

Keighley Care Company Ltd

Keighley Care Company

Inspection report

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31 May 2023

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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

Keighley Care Company is a domiciliary care service that provides care and support for people in their own homes. At the time of our inspection 28 people received personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service supported adults including people living with dementia, physical disabilities, mental health conditions, learning disabilities and autistic people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Right Support: People told us they received good care which met their needs. People received their medicines safely. We have made a recommendation about the management of 'as required' medicines. Staff worked in partnership with people, relatives and health and social care professionals to enhance people's independence, quality of life and provide good outcomes for people. People were actively involved in making decisions about their care and staff respected people's preferences. People received effective support to eat and drink.

People were supported by regular staff which enabled them to develop positive relationships with their care staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Care records were highly personalised and contained detail which supported staff to deliver person-centred care. A more robust review process was being implemented to ensure care records consistently contained the most up to date information; we also made a recommendation about this. Staff understood how to protect people from poor care and abuse. Staff were recruited safely and there were enough staff to meet people's needs and deliver consistent care. Risks were assessed and actions taken to maintain people's safety and wellbeing.

People told us staff were kind, caring and respectful and they felt safe. Staff promoted people's privacy, dignity and human rights. People's needs and preferences were assessed prior to receiving care and staff respected people's individual wishes. People received consistent care from staff who knew them well.

People and those important to them were involved in planning their care.

Right Culture: Quality assurance and monitoring systems were being improved to improve operational oversight. We have made a recommendation about the continued improvement of quality assurance processes. The provider used monitoring processes to learn lessons, reduce risk and improve the quality of care. The registered manager actively encouraged feedback from people using the service and staff. Staff listened to and responded positively to people's views.

The registered manager was passionate about their service and promoted an inclusive, caring and person-centred staff culture. This approach translated into care delivery and there was a strong ethos of encouraging people to develop and achieve goals and aspirations to support them to lead empowered lives. Staff received appropriate training and ongoing support to ensure they provided people with safe care which met the positive values and caring ethos of the service.

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

Rating at last inspection

This service was registered with us on 20 December 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Keighley Care Company

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector, an assistant 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 using the service and their relatives. The assistant inspector made telephone calls to care staff.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 May 2023 and ended on 30 May 2023. We visited the location's office on 25 May 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we received since the service registered with CQC. We also used information gathered as part of monitoring activity that took place on 17 August 2022 to help plan the inspection and inform our judgements.

During the inspection

We were only able to speak with 1 person about their experience of using the service. We tried to speak with several more but they either chose not to speak with us or were unavailable when we tried to contact them. We spoke with 7 relatives about the care provided to their family members. We spoke with 7 members of staff including the registered manager, nominated individual, quality assurance manager and care staff. We reviewed a range of records. This included 3 peoples care records and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were assessed for the support they required with medicines and had care plans in place which detailed the level of assistance required.
- Staff were trained to safely administer medicines and had their competency to do so regularly checked. Staff demonstrated a good understanding of how to safely support people to take their medicines and people told us they received appropriate support.
- Staff completed medicines administration records (MAR) to record that people had received their medicines as prescribed.
- Where people required medication on an 'as required' basis staff recorded when these medicines were given. However, the records kept were not consistently detailed and there were no individual protocols in place setting out when these medicines should be used and the intended outcome. We saw no evidence people had been harmed and the registered manager acted promptly to develop an 'as required' protocol. However, we were unable to fully assess its effectiveness as part of this inspection.

We recommend the provider embeds a robust process for the administration of all 'as required' medicines.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's health and wellbeing were assessed and care plans were developed which detailed the actions staff should take to provide safe support. This included risks associated with nutrition, continence care, environmental risks and moving and handling. Risk assessments and care plans were person-centred and detailed. Staff had a thorough understanding of the specific support people needed to promote their independence whilst ensuring risks were reduced.
- We saw 2 examples where specific risks had been identified but formal assessments had not been completed. We saw no evidence people had been harmed and care plans contained information which detailed the actions staff were taking to reduce both risks. Following our site visit the registered manager provided both risk assessments and said they had implemented more robust quality assurance procedures to reduce the risk of such omissions in the future.
- The registered manager told us there had been no recent accidents or incidents but showed us they had systems in place to ensure any future incidents were thoroughly captured and reviewed to ensure lessons were learned and risks reduced. We saw examples where the management team had reflected on feedback and incidents to improve internal systems and processes to help reduce risks and improve the overall quality of care people received.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place to help protect people from abuse.
- Care staff were regularly trained in safeguarding and showed a good understanding of what to do if they thought someone was at risk. Care staff were confident the management team would respond appropriately.

