

Key2Support Ltd

# Key2Support

## Inspection report

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Date of inspection visit:  
18 May 2016  
19 May 2016

Date of publication:  
27 June 2016

### 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

We carried out an inspection of Key2Support on 18 and 19 May 2016. We gave the service 48 hours' notice to ensure the registered manager would be available when we visited.

Key2Support is a domiciliary care agency that offers personal care and support to people with a variety of needs including older people, people living with dementia, mental ill health, physical disabilities or a learning disability. The agency's office is located in Oswaldtwistle in East Lancashire. At the time of our visits the service was providing support to 53 people.

At the time of our inspection there was a registered manager at the service who had been in post since 2011. 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.

At our last inspection on 31 December 2013, we found that the provider was compliant with all of the standards that were reviewed at that time.

During our inspection, people told us they received safe care. Staff had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

We saw evidence that staff had been recruited safely. They received an appropriate induction, effective training and regular supervision. Staff told us they felt well supported by the registered manager.

There were processes in place for the safe administration of medicines and people told us they received their medicines, including pain relief, when they should. People were supported with their healthcare needs and referred to healthcare professionals when appropriate.

People told us they were happy with the service they received. They told us staff arrived on time and stayed for the full duration of the visit. People were involved in planning their care and where they lacked the capacity to make decisions about their care, their relatives were involved.

People told us the staff who supported them were caring and respected their privacy and dignity when providing care. People were encouraged to be as independent as possible.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and the importance of making decisions in people's best interests, when they lacked the capacity to make decisions about their own care.

People were asked to give feedback about the service in annual questionnaires. We saw evidence that the registered manager used the feedback received to improve the service.

People told us that staff and the management were approachable and they were happy with the way the service was being managed.

We saw evidence that staff practice was observed regularly and checks were made of care documentation. These checks were effective in ensuring that appropriate levels of care and safety were maintained.

## 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.

The registered manager followed safe recruitment practices when employing new staff.

Staff completed training in safeguarding vulnerable adults from abuse and were clear about their responsibilities if they suspected that abuse was taking place.

Risks to people's health and wellbeing were assessed and reviewed regularly. We saw evidence that people's risks were managed appropriately.

People's medicines were managed safely and people told us they received their medicines when they should.

### Is the service effective?

Good ●

The service was effective.

Staff received an appropriate induction and effective training. Their competence to provide safe care was assessed regularly.

Care plans were detailed and included information about people's preferences as well as their needs.

Staff understood the Mental Capacity Act 2005 and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives were consulted.

Staff supported people appropriately with nutrition and hydration and people's healthcare needs were met. People were referred to healthcare services when appropriate.

### Is the service caring?

Good ●

The service was caring.

People told us staff respected their privacy and dignity and

encouraged them to be independent.

People were involved in decisions about their care. They told us they made choices about their everyday lives, such as what they wore and what they had to eat.

People were given information about the service when they started receiving care and received regular newsletters updating them of any changes.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed before the service started supporting them and their care needs were discussed with them.

People received care and support which reflected their preferences as well as their needs. They were supported by staff they knew and who were familiar with their needs.

People felt able to raise concerns with the staff or the registered manager. Where people had raised concerns, they had been resolved quickly and to their satisfaction.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had a statement of purpose which was promoted by the staff and the registered manager.

People were asked to give feedback about the service they received and the registered manager used this information to develop and improve the service.

The registered manager regularly checked staff practice and people's care documentation. The checks being completed were effective in ensuring that appropriate standards of care and safety were being maintained.

# Key2Support

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 18 and 19 May 2016 and we gave the provider 48 hours' notice as we needed to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we had about Key2Support, including statutory notifications received from the service and previous inspection reports. We contacted community health and social care professionals who were involved with the service and Lancashire County Council contracts team for their comments. Those we spoke with advised they had no concerns about the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with seven people who received support from the service, nine relatives, four care staff, the registered manager and the managing director. We visited one person in their home who was supported by the service. In addition, we reviewed the care records of three people receiving support. We also looked at service records including staff recruitment, supervision and training, policies and procedures, records of complaints and compliments and checks that had been completed.

# Is the service safe?

## Our findings

People told us they felt safe when being supported by staff from Key2Support. One person said, "My carer helps me to move around and I always feel safe". The relatives we spoke with also felt people received safe care. One relative told us, "The staff look after [My relative] properly. [My relative] is always safe. We have no concerns". Another relative said, "[My relative] needs support from two carers and two carers always visit".

