

## KEYFORT Group Limited

# KEYFORT North East

### Inspection report

2 Earls Court  
Fifth Avenue, Team Valley Trading Estate  
Gateshead  
Tyne and Wear  
NE11 0HF

Tel: 01914911735  
Website: [www.neuropartners.co.uk](http://www.neuropartners.co.uk)

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28 March 2019  
18 April 2019  
09 May 2019

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### 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

About the service: Keyfort North East is a domiciliary care service. It provides personal and nursing care to people living in their own houses, flats or work place. It provides a service to children, younger and older adults including people who live with an acquired brain injury or intellectual impairment. The service provides both regular daily visits to people in their homes and some staff members, provide 24-hour support. At the time of inspection 23 people were using the service.

People's experience of using this service: People told us they felt safe with the staff who supported them. Staffing capacity was sufficient and staff deployment was effective to ensure people's needs were met in a safe, timely and consistent way.

All people were complimentary about the care provided by support staff. They trusted the workers who supported them. They said staff were kind, caring and supportive of people and their families.

The service assisted people, where required, in meeting their health care and nutritional needs. Staff worked together, and with other professionals, in coordinating people's care.

Systems were in place for people to receive their medicines in a safe way. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

Records provided guidance to staff to ensure people received safe, person-centred, appropriate care and support. Information was accessible to involve people in decision making about their lives.

Communication was effective and staff and people were listened to. Staff said they felt well-supported and were aware of their responsibility to share any concerns about the care provided.

People were involved in decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Information was accessible to involve people in decision making about their lives.

There were opportunities for people, relatives and staff to give their views about the service. Processes were in place to manage and respond to complaints and concerns. The registered manager undertook a range of audits to check on the quality of care provided.

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: The service was rated good (29 September 2016)

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. If any concerning information is received, 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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# KEYFORT North East

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert-by-Experience made telephone calls to people to discuss their experiences about the support and service they received.

Service and service type: This service is a domiciliary care service. It provides personal and nursing care to people living in their own houses, flats and work place in the community. Not everyone using Keyfort North East receives a regulated activity; CQC only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. For people the provider helps with tasks related to personal hygiene and eating, we also consider any wider social care provided.

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

Notice of inspection: We gave the service 24 hours' notice of the inspection visit because we needed to be sure that the registered manager would be in the office.

Inspection activity started on 15 March 2019 with a visit to the office location by the inspector. We made telephone calls to people, staff and relatives on 28 March 2019, 18 April 2019 and 9 May 2019.

What we did: Before the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service and events which the provider is required to tell us about by law. We contacted commissioners to seek their feedback. We received no information of concern.

During the site visit we spoke with the registered manager and an administrative staff member. We reviewed a range of records. These included four people's care records. We also looked at four staff files to check staff recruitment and their training records. We reviewed records relating to the management of the service. After the site visit we contacted seven people and two relatives of people who used the service and six support workers.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

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

- Systems were in place for people to be protected from the risk of abuse. People and relatives told us people felt safe with staff support and trusted staff. Their comments included, "I feel safe because staff know what they are doing, I trust them" and "I am confident [Name] is safe, there is great respect in both directions."
- Staff completed and updated their safeguarding adults and children training regularly and had access to up-to-date policies and procedures. Staff were aware of their responsibility in keeping people safe.
- The registered manager was aware of their duty to report any safeguarding incidents to ensure people were kept safe.

Staffing and recruitment.

- Relatives and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met. They told us staff were punctual and stayed for the allotted time. The service provided 24-hour staff support for some people. One person told us, "Staff are usually on time, I am never left on my own, my carer waits until the next one arrives before leaving." If staff were delayed, people told us they were contacted by telephone. One person commented, "Staff have never let me down." One person was less positive about staff support which was followed up with the registered manager outside of the inspection. The service had a rapid response team available to support in a crises or incident immediately.
- The provider had an ongoing programme of staff recruitment and retention.
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed.
- Staff carried identity badges but told us they were always introduced to people before they started supporting them.

