KEYFORT Group Limited

KEYFORT North West

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place between 29 March and 10 April 2018. The provider received short notice of the inspection.

Keyfort North West is a domiciliary care service. It provides personal and nursing care to people living in their own homes in the community who have a significant physical, neuropathic and complex care needs. The office is located near Carlisle but it provides support across the county of Cumbria. There were 15 people using the service at the time of this inspection. The service also provides a social, community-access service for several other people. CQC only inspects the service being received by people provided with the regulated activities of personal and nursing care.

At the last inspection of Keyfort North West (formerly known as Neuro Partners North West) in March 2016 we found the provider had breached two regulations. These related to the lack of contingency arrangements in place to cover unexpected absences of staff and the lack of access by management staff to current records about people's care needs.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe and Well-Led to at least good. During this inspection we found improvements had been made to both areas, although we have made a recommendation about making continuing improvements to contingency staffing arrangements.

There was a registered manager in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe and comfortable with their support staff team. Staff were trained and confident in how to report any concerns or safeguarding matters. There were detailed risk assessments in place to show staff how to keep people safe, for example when using specialist mobility equipment or when managing people's health needs. People's medicines were kept in their own homes. If people need assistance with their medicines they were supported safely and appropriately by staff

Staff felt they had very good training and their competencies and skills were continuously checked. Staff were supervised and supported in their roles. People were supported to have choice and control of their lives and staff sought permission before assisting them. People were assisted to access health services when they needed them and their staff teams worked well with health care professionals.

People and relatives told us support staff were friendly, caring and helpful. They said staff treated people with dignity and respect. Staff respected people's choices and decisions and supported them in a way which promoted their independence wherever possible.

People (or their relatives where appropriate) were fully included and involved in decisions about their care service and how their staff teams were managed. This meant people received a personalised service that was tailored to their individual needs. Support staff were very familiar with the way people wanted and needed to be supported.

The registered manager and management team were all relatively new to the service and had worked hard over the past year to look at ways of improving the service. The provider had quality assurance systems in place and a clear, achievable business plan that aimed to continuously develop the 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?

Requires Improvement

The service was not always safe.

Contingency staffing plans had not always been effective in making sure people were safely supported. The provider was making improvements to reduce the risk of this reoccurring.

People felt comfortable with their staff team and staff knew how to report any safeguarding concerns.

Risks to people's safety were assessed and managed. People's medicines were managed in a safe way.

Is the service effective?

Good

The service was effective.

People's needs were assessed and their care service was based on their preferences as well as current best practice guidance.

Staff had training, supervision and support to be competent in their roles.

Staff understood people's rights and only carried out support after seeking consent.

Is the service caring?

Good

The service was caring.

People felt staff were supportive, caring and helpful.

Staff understood how to assist people in a way that upheld their dignity and privacy.

People's choices and preferences were respected, and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

The service provided a personalised, tailored support based on each person's choices and needs.

Care records included clear information and guidance for staff.

People had information about how to make a complaint or raise a concern.

Is the service well-led?

Good

The service was well led.

There was a registered manager in place and a new management team who were committed to making improvements.

People and relatives were encouraged to give their views of the service.

There was a quality assurance system in place to identify areas for improvement and development.

KEYFORT North West

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced. Inspection site visit activity started on 29 March 2018 and ended on 10 April 2018. It included visits to the office to see the registered manager and office staff; and to review care records and policies and procedures. It also included telephone calls to people, emails to staff members and visits to people's homes. The inspection was carried out by one adult social care 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 a care service.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authority and Clinical Commissioning Group and other health professionals who worked with the service to gain their views of the care provided.

We contacted eight people either by telephone, visits to their homes or by email, and spoke with nine relatives. We contacted 32 support workers. We also spoke with the registered manager, operations manager, clinical lead, a registered nurse, two specialist support co-ordinators, a human resource advisor and a quality assurance manager.

