

Key2Support Ltd

Key2Support

Inspection report

Oswaldtwistle Mills Business & Conference Centre
Clifton Mill, Pickup Street
Oswaldtwistle
BB5 0EY

Tel: 01254231172

Date of inspection visit:
19 December 2018
20 December 2018

Date of publication:
01 February 2019

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 announced inspection of Key2Support on 19 and 20 December 2018.

Key2Support is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection the service was providing support to 107 people.

At our last inspection, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of our inspection there was a registered manager in post. 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 told us they received safe care. Records showed that staff had been recruited safely and the staff we spoke with were aware of how to safeguard adults at risk. There were safe processes in place for the management and administration of medicines.

People told us staff visited them on time and stayed as long as they should. They told us they liked the staff who supported them and they were supported by staff they knew.

Staff received an effective induction and appropriate training which was updated regularly. People supported by the service and their relatives felt that staff were competent and had the knowledge and skills to meet their needs.

People received appropriate support with eating, drinking and their healthcare needs. Referrals were made to community health and social care professionals to ensure that people's needs were met.

People told us staff treated them with dignity and respected their right to privacy. They told us staff encouraged them to be independent and did not rush them when providing support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

We saw evidence that people received care that reflected their needs, risks and preferences. People's care needs had been discussed with them and they were involved in everyday decisions about their care.

People being supported and their relatives told us they were happy with how the service was being managed. They found the registered manager and staff approachable. Staff told us the registered manager was approachable and they felt well supported.

The registered manager regularly sought feedback from people being supported and their relatives. We noted that people had expressed a high level of satisfaction about all areas of the service.

Audits and checks of the service were completed regularly. We found the checks completed were effective in ensuring that appropriate levels of quality and safety were maintained at the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 checked 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. This was a comprehensive inspection.

This inspection took place on 19 and 20 December 2018 and was announced. We gave the service 48 hours' notice of the inspection, so that the registered manager could contact people being supported and their relatives, to ask if they would be willing to provide us with feedback about the service. The inspection was carried out by one adult social care inspector. An inspector on induction was also involved in the second day of the inspection.

Before the inspection we reviewed information we held about the service, including previous inspection reports and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. As part of the inspection we contacted one community professional who was involved with the service for their comments. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service. Healthwatch Lancashire is an independent organisation which ensures that people's views and experiences are heard by those who run, plan and regulate health and social care services in Lancashire.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke on the telephone with 10 people who received support from the service and six relatives. We spoke with three support workers, the registered manager, who was also a company director and the service's other company director. We looked in detail at the care records of two people who received support from the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and audits of quality and safety.

Is the service safe?

Our findings

People supported by Key2Support told us they received safe care. Comments included, "I feel very content and very safe. I have no concerns" and "The staff make sure that I'm safe". One relative told us, "Yes, the care is really safe. I have no concerns at all".

Most people supported by the service and their relatives told us staff arrived on time and stayed as long as they should. Comments included, "They are 99% on time. Occasionally they are late but they always make up the time" and "They've only missed a visit once and they apologised. They always stay for the full visit". One person told us they were not happy with the time of their visits. We discussed this with the registered manager, who explained that the service was visiting the person at the time specified by the local authority. However, they were aware that the person wanted one of their visits to take place earlier and this would be accommodated by the service as soon as they were able to.

Records showed that staff had completed safeguarding training and the staff we spoke with understood how to protect adults at risk of abuse. A safeguarding policy was available which included the different types of abuse and staff responsibilities. Six safeguarding concerns had been raised about the service in the previous 12 months, the majority of which had been unsubstantiated. We found evidence that where the service was found to be at fault, actions were taken and lessons learned were shared with staff.

The service had a whistle blowing (reporting poor practice) policy in place. Staff were aware of the policy and told us they would use it, for example if they had concerns about the conduct of another member of staff.

We reviewed two staff recruitment files and found that staff had been recruited safely. Appropriate checks had been made of their suitability to support adults at risk.

Risk assessments were in place for people supported, including those relating to the home environment, nutrition and hydration, moving and the use of equipment. Risk assessments provided information for staff about the nature and level of each risk and how best to support the person to reduce the risk. They were reviewed regularly. Information was also available about the support people would need from staff if they needed to be evacuated from their home in an emergency.

We saw evidence that records containing personal information were managed appropriately. People's care documentation was kept electronically and was password protected, with only authorised staff having access to it. Staff files were stored securely at the service's office and were only accessible to authorised staff.