We looked at how the service safeguarded vulnerable adults from abuse. There was a safeguarding policy in place which identified the types and signs of abuse. It included information about staff responsibilities if they suspected abuse was taking place and listed the contact details for the local authority safeguarding team and the Care Quality Commission (CQC). All staff had completed safeguarding training and the staff we spoke with understood how to recognise abuse and the action to be taken if they suspected abuse was taking place. The registered manager was aware of their responsibility to report any safeguarding incidents to the CQC and the local safeguarding authority. The service had a whistleblowing (reporting poor practice) policy and the staff we spoke with felt confident that appropriate action would be taken if they informed the registered manager of concerns about the conduct of another member of staff.

We looked at how risks were managed in relation to people supported by the service. Risk assessments had been completed for each person, including those relating to moving and handling, medicines and the home environment. Risk assessments included information for staff about the nature of the risk and how it should be managed and were reviewed regularly. This helped to ensure that risks to people's health and wellbeing were managed appropriately. The service kept a record of accidents and incidents that took place and we noted that there had been no accidents or incidents in the previous 12 months. This was confirmed by the registered manager. Records showed that all staff had completed fire safety training, which helped to ensure that people would be kept safe in an emergency.

We looked at the recruitment records of three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults. A full employment history, two forms of identification and two written references had been obtained. These checks helped to ensure that the service provider made safe recruitment decisions.

We looked at staffing arrangements at the service. The registered manager told us that people were supported by the same individual carer or small group of care staff, to ensure that staff were familiar with people's needs and how to meet them. This was confirmed by the people we spoke with. People told us staff always visited at their allocated time and stayed for the full duration of the visit. They told us that when two members of staff were required to meet people's need, two staff members always attended.

Staff told us that communication at the service was good. Staff documented the support they provided at each visit as well as any concerns. Staff told us that they always informed their area manager or the registered manager if they had any concerns about a person's health or wellbeing.

This helped to ensure that all staff were kept up to date with people's needs and that risks to people's health and wellbeing were managed appropriately.

We looked at how people's medicines were managed. A medicines management policy was available which included information relating to administration, refusal, storage, over the counter medicines and controlled drugs, which are medicines which may be at risk of misuse. Records showed that all staff had completed training in the safe administration of medicines and their competence to administer medicines safely was assessed regularly. The staff we spoke with confirmed they had received training in medicines administration and understood how to administer medicines safely.

People told us they received their medicines, including pain relief, when they should. We visited one person at home and reviewed their care documentation, including medicines administration records (MARs). The MARs included a description of each medicine and instructions about dosage. We found that staff had signed the MARs to demonstrate that medicines had been administered. We also reviewed the past MARs for two people and found that one had been signed appropriately by staff. However, we found that on the other MAR, staff had not always used appropriate codes when medicines had not been administered, for example due to hospital admissions. We discussed this with the registered manager who issued a memo to staff reminding them of the importance of using the correct codes when completing medicines administration records. The registered manager told us that in future all MARs would be quality checked monthly when they were returned to the office and any issues would be addressed with staff.

The service had an infection control policy in place which provided guidance for staff about effective handwashing, personal protective equipment, food hygiene, the handling of waste, spillages and sharps (needles and syringes). All staff had completed infection control training. This helped to ensure that people were protected from the health risks associated with poor infection control.



# Is the service effective?

## Our findings

People told us they were happy with the care they received. They told us, "They're the best company I've had so far. They're very, very good" and "They've been excellent. I'm happy with all the carers". Relatives were also happy with the care. They told us, "The care is very good. We're thrilled to bits with the service, it's first class" and "The care is absolutely fantastic". One person told us there had been issues with the timings of their visits in the past but this had been resolved.

Records showed that all staff completed an induction when they joined the service, which included training in moving and handling, infection control and health and safety. New staff completed the Care Certificate over a twelve week period as part of their induction. The Care Certificate was introduced in April 2015 and is a set of training standards for staff working in health and social care. New staff shadowed experienced staff when they joined the service and their competence to provide safe care was assessed as part of the induction process. Following their induction, each staff member's practice was observed at least twice each year, when they were assessed in relation to a number of issues including moving and handling, record keeping and communication. The staff we spoke with confirmed that their practice was observed regularly. This helped to ensure that staff were providing people with safe, effective care.

Staff received supervision regularly. Issues addressed during supervision sessions included the standard of their work, their personal development and training needs, feedback from people being supported and other staff, and any concerns. Staff told us they received regular supervision and felt well supported by the registered manager. They told us they felt able to raise any concerns during supervision. Records showed that appraisals were carried out yearly and addressed staff members' achievements, training needs, strengths and any difficulties.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. All staff had completed training in first aid, moving and handling, food safety and nutrition and hydration. Most staff had completed additional training in dementia awareness and palliative care. This helped to ensure that staff were able to meet people's needs effectively. Staff they told us they could request further training if they needed it. We found that some staff had also completed specialist training to enable them to meet the needs of the people they supported, which included stroke awareness, the management of pressure sores and challenging behaviour training.