We looked at the care and medicine records of four people. We looked at the personnel files of six staff and training records relating to all members of staff. We also reviewed quality assurance records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection of this service in March 2016 we found the provider was in breach of a regulation relating to staffing. This was because there were no contingency arrangements in place to cover short-notice or unexpected absences of support workers (for example, due to emergencies or illness). This was important because many people using this service had complex needs that required the support of staff who had specialist training. Following the inspection the provider put into place a 'rapid response' team of three support workers who were employed to cover unexpected gaps in the staff rota. The provider had also developed individual contingency care plans in agreement with each of the people who used the specialist service. For some people the contingency arrangements in an emergency might include support from the rapid response team or close family members. For other people the contingency plans might be the use of other health care professionals.

During this inspection we found one instance when these contingencies had not always been sufficient. That occasion resulted in a person not receiving overnight support from the service due to the short-notice absence of a support worker. Unfortunately the rapid response team were unable to cover because they had already covered another gap in the rota or were otherwise unavailable. The person who used the service had a medical condition that meant they required regular checks by a person trained to check their blood pressure and to recognise specific signs or symptoms that might indicate they require emergency interventions. As a result, on this occasion, local out-of-hours nursing services had to visit the person. Although a family member was present, it was not the agreed contingency plan that they would provide the support. Keyfort North West stated that this was an isolated occasion when there was no-one amongst the remaining workforce who was able to attend. The management team agreed that more robust contingency arrangement would ensure that this incident was not repeated. The service had started to put in place a new contingency plan for the person affected. Also, there were plans to make sure that on-call senior workers or the management team were expected to cover any overnight gaps. There were also discussions around plans to increase the number of rapid response support staff.

We recommend that the planned additional contingencies be put in place and kept under constant review to ensure sufficient provision to cover any future short-notice absences of staff.

All of the other people we spoke with said there were no occasions when staff had missed a call, other than when this was impossible due to recent weather conditions. People said their staff always turned up on time and stayed the correct amount of time.

Staff commented on the challenges to cover gaps in rotas. For example, one support worker commented, "The only downside at the moment is that we are stretched whilst we are waiting for new staff to start. If someone is sick and there are already staff on holiday then the office do their jobs to contact other staff to provide cover, as they should, but many are feeling overworked." The operations manager and registered manager stated there was a constant recruitment drive to appoint new support workers. They stated that the agency had a recruitment plan and new ways of attracting new staff were to be tried, including apprenticeships and student nurse placements.

The provider had safe selection procedures in place when recruiting new staff. Applicants had to submit an application and CV before being shortlisted for a formal interview with a senior staff member. Background checks included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people from working with vulnerable people or children. The provider's policy was to repeat DBS checks every three years.

We did note that one staff member's work history did not quite tally with the dates of employment given by their referee. The registered manager and HR advisor agreed that this could have been checked by telephone with the referee as it may have been a typographical error. The service was reviewing its recruitment checklist to make sure information was cross-checked with references to spot any anomalies in future.

Each person had a bespoke core team of support workers who were overseen by a team lead or a specialist care co-ordinator. The core team arrangements meant support workers became familiar with people's individual needs. People were encouraged to make decisions about which support workers they wanted to be on their teams. Some people's relatives were employed as part of their care team and some relatives were team leads. This gave people and their relatives control over their own staffing arrangements.

Risks to people's health and safety were assessed and regularly reviewed. This included risks associated with specialist mobility or breathing equipment as well as people's physical health needs. In this way, the service aimed to minimise the risks to people and protect their health and safety. It was clear from discussions with people and staff that staff knew how to support each person in a safe way, whilst allowing people to maintain their independence.

There were effective and personalised risk management records in place. These included risk assessments about each person's individual care needs such as nutrition, pressure damage and using specialist equipment. There were very detailed records of the control measures to minimise any risks to people's welfare and these were set out in people's care plans for their staff team to refer to. Each person had a personal emergency evacuation plan (PEEP) which contained key information about how to assist them out of their own home if they needed to be evacuated in an emergency.

All of the people we spoke with said they felt "safe" with the support staff that assisted them. One person told us, "They always ensure my safety during sessions."

Staff had training in safeguarding adults and safeguarding children. They were clear about their responsibilities to raise concerns or poor practice. The safeguarding procedures were also outlined in the staff handbook which was provided to each member of staff so they could refer to it at any time. The service kept a safeguarding log which identified any concerns raised, actions taken and any outcome. The management staff were aware of their responsibilities under the local authority safeguarding processes. We saw from records that the service had worked in collaboration with other agencies and taken appropriate action to safeguard people from alleged harm where necessary.