We found safe and effective processes in place for the management of medicines. The service had a comprehensive medicines policy and we found that staff had recorded when people's medicines had been given or the reason why, if they had not. We noted that although people's allergy information was included on the electronic system used by the service, it was not visible on the person's Medication Administration

Record [MAR] when staff were administering their medicines. We discussed this with the registered manager, who amended the system to ensure that people's allergies had to be acknowledged by staff on each occasion before they administered their medicines. This help to reduce the risk of potential medicines errors. Records showed that all staff had completed medicines training and staff members' competence to administer medicines safely was assessed regularly. People told us they received their medicines as and when they should.

The manager told us that no accidents involving people supported had taken place in the previous 12 months. She told us that staff knew how to report accidents and would ensure that medical advice was sought if appropriate. None of the people we spoke with had experienced any accidents or incidents.

We looked at how the service protected people from the risks associated with poor infection control. Records showed that most staff had completed infection control training. The staff we spoke with confirmed they had completed the training and told us they used appropriate infection control equipment, including gloves and aprons, when they supported people. People told us that staff used appropriate equipment when supporting them. One person commented, "They wear gloves and aprons and are always washing their hands".

There was a business continuity plan in place. This provided guidance for staff in the event that the service experienced disruption due to a fire, flood or the loss of staff or utilities such as electricity. This helped to ensure that people continued to receive support if the service experienced difficulties.

Is the service effective?

Our findings

People were very happy with the support provided by Key2Support and felt staff had the skills to meet their needs. Comments included, "I'm very happy with the staff. They look after me well" and "They are good, I wouldn't swap any of them". Relatives told us, "They are always polite and make [relative's] day. They always make sure she wants for nothing" and "They put my [relative] first and that's important. I trust them so much to care for my [relative], they're brilliant that way. I know she's in good hands". Everyone we asked said they would recommend the service to others.

Staff told us they received a thorough induction when they joined the service and this was confirmed in the records we reviewed. They told us their training was updated regularly and they could request further training if they felt they needed it. Staff competence to deliver safe care was checked during regular spot checks [observations] of their practice. These included communication, moving people, health and safety, infection control, documentation and whether staff had followed the person's care plan. Staff received regular supervision and annual appraisals, when they received feedback about their performance and were able to raise any concerns. Records showed that the registered manager took action when staff conduct fell below the expected standard. This helped to ensure that people were supported by skilled staff who could meet their needs.

Records showed that an assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and personal preferences. This helped to ensure that the service was able to meet people's needs.

We reviewed two people's care files. We found they included detailed information about people's needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, the support they needed and how this should be provided by staff.

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. 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

A MCA policy was in place which included information about capacity assessments, best interests decisions and advocacy support. The registered manager told us that no applications had been submitted to the Court of Protection at the time of our inspection. Where people lacked the capacity to make decisions about their care, their relatives had been involved in line with the MCA. Staff told us they sought people's consent before providing care. One staff member commented, "We ask for people's consent around things like washing, dressing and their medicines. I always ask people when I first visit them if it's ok to have a look

around, to become familiar with their home". People told us staff sought their consent before providing support. One person commented, "They always ask if it's ok to do something and if I need anything else".

Care plans and risk assessments contained information about people's nutrition and hydration needs and referrals were made to community professionals where concerns were identified. The staff we spoke with were aware of people's preferences and special dietary requirements, including people who were diabetic, had a gluten free diet or a peanut allergy.

People's care files included information about their medical history, medicines and any allergies. Records showed that people had been referred to, and were supported by, various health care professionals, including GPs and district nurses. This helped to ensure that people's healthcare needs were met. People told us medical attention was sought when needed.

The manager explained that the service used a hospital information form when people were taken to hospital, to share important information about their medicines and care needs with ambulance service and hospital staff. This helped to ensure that information about people's needs and risks was shared with other professionals when they moved between services.

None of the professionals we contacted for feedback about the service expressed any concerns. One commented, "I deem the care to be of a high quality".

Is the service caring?

Our findings

People told us they liked the staff who supported them and that staff were kind and caring. Comments included, "The girls are lovely", "They make me smile and I look forward to them coming", "They are like friends that care for you" and "They have a friendly attitude. Nobody makes me feel like a nuisance". One relative told us, "They're not just carers, they are like [relative's] friends in a way, asking if there's anything she needs. One day she was upset, so they stayed a little longer to make sure she was okay and rang later to talk to me and ask if she was okay".