People's care plans included information about their needs and how they should be met, as well as their likes and dislikes. Each care plan contained detailed information about what support was needed and how it should be provided by staff. Where it was felt that people lacked the capacity to make decisions about how their care was delivered, their relatives were consulted.

The staff we spoke with told us they completed records every time they visited people in their homes, of the care provided on each occasion and any concerns they had. We reviewed the daily records for three people and found that information documented by staff included the support provided, domestic tasks completed, trips into the community and any concerns. People and their relatives told us that communication from staff

was good.

We looked at how the service addressed people's mental capacity. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A Mental Capacity Act 2005 policy was in place, which included the principles of the MCA and the importance of capacity assessments and making decisions in people's best interests. Records showed that all staff had completed MCA training. The staff we spoke with understood the importance of seeking people's consent about every day decisions and the need to ensure that people were given the support they needed to make decisions. Staff understood people's right to refuse care regardless of their capacity and the importance of involving people's relatives when they did not have the capacity to make decisions about their care.

We looked at how the service supported people with eating and drinking. Care records included information about people's dietary preferences, and risks assessments and action plans were in place where risks had been identified. The staff we spoke with gave examples of how they supported people with nutrition or hydration needs, for example people with diabetes. The people we spoke with told us they were happy with the meals staff prepared for them.

The people we spoke with felt their health care needs were met by staff. Care plans and risk assessments included information about people's health needs and guidance for staff about how to meet them. We saw evidence that the service had referred people to a variety of healthcare services including their GP and the community mental health team. Visits from health care professionals were documented by staff in people's daily records and correspondence about health care appointments was kept in their files.

# Is the service caring?

## Our findings

People told us staff were caring towards them. They said, "The staff are caring, respectful and very professional" and "The staff are courteous and understanding". Relatives told us, "The carers are absolutely superb. They really do care", "I have nothing but praise for the girls who care for [my relative]" and "[My relative] likes the carers. They're very caring and respectful".

People told us they were generally supported by the same carer or small group of carers. This helped to ensure that people got to know the staff who provided their care and that staff were familiar with people's needs. People told us that staff were rarely late but if they were going to be late, the service telephoned them to let them know.

Staff told us they knew the people well that they supported, both in terms of their needs and their preferences. The staff we spoke with were able to give examples of how people liked to receive their care and support and told us they had enough time during visits to meet people's individual needs in a caring way.

People told us their care needs had been discussed with them prior to the service starting and during their care plan reviews. Where it was felt that people lacked the capacity to make decisions about their care, relatives told us they had been consulted. People and their relatives felt that communication from staff and the registered manager was good. Relatives told us they were updated by staff if there were any concerns or changes in people's needs.

Everyone we spoke with liked the staff who supported them and spoke about staff affectionately. One person told us, "I Like the staff who visit me very much". One person told us that in the past they had asked not to receive care from a specific member of staff and this had been addressed by management quickly.

The people we spoke with told us that staff respected their dignity and privacy. They told us that staff were respectful and discreet when providing personal care or helping them to move around their home. People told us they could make choices about their everyday lives and how they received their care, such as what they had to eat, what they wore each day and where they went for their shopping or on trips out. People told us staff did not rush them when providing support.

We saw evidence that people received detailed information about the service. The registered manager showed us the service user's handbook that was provided to each person when the service agreed to support them. The pack included information about the aims and objectives of the service, the importance of privacy, dignity and confidentiality, local advocacy services and how to make a complaint or provide feedback about the service. The service issued newsletters to people two to three times a year, which included updates about the service, new staff and the contact details for local services.

People told us staff encouraged them to be independent as they could be. One person told us, "The staff only help me when I need it. They know what I can do for myself". Staff told us they encouraged people to do

things for themselves when they were able to.

We noted that information about local advocacy services was included in the service user's handbook and the regular newsletters. Advocacy services can be used when people do not have family or friends to support them or want support and advice from someone other than staff, friends or family members.

# Is the service responsive?

## Our findings

People told us staff knew them and were able to meet their needs. They said, "I like the staff very much. They know me and they do things the way I like them to be done" and "The staff have lots of skills. They do anything I need to them to do". Relatives also felt that people's needs were being met. They told us, "We feel reassured that if there were any problems staff would contact us. [Our relative] is well looked after" and "The care is very good. [Our relative] would be in residential care if it wasn't".

An assessment of people's needs was completed before the service began supporting them. The assessment documents were detailed and contained information about people's preferences as well as their support needs. They included information about people's social history, medical history, communication, medicines and personal care needs.