Staffing and recruitment

- There were enough staff deployed to ensure people received consistent care which met their needs. People received support from regular staff at the times they needed support. This consistency of care enabled staff to build strong relationships with the people they supported.
- People told us staff were usually on time and provided the support they needed. One person told us, staff "text me if they are running late, but it doesn't happen very often. In fact, I can't remember the last time it happened."
- Staff were recruited safely, with the appropriate background checks being carried out before staff started work.

Preventing and controlling infection

- The provider had infection prevention and control procedures in place and ensured these were regularly reviewed and updated in line with best practice guidance.
- Staff received training in infection control practices and had access to protective equipment (PPE). People told us staff used PPE effectively to help reduce the risk of infection when supporting people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 of people's needs were undertaken before they began to receive care. This information was used to develop individualised care plans. Before care packages were accepted the management team met to assess whether the service had the capacity, skills and staff to meet the person's specific needs.
- Where people's needs changed care records were reviewed and additional management meetings were held to discuss whether the service was still suitable for the person. Where appropriate, the management team also met with relevant health and social care professionals to ensure a multi-disciplinary approach.

Staff support: induction, training, skills and experience

- Staff had the right skills, experience and training to safely support people. Staff received training in key areas such as safeguarding, infection control, medicines management and first aid. A new system was being introduced to ensure more efficient monitoring of staff training.
- Staff regularly had their competency assessed to ensure the training they received was translated into safe practice.
- New staff received a full induction linked to The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. During our site visit an induction module was being delivered by the quality assurance manager. The training was interactive and provided staff with opportunities to discuss real life scenarios.
- Staff told us they felt supported and had regular supervisions where they could discuss any issues and development requirements. The registered manager told us the office door was always open and staff had access to the on-call phone number if wanted to debrief after a difficult shift or required additional support. During our site visit we saw staff came into the office to speak with the registered manager and obtain peer support.

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

- Where people were supported with meals there was personalised information within care records to highlight their nutritional needs, likes and dislikes. Staff encouraged people to eat a healthy and nutritious diet. Staff told us they used information within care records as a guide but always ensured they asked people what they wanted and offered choices on a day-to-day basis.
- People told us staff provided effective support to help them to eat and drink.

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

- Where people lived with specific health conditions staff received additional training and support to ensure they had the skills to deliver effective support. Care records contained detailed information regarding specific health conditions and how this may impact care delivery.
- Staff worked in partnership with health and social care professionals to ensure people achieved goals and maintained good health. Staff sought advice and reported any health and social care concerns to relevant professionals when required.

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 MCA 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.

- The registered manager had a good awareness of the Mental Capacity Act and staff received training about mental capacity.
- Care records contained information about people's capacity and how that impacted upon the care provided. The registered manager had recently arranged a multi-agency meeting for a person with fluctuating capacity to ensure they received appropriate support to make a complex decision in their best interests.
- At the time of the inspection, there was no one subject to any restrictions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- Staff genuinely cared about the people they supported. People told us staff were kind and caring and they had built positive relationships with their staff. One person told us, "I have 3 regular carers, they have become my friends." A relative told us staff were, "Really kind and friendly and helpful." Another relative told us, "I think they're excellent. They have a good rapport with my [family member]."
- People were supported to maintain their independence and reach individual goals. The registered manager told us they were always seeking opportunities to develop people's living skills. Care records contained personalised information about what people could do for themselves as well as where and how they may need support. Staff worked with people to develop and achieve individual aspirations.
- Staff were trained in equality and diversity. People told us staff treated them as individuals and respected their personal preferences. Care records contained detailed information about individual needs such as peoples' cultural, spiritual and religious needs and staff respected people's beliefs and choices.
- Care records contained detailed information about how to maintain people's privacy and dignity when providing support with personal care and staff demonstrated a good awareness of how to implement this in practice.
- People told us the standard of care they received was good and they had recommended Keighley Care Company to others. A staff member also told us, "I would definitely be happy for my family member to be cared by this company."

