need to make any decisions in the person's best interests, where they lacked capacity to make their own decisions.

Is the service caring?

Our findings

People we spoke with told us the staff were kind and caring. One person said, "Staff are polite, one always says 'please can I use the telephone'". Another told us, "I am very happy with the service. Staff are very polite, we speak the same language". A third person commented, "The staff are polite, always". A relative we spoke with said, "The girls are polite and helpful".

Staff we spoke with were positive about their jobs. One staff member said, "I love it. I get paid to make people smile. It is one of the most rewarding jobs, though not easy". Another told us, "It's not bad, I feel proud of myself that clients are happy and the office are happy with me".

In discussions with the registered manager and the divisional manager it was clear that the service's response to equality and diversity was positive. Both managers were able to give examples of how they had worked to be inclusive with people to ensure they did not experience any form of discrimination. This included supporting people with sensory impairments, from minority ethnic groups and diverse religions and belief systems.

We saw from care plans we looked at that independence was promoted and the service worked with people to help them reach their best potential. This was also evident from discussions with care staff and management. Staff had training in promoting dignity and people we spoke with felt their dignity and privacy were respected.

There were policies and procedures in place with regard to confidentiality and data management. People who used the service were asked to give consent to information being shared, to ensure these policies were followed. We saw that confidentiality was a topic that had been discussed in staff meetings and information disseminated via memos to reiterate the importance of the issue.

There was a service user guide which included information about the service, the staff, electronic call monitoring, confidentiality, people's rights, equality and diversity, complaints and safeguarding. There was also a statement of purpose in place, which included the aims, objectives and principles of the service, what services were provided and for whom. There was information about the responsible person, staff, training people's rights and choices, complaints and contact details.

Is the service responsive?

Our findings

Care files we looked at were person-centred and we saw that people's choices for their care and support were discussed prior to any support being put in place. We saw that people had been supported in their choices of male or female carers when they had expressed a preference.

Care files included a service user profile which had information about the person's background, family circumstances, hobbies and interests, routines, what they needed help with, likes and dislikes, what made them happy and sad, strengths and talents. There was also a section about what the person would appreciate most from their care workers. Where people had declined to answer personal questions this had been respected and recorded within the file.

We saw that risk assessments and care plans were reviewed on a regular basis. Any changes were clearly documented within the care files. Activities, such as accompanying people who used the service to the shops, were facilitated by the service if possible.

Regular feedback was sought from people who used the service via telephone calls and quality assurance surveys. We saw that recent feedback had been positive about the service delivery. Comments included; "My carers are very friendly and I am very happy"; "They [staff] are a treasure"; "The carers are all great, all the family are thrilled"; "Find most staff helpful, clean and tidy and good time keeping". The registered manager told us that the feedback helped drive improvement to the service. They were looking at different ways of obtaining people's views, including anonymous surveys, to try to ensure the best information was collected.

There was an appropriate, up to date complaints policy and procedure. We looked at the complaints file where complaints were logged and we saw appropriate follow up actions had been taken. The complaints procedure was outlined within the service user guide so that all people who used the service would be aware of how to raise a concern. One person who used the service said, "I have no complaints, not at all". Others agreed that they would know how to complain or raise a concern, but had not had any occasion to do so. A relative had raised a complaint about staff being late in the past. They did not feel their concerns had been dealt with satisfactorily at the time.

There was also a compliments log. This listed compliments received by the service and who, if specified, they related to. Thank you cards and letters were kept within this file.

Is the service well-led?

Our findings

The registered manager was experienced and had been in post for some time. There was also a divisional manager and senior care staff to help support care staff.

People who used the service told us they could contact the management team when they needed to. One person said, "You can get hold of the office easily, and it's an easy telephone number to remember". Another told us, "I can contact the office; I have the number and would ring if I needed to".

Care staff we spoke with told us they felt well supported by management. One told us, "Any problems I can ask. I can always get hold of people". Another said, "Support is good". A third commented, "There is always someone to talk to".

Regular staff supervisions and appraisals were carried out and there were staff meetings held on a regular basis. We saw records of the meetings which included discussions about confidentiality, MAR sheets, timings of visits, communication, logging in and out of visits, training and development, key safes, no access visits, security, rotas, documentation and how to deal with refusals of support from people who used the service.

We saw records of regular observations of staff competence which were undertaken by the management. There were observations relating to communication, medicines administration, dignity, food preparation, health and safety and infection control. Any issues identified were recorded and actions taken to address these. Similarly there were a number of unannounced spot checks carried out to ensure staff were doing what they were required to do.

Care files were reviewed and monitored on a regular basis to ensure the appropriate paperwork was included and being filled in as required. There were completed records of these checks in all the care files we looked at.

There were a number of audits carried out on a regular basis. Communication sheets were audited monthly and issues addressed via actions. For example, we saw that some issues around completing the sheets correctly were addressed within a staff meeting to ensure all staff were aware of what was expected of them. We also saw actions addressed via staff memos.

Food charts were audited regularly and there were monthly client finance audits and medication record audits. All were followed up with appropriate actions where required.