

Key 2 Care Limited

Derbyshire Care Services HQ

Inspection report

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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:

Derbyshire Care Services is a domiciliary care agency providing personal care and support for people in their own homes across Derby city. At the time of our inspection, they were supporting 470 people.

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

All the people and relatives we spoke with highlighted the service had made improvements since our last inspection. People felt safe and well cared for.

There were sufficient numbers of staff employed to ensure people's needs were met.

Recruitment practices were safe and staff received the training they required for their role.

Risks to people's health, safety and well-being were assessed and care plans were in place to ensure risks were mitigated as much as possible.

Staff were aware of their responsibilities to safeguard people and the service had robust procedures in place.

People's care plans contained personalised information detailing how people wanted their care to be delivered.

Staff were keen to ensure people's rights were respected including those related to ethnicity.

People received their medicines safely and as prescribed. Medicine management practices were safe.

People were supported to eat and drink enough. Staff supported people to live healthier lives and access healthcare services when required.

Consideration was given to providing leisure and social activities for people to enjoy.

Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 09 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Derbyshire Care Services

HQ

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was conducted by an inspector and assistant inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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

During the inspection

We spoke with five members of care staff, the registered manager, operations manager, quality manager, human resources manager and twenty-seven people or relatives who used the service. We reviewed a range of records including eight care records, medicine administration records, three staff recruitment files and training records. We also looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from abuse. This included a safeguarding policy that sets out actions to take in the event of a safeguarding concern.
- The services training matrix confirmed staff had undergone safeguarding training.
- The registered manager conducted monthly safeguarding audits, and these were discussed at senior management meetings with trends analysed.
- Staff were able to explain their role in safeguarding people and could tell us what they would do in the event of any concerns.

Assessing risk, safety monitoring and management

- Each person had risk assessments in place to mitigate the risk of avoidable harm. Risk assessments were reviewed and updated regularly.
- Risk assessments were up to date and available to relevant staff.

Staffing and recruitment

- Safe staff recruitment processes were in place with appropriate criminal and reference checks taking place prior to staff starting work.
- There were enough staff to meet people's needs.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- Staff had been trained in the safe management of medicines, and competencies had been assessed.

Preventing and controlling infection

- Staff had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection and people confirmed staff used personal protective equipment.
- The services training matrix confirmed that staff had received infection control training.

Learning lessons when things go wrong

- The provider kept records of incidents and the registered manager was able to show us actions taken following incidents and learning shared with staff. An example of this was when a person obtained a pressure sore and it was highlighted staff were not completing paperwork appropriately. The service retrained all staff in communication training and provided language specific courses to those staff whose first language was not English.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments identified people's care needs and provided staff with guidance on how to meet their needs and preferences. For example, people who had specific health needs such as experiencing a stroke had specific health related guidance to assistance staff in care delivery.
- Care reviews took place regularly to ensure changes to people's needs were identified.
- People had been involved in the planning of their care and their wishes were respected.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of their responsibilities relating to MCA.
- People's mental capacity was recorded on care records.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to do their job.
- The provider had a training plan in place that identified when training was due.
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisal meetings.

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

- Care plans identified people's nutritional needs.
- For people who had a choking risk additional speech and language therapist risk assessments were in

place and specific nutritional instructions were in place.

- The provider ran a food bank within the service for people who did not have adequate access to food.

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

- Records showed referrals were made to the GP and community nursing services when required.

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who knew their needs, likes and dislikes well. A relative stated, "Carers are one step ahead of [Person]. They work very well with him. They are all caring, the regular ones think the world of [Person], they really do care and have a laugh and joke with [Person]. They treat them with respect. Carers sometimes go the extra mile to make sure they are well presented." Another person told us, "I am happy with the carers I have got now. I feel safe with them."
- Staff told us they enjoyed working at the service.

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

- People were involved in the planning of their care. Their care plans clearly showed how people preferred to receive their care. A person told us, "They respect my choices, and ask me what I want and I keep my independence."
- Care plans included information about people's personal, cultural and religious beliefs and it was evidenced this was followed through.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. A person stated, "[Staff] always let [Person] know what they are doing. They cover them with a towel whilst washing them."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support in a way that was flexible and responsive to their needs. A person stated, "I started with four carers, I'm now down to two and am getting more independent. Staff are encouraging and don't 'push me' they are gentler and do it at a speed that suits me, it's not a rush. They say gently it would be a good thing if you walk more, which I appreciate."
- Staff knew people well and could describe their likes, dislikes and preferences. Staff were aware of people's history and used this information to tailor their support and interactions with people. A person said "We all have a good old chat, we are all friendly, you get to know them [staff], they ask how our family is and we ask how theirs is."
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences and which promoted their independence.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified. The service could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard. It was evidenced that a person had Makaton instructions within their support plan to aid staff communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to participate in activities within the community. This included taking people to places of worship and partaking in social events at the pub.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- There was evidence that complaints have been logged, investigation reports completed, acknowledgment and outcome letters had been sent to the complainant.
- The registered manager completed a complaints audit and trends were identified and discussed at senior management meetings.

End of life care and support

- The service had an end of life policy in place and we could see that if people were willing to discuss it, their end of life wishes were recorded in detail on their care records.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was providing person centred care to people and this was evident from care records and talking with people.
- The registered manager was open and transparent throughout the inspection and people spoke highly of the service.

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

- The registered manager undertook quality audits in a key number of areas including accident and incidents, medication and the complaints. There were systems in place to prompt supervision, training and competency checks.
- Staff were clear about their role and told us they were supported to do it.
- The registered manager had made notifications to CQC and the local authority as required to do so.

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

- People and their relatives were involved in the setting up of their care.
- The provider had asked people to complete quality questionnaires so that areas of improvement could be identified.
- The provider worked closely with GP's, and other healthcare professionals, to ensure people's needs were met.
- The registered manager was supported by operations and quality manager. Each had recognised responsibilities and there were clear lines of accountability.
- Quality assurance processes, such as audits and staff meetings, ensured the registered manager and provider had the information they required to monitor staff performance as well as the safety and quality of the care provided.

Continuous learning and improving care

- The provider and registered manager were proactive in improving care. Evidence of this was additional training provided to staff when things went wrong.

Working in partnership with others

- The provider worked closely and proactively with other agencies and healthcare professionals to meet people's needs.