Most people told us they were supported by staff they knew. Comment included, "The girls are brilliant and I usually get the same ones, so that helps", "[Names of staff] are my main carers and they are brilliant. I can't fault them" and "If it's a new member of staff, we get introduced and they read my care plan first".

People told us staff did not rush them when providing support. Comments included, "They always take their time with me, so we get to chat" and "They never rush me and always make sure I have a cup of tea or coffee if I want that". People told us they were encouraged to be as independent as possible. One person commented, "They always take their time, making sure I can do a lot myself, they're good that way". The staff we spoke with described how they supported people in a way which kept them safe but encouraged them to be independent. One staff member commented, "We encourage people, when they're able, to do things like washing, dressing and preparing meals and drinks".

People being supported by the service told us that staff treated them with dignity and respected their right to privacy. Comments included, "The girls knock and ask if they can come in" and "They make sure I'm clean and my clothes are clean". One relative told us, "They speak to my [relative] really well. They sit down with her and speak slowly so she can listen to them. They are really good that way".

People being supported and their relatives told us communication from the service was good and their care needs had been discussed with them. One relative commented, "We talk about the care and what it means and make a care plan together, so that all decisions are joint ones. The manager is really good and rings me to discuss any changes". Staff told us that communication at the service was effective. One staff member commented, "We use [electronic care planning and care notes system] to communicate with each other. If we have any concerns, we put them on the system and if we have any significant concerns, we ring the office or the person on call".

The registered manager showed us the service user guide that was provided to each person when the service agreed to support them. The guide included information about the provider's aims and objectives, management arrangements, the services available, risk management, privacy and dignity and how to make a complaint. The registered manager told us the guide was also available in large print, braille and an easy read format.

We saw evidence that people's right to confidentiality was protected. The service had a confidentiality policy which provided clear information about staff responsibilities and confidentiality was addressed in the staff

induction process. People's personal information was stored securely. One staff member told us, "We keep people's personal information private". Information about confidentiality was also included in the service user guide.

We noted that information about local advocacy services was included in the service user guide. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. The registered manager told us that one person was being supported by an advocate at the time of our inspection.

Is the service responsive?

Our findings

People told us they received care that reflected their individual needs and preferences. One person commented included, "The girls all know me and what I need" and "If they come in and I'm a bit fed up, they know and make sure I'm ok before they go". One relative told us, "The staff are excellent. They read [relative's] care plan and they know when she is happy, sad or even mischievous".

The care plans we reviewed contained detailed information for staff about what people were able to do, the support they needed and how that support should be provided. Care documentation was reviewed and updated regularly. This helped to ensure that staff knew how to provide care that was responsive to people's needs and preferences.

People being supported and their relatives told us staff offered them choices and they were involved in decisions about their care. One person commented, "They sometimes make me a snack and ask what I want". Another told us, "They ask me if I want a wash or bath and if I need my hair combing".

We noted that care documentation included information about people's gender and religion but not their race/ethnic origin. This meant that staff may not have an awareness of people's diversity and what was important to them. We discussed this with the registered manager who told us she would amend the service's documentation to include this information.

We looked at how the service ensured that people were protected from discrimination. The people we spoke with told us they had never experienced any discrimination and they felt fairly treated by the service. One person commented, "No, I have never felt unfairly treated. The staff are lovely, I trust them". The service had an equality and diversity policy, which provided information for staff about the protected characteristics under the Equality Act 2010, such as age, race, disability and religion or belief. The policy also included information about a number of religious practices, customs and festivals. This would help to ensure that staff were familiar with people's diverse needs. Staff gave examples of how they had supported people in a way which ensured their religious needs and beliefs were respected.

People's care documentation included information about their hobbies and interests and their social support, including people who were important to them. We noted that some people were supported by staff to follow their interests and to go out regularly. One staff member gave an example of how she supported one person to go shopping and to an exercise class weekly.

The service used different types of technology to support people and staff. This included an electronic care planning and care notes system that staff could access through their mobile phone. The system allowed for documentation to be updated electronically and enabled the provider to monitor information, such as staff arrival and exit times and how long they were staying with people. We noted that most information, including staff rotas, care documentation and policies and procedures were stored and updated electronically. Any concerns or changes in people's needs or risks were communicated to staff by text or through the electronic system and all staff were contactable by mobile phone. In addition, some staff

training was completed online.

