

KEYFORT Group Limited

KEYFORT North West

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

KEYFORT North West is a domiciliary care service which provides personal and nursing care to people living in their own homes across the county of Cumbria who have a significant physical, neuropathic and complex care needs. There were 9 people using the service at the time of this inspection.

Not everyone who used the service received personal care. The service also provides a social, community-access service for several other people. 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.

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

People said they received a bespoke service from their staff teams. They praised the staff for their care and kindness. People and relatives said staff were reliable and on time. There was good continuity of care so they had the same regular care staff members. Staff knew how to support each person in the way they preferred.

People and relatives said the service upheld their safety and they felt safe and comfortable when staff were supporting them. There were enough staff to cover everyone's visits and to provide a contingency for any gaps. Any potential risks to people were assessed by the provider and safety measures put in place. The provider checked if staff were suitable to work with people. People had confidence in staff's abilities and competence.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Records about consent were detailed and clear.

The provider had governance system to check the quality of the service. A management team had good oversight of the service and had improvement actions in place to address some historic gaps in staff refresher training.

People and relatives did not always feel communication with the provider was practical or effective. People said the service did not have a local office and contact by telephone was difficult. Staff felt valued and supported but also commented on communication with colleagues as an area for improvement. We have made a recommendation about improving contact between the provider and people.

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 good (published 19 June 2018).

At our last inspection we recommended the provider made improvements to contingency staffing arrangements. At this inspection we found the provider had acted on the recommendation and staff contingency arrangements had improved.

Why we inspected

We carried out this inspection due to the length of time since the last inspection.

This report only covers our findings in relation to the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for KEYFORT North West on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation for the provider to support improved communication with people and staff.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

KEYFORT North West

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 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.

Service and service type

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

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 not a registered manager in post. A new manager had been in post for 8 months and had submitted an application to register but had subsequently withdrawn this application as they were leaving for a new post.

Notice of inspection

We gave the service short 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. The inspection was carried out between 17 July and 1 August 2023. We visited the office on 17 and 26 July 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 2 relatives. We spoke with 3 staff including the operations manager, service manager and clinical nurse educator. We sent a survey to 10 support and case manager staff and received 2 responses.

We reviewed a range of records. This included 2 people's care records and medicine records. We looked at 2 staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service, including audits, policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider made improvements to contingency staffing arrangements. We found the provider had put in place individual contingency arrangements for each person. There were enough staff to support people with their individual care packages.

- Overall, safe recruitment practices were carried out and checks were made of applicant before they were employed. The provider did not request the education leaving date of applicants so was not fully able to identify if there were gaps in applicants' previous employment history. The manager stated she would raise this with the human resources department.
- New staff received induction training but records did not include 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 was not evident whether staff who were new to care had completed this and managers were not aware that it could be done through their training provider.
- People said their staff team were "well-trained" and "experienced".

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from abuse. Staff and managers understood their responsibility to safeguard people. Any potential concerns were reported appropriately.
- People said they felt safe receiving the service from staff. One person commented, "I do feel safe. The carers are very nice and I know them, they are mostly regular carers." Another person told us, "The staff are very respectful of my wishes I have never felt unsafe."

Assessing risk, safety monitoring and management

- The provider had systems for assessing potential risks to people and keeping them under review.
- Individual risks assessments were carried out for each person and their specific needs. Risk assessments included detailed plans and strategies to manage each area of potential risk. A care plan audit system made sure risk assessments were reviewed at regular intervals.
- Support staff were assigned to bespoke packages of care and support. This meant they could spot any early signs of change in people's well-being or additional risks.

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 Mental Capacity Act (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 found the service was working within the principles of the MCA.
- People's consent to receive care was sought and clearly recorded.

Using medicines safely

- Medicines were managed safely. People controlled their own medicines unless risk assessments identified they needed some support.
- Staff had training in medicine management and had regular competency checks.
- Medicine records were checked by the clinical nurse educator and regular audits were carried out to support any areas for improvement.

Preventing and controlling infection

- The provider had infection prevention and control systems in place.
- Staff had access to supplies of personal protective equipment (PPE). Observed supervisions were carried out which included a check of staffs' safe infection control measures and PPE use.
- Individual risk assessments were in place relating to COVID-19 and the measures to mitigate this. People confirmed their staff wore PPE when assisting them with personal care.

Learning lessons when things go wrong

- The provider had an electronic system for recording and dealing with incidents or accidents and ensuring these were risk managed.
- The management team had oversight of any incidents and used learnt lessons to strengthen the service.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership had been inconsistent.

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

- The provider had systems to monitor the quality and safety of service. There was a clear schedule of management audits, outcomes and actions for improvement.
- Training records indicated a number of areas where some staff had not completed refresher training (although no impact was noted to the people they supported). In many cases, the rationale for training gaps was due to the courses being on-line and several staff were not able to access these. Some of the training was years out of date and had not been addressed earlier by the provider. These gaps had recently been identified by the current management team and improvement actions were in place.
- The service had not had a registered manager since November 2022. The manager had applied but had withdrawn from the process as they were moving to a new job. A new manager was being appointed.

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

- People said they received a bespoke service from their staff team which supported good outcomes. However, a 'them and us' culture had developed between people and the management team. People described a disconnect from the agency and found it difficult to perceive 'their staff' as being part of the Keyfort organisation.
- People said communication with the provider was not always good as it was difficult to contact 'office' staff. For example, one person commented "Contact is very hit and miss, there is no local office. I can't leave a message and the reply is not in good time."
- Staff said they felt supported and valued. They received organisational updates in staff meetings and newsletters. However, they said daily communication with colleagues could be improved as other staff could not always be contacted by telephone.
- The provider had a regular review system where a local case manager and people could discuss their support needs. One person commented they no longer have access to written care plans now as the records were digitalised.

We recommend the provider involves people and staff in finding resolutions to improved communication and relationships with management.

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 provider understood their duty of candour and their responsibility to submit notifications to the Care Quality Commission when needed.
- The provider had been open and honest and apologised to people and those important to them when appropriate.

Continuous learning and improving care; working in partnership with others

- The provider was committed to continually improving the service for the people and staff well-being. The provider had introduced staff newsletters and recognition schemes.
- The service staff worked in collaboration with other health and social care professionals to support the people who used the service.
- Care professionals commented positively on the way the service engaged with them and supported their clients. They told us, "Keyfort are responsive to advice given" and "Keyfort have always presented themselves in a professional manner. We would always consider Keyfort for appropriate packages of care."