

Keyznov Health and Social Care Ltd.

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Inspected but not rated

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Keyznov Health and Social Care Ltd is a domiciliary care service that provides personal care to people living in their own houses and flats. At the time of our inspection there were two people using the service. 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

Risks to people were not always identified, assessed and documented. Medicines were not managed and administered safely. People's care was not consistently personalised. Care plans did not always identify or reflect individuals' preferences in the way they wished to be supported, or contain detailed information about their needs, wishes and the support they needed. Systems and processes in place for monitoring the quality and safety of the service were not robust or effective in identifying issues and concerns found at this inspection and for helping to drive service improvements.

People were protected from the risk of abuse. There were safeguarding and whistleblowing policies and procedures in place. Staff knew how to report incidents or accidents appropriately. People were protected from the risk of infection and staff were supplied with appropriate Personal Protective Equipment (PPE) to keep them and the people they supported safe.

People were supported to maintain a balanced diet where this was part of their plan of care. Staff sought consent from people when offering them assistance. People were supported to have maximum choice and control of their lives. 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 received training and support relevant to their needs and the needs of the people they supported. People were supported where required to access a range of health and social care services when they needed them. Staff received equality and diversity training and were committed to providing a service which was non-discriminatory. The provider had a complaints policy and procedure in place. The registered manager understood the responsibilities of their role including the duty of candour.

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 7 May 2021 and this was the first inspection.

Why we inspected

We conducted a comprehensive inspection which looked at all the key questions so we could provide a rating for the service.

Enforcement

We have identified breaches in the regulations in relation to person centred care, safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

Details are in our caring findings below.

Inspected but not rated

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Keyznov Health and Social Care Ltd

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

This inspection was carried out by one inspector.

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 two days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information to limit the time spent at the office.

Inspection activity started on 08 December 2022 and ended on 14 December 2022. We visited the location's office on 08 December 2022.

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 checked the information we had about the service including any notifications they had sent us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority for information they had about the service. We used all this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager and a member of staff. We reviewed records, including one person's care plan and care records, two staff recruitment and training records and a variety of records relating to the management of the service, including quality monitoring and audits.

Following our site visit we attempted to speak with one person using the service by telephone, however we were unsuccessful. We spoke with two care staff to gain their views 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always identified, assessed and documented. This meant that staff did not always have access to risk management information, ensuring the support people received was safe and appropriate to meet their needs.
- For example, a manual handling risk assessment recorded that the person required support with mobilising safely, however, it failed to detail what support they required, when and by whom. There was little information within the care plan to guide and inform staff in safe moving and handling techniques, or the safe and correct use of any equipment required.
- A personalised nutrition plan recorded that the person required support with food preparation but failed to provide any further details of the support they needed. It also stated that the person required their food to be cut but again provided no further information or guidance for staff on this including any choking risks or known allergies.

We found no evidence that people had been harmed, however, risk assessments in place were not robust to demonstrate that risks to people were safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Systems in place for managing and administering people's medicines was not always safe.
- People who required support to manage their medicines did not have a medicines care plan, risk assessment or medicines administration records (MAR) in place to ensure the safe management and administration of medicines. This meant staff did not have the appropriate guidance or means to ensure people's medicines were safely managed, recorded and administered.
- One person's medicines were administered by staff and recorded within their daily record notes. This is not in line with best practice and increased the level of risk for errors to be made. Protocols were not in place regarding the use of prescribed topical creams, for example, when and where they should be applied. PRN (as required) medicine protocols were also not in place to support staff on when and how to administer and record of 'as required' medicines.
- Staff had received medicines training within their induction programme. However, medicines competency assessments had not been completed to ensure staff were competent to manage and administer medicines safely. We drew these concerns to the registered manager's attention who told us they were in the process of introducing and completing staff medicines competency assessments.

Whilst we found no evidence that people had been harmed, robust systems were not in place to ensure

medicines were safely and appropriately administered and managed. This was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were enough staff to meet people's needs and staff told us they had good amounts of time to spend with people and time to travel in-between visits.
- The registered manager informed us they were thinking of purchasing an electronic call monitoring system which allows office staff to monitor care staff ensuring they arrive for care visits when required.
- There were safe recruitment practices in place. Staff records showed recruitment checks were carried out before staff started work. Checks included, staff identification, employment history, references and Disclosure and Barring Service (DBS) checks. This information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Safeguarding and whistleblowing policies and procedures were in place and staff we spoke with were familiar with them. The registered manager was aware of their responsibility to report allegations of abuse and how to refer to the local authority where required.
- Staff received safeguarding training and were aware of the actions to take if they suspected abuse or had any concerns.

Learning lessons when things go wrong

- Staff knew how to report incidents or accidents appropriately. One member of staff told us, "The manager is very supportive and is always there if we need them. I would always tell the manager if I had any concerns or problems."
- The registered manager told us there had been no safeguarding, incidents or accidents since the service registered with the CQC. However, there were systems in place to manage any concerns and to check for trends and share learning with staff.

Preventing and controlling infection

- People were protected from the risk of infection. The registered manager confirmed, and we saw that staff were supplied with appropriate Personal Protective Equipment (PPE) to keep them and the people they supported safe.
- Staff had completed infection control training and had a good understanding of infection control practices.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager met with people to assess their needs and wishes before they offered support. This ensured the service was able to meet people's needs and preferences appropriately. However, assessments in place did not comprehensively identify, assess and detail people's physical, mental and emotional health needs and support, or the actions staff may need to take to support people safely and effectively. For example, one person's personalised communication assessment recorded that the person had difficulty with written communication but failed to document why and how staff should best support the person. Care plans and assessments required improvement to ensure people's needs were planned and appropriately met by staff.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care plans and assessments were in place to document the support people required with their nutrition and hydration needs. However, personalised nutrition plan's failed to robustly assess and document people's nutrition, hydration, meal planning and preparation needs and support. For example, one personalised nutrition plan documented that the person required support with cutting their foods. It was not recorded if there was a risk of choking or if the person had any allergies and this required improvement. We drew this to the registered manager's attention who told us they were in the process of reviewing nutrition and hydration care plans. We will check on this at the next inspection of the service.