Information from the initial assessment was used to complete people's care plans and risk assessments. The care plans and risk assessments we reviewed were detailed and personalised and explained people's likes and dislikes as well as their needs and how they should be met by staff. They included information about how support with personal care, food and drink preparation and domestic tasks should be provided by staff, to reflect people's preferences.

The people we spoke with told us they were involved in planning and reviewing their care. Where it was felt that people lacked the capacity to take part in planning their care, their relatives told us they had been consulted. We saw evidence that people's care plans were reviewed regularly and any changes in people's needs were documented and communicated between staff. Staff told us that all concerns were discussed with their area manager or the registered manager, and relatives were updated regarding any changes in people's needs. The relatives we spoke with confirmed this to be the case.

People told us they were supported by staff who were familiar with their preferences as well as their needs. One person told us, "99% of the staff know me well and how I like things to be done". Another said, "The staff know me and how I like my care to be provided. The care is very personalised".

A complaints, compliments and suggestions policy was in place and information about how to make a complaint or provide a compliment about the service was included in the service user's handbook. The information included timescales for an acknowledgement and a response. We reviewed the four complaints received by the service in 2015 and found that they had been addressed in line with the policy. No complaints had been received in 2016. The registered manager showed us a large collection of thank you cards and emails that had been received. Comments included, "Thank you for all your support" and "We would like to express our sincere gratitude for all the care and support you gave to [our relative].

People told us they felt able to raise any concerns with staff or with the registered manager. One person told us, "Staff know if I have a problem I'll tell them" and "I've raised concerns in the past and they've been resolved very quickly".

We saw that the service had signed up to the Dignity in Care Charter, which promotes the importance of respecting people's dignity when providing them with care.

# Is the service well-led?

## Our findings

People told us they were happy with how Key2Support was managed. They told us, "The service is well managed. I wouldn't change anything" and "The service is managed well. Since they introduced area managers 12 months ago, things have improved". Relatives told us, "We haven't had any concerns but we would contact the manager if we had any issues" and "The staff and management are very approachable. They've been very good".

The service had a statement of purpose which focused on 'offering skilled care to enable people who live in their own homes to achieve their optimum state of health and wellbeing'. We saw evidence during our inspection that the statement of purpose was reflected in the care and support provided by the service.

We looked at whether people were involved in the development of the service. The registered manager sent out annual satisfaction questionnaires to people and their relatives. We reviewed the questionnaires from October 2015 and noted that 40 questionnaires had been sent out and 18 had been returned. People reported a high level of satisfaction with the service including the professionalism of staff, staff training and feeling safe and comfortable with staff. We noted that 95% of people who responded would recommend the service to family or friends. We saw evidence that where people had expressed dissatisfaction with the service, action had been taken to make improvements.

Staff told us the registered manager had an open door policy and they could speak with them at any time. They told us, "The service is managed well and the management are very approachable" and "The service is well managed and organised. The manager is approachable, friendly and supportive". We saw that the registered manager and the managing director were based in the same office and were both actively involved in the day to day management of the service. We saw them communicating with staff and people who were supported by the service and noted that they were friendly and professional. They felt that being based in the same office helped to ensure they remained up to date with any issues relating to the service or the people being supported.

We noted that staff meetings took place regularly and issues addressed included staff training, updates about people being supported by the service and health and safety issues. The staff we spoke with confirmed staff meetings took place and told us they were able to raise any concerns during the meetings.

The registered manager told us that staff received an annual questionnaire to gain their views about the service. We reviewed the results of the questionnaires issued in December 2015 and noted that staff had reported a high level of satisfaction with their induction, training, support from management and the approachability of management. We saw evidence that suggestions for improvement had been considered and action taken.

Staff practice was observed regularly to ensure that staff were delivering safe and effective care. Care documentation was checked as part of these observations, including daily records of care and medication administration records (MARs). The registered manager advised that following our inspection, all MARs

would be reviewed monthly when they were returned to the office, to ensure that any discrepancies were identified. Any issues would be addressed with staff and documented.

The service had a business continuity plan in place, which provided guidance in the event that the service experienced disruption due to a fire, flood or the loss of staff or utilities such as water, gas or electricity. This helped to ensure that appropriate action could be taken if the service experienced difficulties that could affect people receiving care.

We noted that the service had achieved ISO9001 certification. ISO9001 is a quality management system standard, offering certification to organisations that adhere to the requirements of the standard.

The registered manager told us that a number of improvements were planned for the service including increased checks on staff practice and the recruitment of a quality assurance manager to help identify where improvements could be made to the service. In addition, further training for the area managers and restructuring the service's area boundaries making them smaller to reduce staff travel time, was planned.