Assessing risk, safety monitoring and management.

- Risks to people's health, safety and well-being and any environmental risks were assessed, and measures put in place to remove or reduce the risks.
- Information from risk assessments was transferred to people's care plans. Risk assessments were regularly reviewed to ensure they reflected people's changing needs.
- Where people required equipment to keep them safe, this was in place.
- The provider helped ensure people received support in the event of an emergency. An on-call service was available when the office was closed. One person commented, "I have telephone numbers for both day and night, when the office is closed."

Using medicines safely.

- People received their medicines in a safe way, where support was required. One person commented, "My

medicines come weekly and staff prompt me to take it."

- Staff received regular medicines training and systems were in place to assess their competencies.

Preventing and controlling infection.

- Measures were in place to reduce the spread of infection. Staff received training about infection control and regular infection control audits were carried out. People and relatives told us disposable aprons and gloves were available and used appropriately.

Learning lessons when things go wrong.

- People were supported safely as any incidents were recorded and monitored. Accident and incident reports were analysed, enabling any safety concerns to be acted on.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe work.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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.

We checked whether the service was working within the principles of the MCA.

- Staff were trained in the MCA and understood the implications for their practice. Consent was obtained from people in relation to different aspects of their care.
- Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.
- The Court of Protection will consider an application from a person's relative to make them a court appointed deputy. They would be responsible for decisions with regard to the person's care and welfare and finances where the person does not have mental capacity.

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

- People received appropriate care and support.
- Care included support for all areas of assessed need. Detailed assessments were carried out to identify people's support needs. They included information about their medical conditions, eating and drinking requirements and other aspects of their daily lives.
- Staff were introduced to the person and supported to deliver their care package by senior staff until they felt confident to do so themselves.

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

- People were supported with their food and drink where needed. One person commented, "Staff prepare all my meals, I order all my food on-line. I instruct the staff and they will do as I ask."
- Staff supported some people to prepare their meals and drinks and care plans where required described people's eating and drinking needs, and food likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care.

- The service worked alongside local community and medical services to support people and maintain their health.
- Assessments had been completed for people's physical and mental health needs.
- Records showed staff raised concerns about people's wellbeing to community services such as the

person's GP, or district nursing service and supported people to attend hospital or other medical appointments if needed. One person told us, "If I am unwell my support worker will take me to the doctor."

Supporting people to live healthier lives, access healthcare services and support.

- People were supported to maintain their health and well-being.
- People were registered with a GP and received care and support from other professionals, such as the speech and language therapy team and hospital out-patient services.
- Records showed there were care plans in place to promote and support people's health and well-being.

Staff support: induction, training, skills and experience.

- Staff received training to help them carry out their role. The staff training matrix showed staff received ongoing training that included training in safe working practices and a comprehensive programme was in place to provide training to meet people's specialists needs. People and staff comments included, "Staff have been trained by my physiotherapist and they follow their instructions", "We get plenty of training" and "My support staff know the signs if I am going to have a fit and have been trained to know what to do if I have one."
- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role.
- Staff had the opportunity for regular supervision and appraisal. Most staff told us they felt supported. We discussed with the registered manager some staff who provided 24-hour support to some people with complex care needs did not feel as supported by the service. The registered manager told us that this would be addressed.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People were provided with kind and compassionate care. People and their relatives were all very positive about the care provided. Their comments included, "Staff are lovely and relate well to [Name]" and "Staff are sound, we have lots of chat and laughs."
- Relatives and staff told us staff were introduced to them through shadowing, so they always got to meet them before they provided their care.
- The service showed they made every effort to support people with their interests and enhance people's well-being, through a strong and visible person-centred culture. Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