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

- The care process was focussed on ensuring people were supported to express their views. Daily records showed staff regularly involved people in making decisions about their care such as what they wanted to eat and drink, what clothes they wanted to wear and how people chose to spend their time. People we spoke with confirmed this.
- All communications with people using the service were recorded on a contact log which evidenced how staff had responded to and followed up any issues people raised.
- People told us they felt involved in making decisions about their care and relatives told us communication was good. One relative told us, "They'll tell me if [my relative is] feeling down or there's anything that I need to follow up."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were highly personalised and detailed with information about how people preferred their care and support to be provided.
- Care records were reviewed annually or when people's needs changed. We saw examples where care records had been updated as changes occurred. However, some care plans and risk assessments had not been regularly reviewed. Prior to our inspection the registered manager had identified this as an area for improvement and had employed a quality assurance manager to support with this. They were also supporting a care staff member to undertake a specific care management qualification to enable them to effectively support with care reviews.

We recommend the provider consistently reviews and updates care records at regular intervals.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Personalised communication care plans helped care staff provide effective and individualised support to people. Where people had specific communication needs care staff were matched to ensure people's communication needs were met. For example, several people using the service did not speak English. The service employed care staff who were able to speak multiple languages and matched them according to people's specific needs.
- The registered manager told us people would be provided with information in alternative formats where this was required.
- Our discussions with the registered manager showed they needed to refresh their understanding of the Accessible Information Standard. They assured us this would be addressed as an immediate priority.

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

- Staff supported people to maintain relationships and interests to help avoid social isolation and support people to enjoy full and meaningful lives.
- Care records contained detailed information about people's social needs, relationships and interests. We

saw examples where staff were working with people to help nurture and enhance their individual skills and aspirations to help people live independent lives and access social and community activities.

Improving care quality in response to complaints or concerns

- Systems were in place to monitor and respond to complaints. The registered manager told us there had been no formal complaints within the last 12 months. They were able to describe the actions they would take should a complaint be made in the future. This assured us complaints would be investigated and responded to appropriately and lessons would be learned to improve the quality of care provided.
- Where people raised informal issues with staff these were logged and records were kept to show the actions taken to address any concerns and improve the overall quality of care.
- People told us care and office staff were very responsive to any issues they had raised. One person told us, "Anything I call about they are spot on."

End of life care and support

- No one was receiving end of life care at the time of this inspection. There were processes in place to support good end of life care should anyone need this in the future.
- The quality assurance manager had extensive experience of delivering respectful end of life care and the registered manager was utilising this knowledge to refine the processes for supporting people and their families at this important time. All staff were being provided with bespoke training to ensure they had the skills to provide dignified and individualised end of life care. Care records contained information about people's cultural, spiritual and personal wishes and these were being enhanced to include more detailed end of life wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality audits were effective in driving improvements to the standard of care provided. For example, unannounced spot checks were made on care staff to monitor care delivery. These checks effectively identified and addressed areas for improvement.
- The registered manager proactively sought to improve the quality of care. For example, when a late call occurred for one person, a full analysis was completed which identified shortfalls in the rota planning system. A new electronic monitoring system was introduced to improve the registered manager's oversight of care delivery. People told us late calls did not usually happen, which showed the improved systems were working well.
- Prior to this inspection the registered manager recognised their quality assurance systems needed strengthening. Subsequently, they had recruited an experienced quality assurance manager who had been in post since November 2022. The quality assurance manager had implemented several new systems which were working well. At the time of this inspection care plan and medication audits were not fully operational, so we were unable to assess their effectiveness. However, our discussions with the registered manager showed they understood the importance of fully embedding these checks into their quality assurance framework.
- Staff and people who used the service told us the service was well-led and spoke positively about the registered manager. One staff member told us, "The manager is approachable and fair." Another staff member told us, "I would have come out of [care] work if I hadn't found this company. Now I love what I do now, I love going to work, management supports you through everything, they are always there if you need them."

We recommend the provider continues to strengthen their quality assurance processes and fully embeds audits of care plans and medication processes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had a clear vision and strong values which focused upon ensuring people were treated with respect, dignity and kindness. They actively coached care staff to ensure these values were applied to their day-to-day work. They expected high standards from their staff and only employed people who shared their passion for delivering good quality care. Staff spoke positively about their experience of

working at the service. One staff member told us, "It's a great place to work because they care about people and treat staff well."

- The registered manager encouraged and responded positively to feedback from people using the service and staff. It was evident, regardless of people's health and social care support needs, people were supported as individuals and the service provided was built around the care needs of each individual. The people we spoke with confirmed this.

- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people and improve the quality of care provided.

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 registered manager was open and honest in their approach and we saw this translated to the support provided to people. We did not identify any duty of candour incidents. However, the provider had appropriate arrangements if such an event occurred. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.