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.

- Staff were aware of the importance of seeking consent from people. Staff had received MCA training and understood how it applied to their roles.
- The registered manager told us the people they supported were able to express their views and wishes on the support they received at the time of our inspection. However, if they had any concerns about someone's capacity they would work within the principles of the MCA.

Staff support: induction, training, skills and experience

- Staff had received training and support relevant to their needs and the needs of the people they supported. One member of staff told us, "I had a good induction and lots of training. The manager is very supportive and supports us to do further training."
- Staff received an induction into the service and completed training in line with the Care Certificate when they started. 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.

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

- Where required people were supported to access a range of health and social care services.
- Records showed that staff communicated and worked with health and social care professionals to provide effective care and support to people when needed.

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 of this newly registered service. At this inspection we have not been able to rate this key question. This was because there was insufficient evidence for us to make a judgement and award a rating.

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

- People received care and support from staff who knew them well.
- Staff had a good knowledge of the people they supported and were positive about providing good quality care and support to meet their needs and wishes. One member of staff commented, "We get good amounts of time to spend with people because we are small. We all get to know each other very well."
- Staff received equality and diversity training and were committed to providing a service which was non-discriminatory. The registered manager told us they aimed to provide care and support in a way which respected and supported individual diverse needs and wishes.

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

- People were consulted about the care and support they received and these were documented within their plan of care.
- Staff were knowledgeable about the needs and wishes of people they supported. Staff told us they encouraged and supported people to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted their independence and respected their dignity and privacy.
- The registered manager and staff knew how people wished to be supported and how to maintain their privacy and dignity. They were aware of the importance of maintaining confidentiality and people's care records were kept securely.

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 'requires improvement'. This meant people's needs were not always met.

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

- People's care was not consistently personalised as care plans did not always identify or reflect individuals preferences in the way they wished to be supported or contain detailed information about their needs, wishes and the support they needed.
- Care plans did not fully detail people's personal histories such as family and social networks, diverse needs and their interests and hobbies and this required improvement. The registered manager told us they would review the tools in use and expand on these. This would then provide staff with more personalised information about people to best understand and be able to engage with them better knowing what was most important to them. We will check on this at the next inspection of the service.

End of life care and support

- At the time of our inspection, the registered manager told us that no one using the service required end of life care and support. They told us that if end of life care and support was required they would work with appropriate health and social care professionals to ensure people received good end of life care. They said they were in the process of developing care plans to include information about how people wished to be supported at the end of their lives. We will check on this at the next inspection of the service.

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.

- People's communication needs were assessed and documented within their care plans. However, personalised communication assessments were not detailed and did not provide guidance for staff on how best to communicate effectively with people and this required improvement. The registered manager told us they were in the process of reviewing the assessment tools and we will check on this at the next inspection of the service.
- The registered manager told us that if required, information such as the service guide was available in an accessible format, for example, large print or in a different language this would be made available to people.

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 take part in activities that were meaningful to them and which reduced the risk

of isolation where this was part of their plan of care.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which informed people on how to make a complaint.
- The registered manager told us and we saw there had been no complaints made since the service registered with the CQC.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Effective systems were not in place to ensure good governance or to help drive service improvements.
- Systems and processes in place for monitoring the quality and safety of the service failed to identify the issues and concerns we found at this inspection. For example, risks to people were not always identified, assessed and documented, medicines were not managed and administered safely. Assessments and tools failed to comprehensively identify, assess and detail people's needs and wishes, and people's care was not consistently personalised.

The lack of an established, robust and effective system to ensure compliance with regulations was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a registered manager in post. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating.
- The registered manager told us they monitored care visits to ensure staff supported people when required. They explained that they were in the process of implementing an Electronic Call Monitoring system (ECM). This identifies if staff are running late or if visits have not been completed, allowing for issues to be promptly remedied.
- The registered manager conducted spot checks to observe how staff supported people within their homes.
- Staff understood their responsibilities and were in regular communication with the office and registered manager. Staff meetings were held on a regular basis allowing staff to share issues or concerns and to further learn and develop.

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

- Staff understood the impact they had on the quality of people's lives and told us they worked well as a team to ensure people received good care.
- Staff told us they felt supported by the manager which enabled them to do their role well. One member of staff said, "The manager is very good, always there to support me. If she feels I need more training then this is provided."

- The registered manager understood the duty of candour. They confirmed they would be open and transparent in sharing details of any incidents or accidents where appropriate.

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

- There were systems in place to seek feedback from people on the service they received. The provider carried out surveys to understand people's views. The registered manager told us they were due to send out another satisfaction survey soon and would take any action necessary to address any feedback received.

Working in partnership with others

- The registered manager was aware of the need to work with health and social care professionals when required to ensure people's needs were safely met.
- Staff understood the need to inform the registered manager and people's families where required, should people become unwell or require treatment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care records and assessments did not comprehensively identify, assess and detail their care needs and preferences.
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not identified, assessed and documented appropriately to ensure their safety. Medicines were not managed and administered safely.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes for monitoring the quality and safety of the service were not robust and effective to ensure compliance with regulations and to drive service improvements.