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

- People were involved in decisions about their care and support. People were involved in recruiting their support staff and were matched with their workers. Most people said the service was good at matching people with suitable support staff. One person said, "The staff are all lovely, but there is a big age gap and we are not interested in the same things, but if I didn't have them I wouldn't be able to go out and about."
- Guidance was available in people's care plans which documented how people communicated.
- Information was accessible and made available in a way to promote the involvement of the person. For example, pictorial aids, photographs were used where people may no longer recognise the written word.
- Records gave guidance about people's daily routines if they could not tell staff themselves. For example, "What I can do independently" and "What I need support with." People and relatives were consulted about people's care and involved in their decisions. One person told us, "I was able to say what I wanted in my care plan." A relative said, "[Name] has had input into their care plan, they know what they want and can communicate this."
- Advocates were used when required. The registered manager told us that relatives were also available to advocate on behalf of people.

Respecting and promoting people's privacy, dignity and independence.

- People and relative's all maintained privacy and dignity were respected when people were supported. Their comments included, "The staff are lovely people, they are good with dignity and helpful, they get on with it discreetly" and "They [staff] treat me as I want to be treated, respectfully and with dignity."
- Care plans were written in a respectful, person-centred way, outlining for the staff how to provide individually tailored care and support, that respected people's privacy, dignity and confidentiality.
- Staff supported people to be independent. People were encouraged to do as much as they could for themselves. One person commented, "I make my own breakfast, I like to stay as independent as I can be."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were developed from assessments that identified people's care and support requirements. Care plans were reviewed routinely and when a person's needs changed.
- People, relatives and other appropriate professionals were fully involved in planning how staff would provide care. People's comments included, "I have a care plan, it is filled in every day. My care is as I want it" and "I was able to say what I wanted in my care plan, staff make daily notes and the plan is reviewed every six months."
- The service employed nursing staff and an occupational therapist who were involved in carrying out assessments of people's needs and ensuring staff received training and guidance to meet people's care and support needs.
- Information on people's needs was available in paper copy in their home or via an electronic system. Relative's and people told us on-going communication with workers was effective to ensure people's needs continued to be met. One person said, "Good communication and happy staff."

End of life care and support.

- At the time of the inspection no-one was receiving end-of-life care from the service, however they had previously provided this care, in conjunction with community healthcare professionals.
- Information was available about people's religion and cultural preferences if this support was required.

Improving care quality in response to complaints or concerns.

- A complaints policy was available. Systems were in place to address any concerns raised. Copies of responses to concerns showed the service had acted to address any concerns. Learning took place as a result to avoid any repetition.
- People told us they would feel happy to raise any concerns. One person said, "I would complain to the manager if there was something wrong, but I haven't needed to."

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care. Documentation and care plans were person-centred to ensure people received individualised care and support.

- Everyone we spoke with told us how passionate staff were about providing a high quality and personalised service to people, and people were very much at the heart of the service.

One person commented, "The staff are lovely, they all have common courtesy and are good at communicating, keeping everyone in the loop."

- The aims and objectives of the organisation were discussed with staff when they were employed. Staff were highly motivated, and proud of working for the organisation. Staff member's comments included, "I love working for the service" and "We all work as part of a team."

- The registered manager understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities if required. They understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- People, relatives and staff told us the manager was approachable. Their comments included, "The manager is as good as gold, she pops in from time to time and is easy to talk to" and "I have a good relationship with the manager, they lead well."

- The registered manager worked well to ensure the effective day-to-day running of the service and had clear arrangements in place to cover any staff absences.

- Spot checks took place to gather people's views and to observe staff supporting people.

- Audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of weekly, monthly and quarterly checks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Organisational arrangements, quality audits and care records were detailed and thorough and reflected people's views and experiences.

- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.

- Staff told us they were listened to and it was a good place to work.
- Relatives and people were involved in decisions about care and advocates were also involved where required.

Continuous learning and improving care; working in partnership with others.

- There was an ethos of continual improvement and keeping up-to-date with best-practice in the service. There was a programme of ongoing staff training to ensure staff were skilled and competent.
- Records showed that staff communicated effectively with a range of health professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.