

Key Care and Support Ltd

Citibase Salford Quays

Inspection report

The Junction
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14 May 2021

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Citibase Salford Quays is a domiciliary care service, which provides support for both children and adults in the community, who require assistance with personal or nursing care. At the time of this inspection the service was supporting four people.

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.

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

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.

Staff supported people to access other healthcare professionals when required and supported some people to manage their medicines safely. People were supported in a friendly and respectful way. People and their relatives were complimentary about the staff and their caring attitude.

Systems were in place to recruit staff safely; there were enough trained staff to support people safely. Steps were taken to minimise risks where possible. Risks to people's health and wellbeing were identified and monitored. Guidance was in place for staff on how to support people with these risks.

Staff promoted people's independence and treated them with dignity and respect. People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve outcomes. Staff supported some people to access the community.

People's needs were comprehensively assessed before starting with the service; people and their relatives, where appropriate, had been involved in the care planning process.

Staff received the training and support they needed to carry out their roles effectively and received regular supervisions, competency checks and appraisals; staff we spoke with confirmed this.

People's care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences.

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

The registered manager followed governance systems which provided effective oversight and monitoring of

the service. These governance systems and processes were robust and identified areas of the service where improvements were needed.

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.

This service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People's choice, control and independence was maximised; care was person-centred and promoted dignity and human rights.

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 26 February 2020) and there were no breaches of regulation.

Why we inspected

This was a planned inspection based on the previous rating. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to 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 Citibase Salford Keys on our website at www.cqc.org.uk.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Citibase Salford Quays

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

The inspection was carried out by one 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

Citibase Salford Keys is a domiciliary care agency. It provides personal care to children and adults living in their own houses and flats.

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 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 13 May 2021 and ended on 14 May 2021. We visited the office location on 13 May 2021 to speak to the registered manager and look at records relating to the running of the service. We spoke to care staff on 14 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the relatives of three people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, the quality assurance officer and care staff. We reviewed a range of records including three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures..

After the inspection

We looked at a variety of records related to the running of the service, which we had asked the provider to send to us.

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 requires improvement. At this inspection this key question has now improved to 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

- People's needs were assessed, and care and support was regularly reviewed. Appropriate referrals were made to external services to ensure people's needs were met.
- Care records contained details of consultation and advice from other healthcare professionals, as appropriate. Daily record logs, completed by care staff, contained a good level of detail and corresponded with people's assessed needs.
- Staff and management applied best practice principles, which led to good outcomes for people and supported a good quality of life. People's preferences likes and dislikes, past life histories and background information were recorded in their care documentation.
- People's relatives commented positively about the service provided and told us they were involved in developing their care plans. One relative told us, "I would discuss anything with the manager or carers if there is a problem; we will ring them up and discuss it and we converse quite well."

Staff support: induction, training, skills and experience

- Staff received appropriate levels of induction and training; any new staff were given shadow shifts to introduce them to the person using the service and the service respected the right of the parents or family to stipulate which carers they wanted.
- Staff completed mandatory training in areas such as safeguarding, infection control, moving and handling and medication. Staff also received bespoke training to meet individuals' needs, for example, in conflict resolution and verbal de-escalation and autism awareness.
- Supervision, competency checks and spot checks were carried out to ensure staff were delivering safe care and support.
- We asked people's relatives if they felt staff had the skills and experience need to care for people. One relative said, "Yes, they do, they always talk to [my relative] and explain what they are going to do." A second relative told us, "Yes there have been no problems."
- Each relative we spoke with had a son or daughter with varied and complex care needs and they felt the carers allocated to them were well trained, very professional and able to meet the challenges they were presented with.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported some people to maintain a diet of their choosing as not everyone required assistance in this area; support was provided dependent on the person's requirements, whether this be support with shopping, eating and drinking or preparing meals.
- People's dietary preferences were recorded, including how they liked their food and drink presented and the temperature they liked. One relative said, "They [staff] try to encourage [my relative] to make a sandwich for himself and they prepare healthy balanced meals."
- Clear guidance was provided for staff to meet people's nutritional needs, including where people had their nutritional needs met through percutaneous endoscopic gastrostomy (PEG) feeding, which is a tube directly into the stomach through the abdominal wall to provide a means of feeding when oral intake is not adequate. Staff had been trained in PEG feeding to ensure safety.
- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs. Professionals' contact details were included in people's care records and we saw lots of communication had taken place with these professionals over time.
- People had outcome focussed care plans in place; these identified the outcomes to be achieved and how these would be measured. This enabled managers and staff to evaluate if a strategy for achieving an identified outcome was working or not.

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

- The registered manager and care staff were working within the principles of the MCA.
- Staff had received training in the MCA and had a good understanding of capacity and consent.
- People's capacity had been considered as part of the initial and subsequent assessment process and staff worked alongside people to involve them in decision making when required.
- We saw people, or their representative had signed their consent to receive care and support from the provider in their care records. Relatives told us staff asked people for their consent before providing care; one relative told us, "Staff ask [my relative] before doing anything and explain what they are going to do." A second relative said, "Staff also ask us if they are unsure."

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 registered manager promoted a person-centred and inclusive culture. People's care plans were developed in partnership with the person being supported, their family members and other relevant professionals.
- People's relatives spoke positively of the management at the service. One relative said, "If I was concerned, I would just phone the office and the manager would sort it. There are things that go wrong, but in terms of giving care, we get the right people and the manager makes sure that they [staff] are there for [my relative]." A second relative told us, "We have no concerns at all, when the manager has to put new staff in, they always go in with them and introduce them to [my relative]."
- Staff we spoke with were also complimentary about the management team. One staff member said, "You can phone up anytime to get help and you can leave a message for someone and they get back to you. They are an inclusive and diverse company."
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred that affected the welfare of people who used the service; records confirmed this.

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

- Staff at all levels understood the importance of their roles and responsibilities and were held to account for their performance when required.
- Staff we spoke with felt valued and supported by the registered manager; they were clear about the culture of the organisation and what was expected from them. One staff member told us, "You aren't harassed, it's nice and calm and you can get on with your job; the support is there and if you need further training, the manager will get it because the priority is the people who use the service."
- Staff received ongoing guidance and training, and records confirmed this.
- Effective governance systems ensured the registered manager and provider had clear oversight of the service. Auditing systems were in place to monitor and maintain a high standard of care for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People and their relatives were involved in care planning and provided feedback through surveys,

telephone and care reviews; any issues people raised were addressed.

- The registered manager kept in regular contact with staff, engaging through supervisions and team meetings. Feedback was also sought from staff via surveys to ensure they had the opportunity to raise any issues during COVID-19. The last staff survey had been conducted in January 2021 and the feedback was overwhelmingly positive.
- The service worked well in partnership with others to ensure the best outcomes for people
- Records showed a multi-disciplinary approach in meeting people's needs and responding when things went wrong.
- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals and submitted statutory notifications to CQC as necessary.
- The provider had oversight of the service and was able to create compliance reports to ensure issues were addressed in a timely manner.