We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted that people's communication needs were assessed as part of their initial assessment and were reviewed regularly. Any support they needed with their communication was provided. This included information being provided to people in an easy read format.

A complaints policy was in place which included timescales for a response and the contact details for the Local Government Ombudsman. Information about how to make a complaint was also included in the service user guide. We reviewed the record of complaints and noted that two had been received in the previous 12 months. We found evidence that they had been investigated and managed in line with the policy. Neither of the complaints had been upheld. However, the registered manager told us that if any future complaints were upheld, any lessons learned would be shared with staff to avoid similar issues in the future. People supported and their relatives told us they knew how to make a complaint if they were unhappy. None of the people we spoke with had complained about the service.

The registered manager told us that the service did not provide people with end of life care.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post who was responsible for the day to day operation of the service. The registered manager was also a company director.

Most people we spoke with were happy with the way the service was being managed and felt that the registered manager and staff were approachable. Comments included, "I like the care I get and the staff are very good" and [Management and staff] always have time to listen and I feel it's very open how we can talk to staff and the manager". However, one person told us that there were lots of new clients, that staff rotas changed continually and the service seemed chaotic at that time. We discussed this with the registered manager. She advised that the service had started supporting over 20 new people in the previous week, due to another provider ceasing to operate in the area. She explained that this had taken place at very short notice and acknowledged that this had impacted on some people being supported by the service and some staff. She assured us that the disruption would be short term.

The registered manager told us that satisfaction questionnaires were issued yearly to gain feedback from people and their relatives about the care provided. We reviewed the outcome of questionnaires issued in August 2018, when 70 questionnaires were issued and 25 responses received. People had expressed a high level of satisfaction with all areas of the service, including staff conduct, staff training, having choice and control over the care they received, the timing of visits and being able to contact management with concerns. We noted that 100% of people who had responded advised that the care they received had improved the quality of their life. Some of the people we spoke with during our inspection told us they had received satisfaction questionnaires but others had not been supported by the service long enough to have received one. The registered manager told us that questionnaires would be issued again in the new year.

Feedback was also sought from staff through satisfaction questionnaires. We reviewed the outcome of the questionnaires issued in 2017, when only 3 staff had responded. We noted that staff had expressed a high level of satisfaction with all aspects of the service, including their induction, training and the approachability of management. The registered manager advised that no questionnaires had been issued to staff in 2018 but she planned to issue some in the new year and would be encouraging staff to complete them.

Staff told us that regular staff meetings took place and this was confirmed in the records we looked at. We reviewed some past meeting notes and saw that issues addressed included staff rotas, recruitment, safeguarding, confidentiality, the electronic care notes system, issues relating to the people being supported and health and safety. We saw evidence that staff were able to raise concerns and make suggestions. We noted that staff meetings were also held when there were concerns about a person being supported or where a complaint was received about the support being provided.

Staff told us they were happy with the management of the service. Comments included, "They're really good to work for. [Registered manager] and [director] are very approachable", "They're organised. Communication is generally good. The manager consults with staff about things like rotas and training" and "They're all approachable. They try their best to sort things out, like rotas, and they take on board what staff

say". Staff felt that people received good quality care and told us they would be happy for a member of their family to be supported by the service.

The staff we spoke with were clear about their responsibilities and the visions of the service. One staff member told us, "I know what I'm supposed to be doing from my job description, training and supervisions".

Records showed that the service worked in partnership with a variety of other agencies. These included social workers, district nurses and GPs. This helped to ensure that people received the support they needed.

We looked at the checks of quality and safety completed at the service. We noted that checks of care documentation, Medication Administration Records (MARs), staff files, policies, staffing and training were completed regularly. We found evidence that where improvements were needed, action was taken to address this. For example, when staff were not documenting what people had eaten or when they had completed domestic tasks, they were reminded to do this. We found that the checks completed were effective in ensuring that appropriate levels of quality and safety were maintained by the service.

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 to the service were planned. These included a staff portal as part of the electronic care records system used by the service, where all staff information would be kept electronically, improved staff training and more frequent staff meetings. She told us that the service was currently working with Lancashire County Council to develop its Quality Assurance Framework for domiciliary care services across Lancashire.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

The provider was meeting the requirement to display the rating from the last inspection.