Some people using the service required support with their medicines. Staff were trained in safe handling of medicines management and had observed practice checks before they were considered competent to help people manage their medicines. The staff we spoke with said they felt well-trained and confident in administering people medicines. There were clear records in people's care files of their prescribed medicines, including what they were for and when they should be administered. The people we spoke with who needed support with their medicines said they were happy with the way this was carried out by staff.

Medicines administration records (MARs) were used by support staff to record any medicines they had administered. These were collected by team leads and checked at the end of each month. The majority of the MARs we viewed were completed correctly and it was clearly identifiable which medicines had been administered and where it had not been required by the person. We did note one missing signature on a MARs, which had been reviewed and signed by a team lead. The registered manager was able to describe the process for managing missing signatures including a check of the actual medicine to see if it had been administered or not and discussion, supervision or retraining of a staff member.

Staff had access to sufficient personal protective equipment and were trained in infection control. Care records care plans contained detailed guidance about how to prevent infections and manage the specific health care needs of people in a safe way.

The provider sought to learn from errors and used analysis of incidents to do this. For example, following an analysis of a small number of medicine recording errors last year the provider had identified some specific times and causes. The service then changed some practices to minimise the potential for similar future errors. These included additional handover discussions about medicines between the staff leaving their duty and staff coming onto duty as a standard handover agenda item.

Good

Is the service effective?

Our findings

The service carried out comprehensive assessments of each person before a care package was agreed or put in place. This meant the service was able to check whether or not any personal or health care needs of the person could be met and managed by a staff team.

Following the initial assessment all risk assessments, care records and support plans were developed with the person. A core staff team was briefed on the specific support they would be required to carry out. Any additional training (for example, in ventilation equipment) would be provided to the staff team. The service employed a clinical lead and registered nurse to make sure that any health care tasks offered were in line with current best practice and nationally recognised standards.

The people we spoke to felt that the staff had the right skills to support them. One person commented, "The staff seemed trained well enough – they also learn the specifics when they start working for me." Another person told us, "My staff are well trained and know what they're doing, and the daily hands on experience of using all my specialist equipment during sessions helps keep them trained and knowing what to do."

Staff told us they felt that people's assessed needs were met. One staff member commented, "I would say we have some excellent staff who do their best to provide an excellent service and get things right."

Staff told us, and records confirmed, they received training in mandatory health and safety subjects including moving and assisting, basic life support, fire safety and infection control. New staff completed a comprehensive induction training course that included mandatory training in principles of care and health and safety before they could start working at the service. The induction training incorporated the Care Certificate (a national set of outcomes and principles for staff who work in care settings). The service employed a training officer and two clinicians who provided training and competency checks of staff in people's health care tasks. The provider used a computer-based management tool to identify when staff had received their training and when their refresher training was due.

Staff told us they had good opportunities for training to support them in their roles. An external healthcare professional commented that support staff were "very keen to learn and involve themselves in training with NHS staff teams". New staff told us their induction training was "excellent". They said they then learned about people's individual needs during shadowing sessions with experienced support staff.

Staff told us, and records confirmed, they received regular supervision sessions and an annual appraisal to discuss their performance and development. Support workers who carried out health care tasks under the direction of the nurses were also supervised by a registered general nurse. We saw support staff had regular observations of their health care practices to make sure they were still competent and confident to carry these out.

All of the people who used the service had capacity to consent to the care and treatment they received. Some people were supported by relatives to communicate these decisions. The care records showed that

people had been fully involved in agreeing their own care package and in most cases had signed their care records to show this. Some people had not and the registered manager agreed that there were ways that people's consent could be more explicitly recorded within their care records.

All the people we spoke with said that staff always asked them for their permission before carrying out any care or support. For example, one person told us, "They always treat you with respect and ask first." Staff had training in the Mental Capacity Act 2005 (about people's capacity to consent) and were mindful of people's rights to make their own decisions.

Some of the people we spoke to said they sometimes had help with their meals; others did not require any help or relatives assisted them if they lived in the family home. People told us they felt able to direct support workers to make the meals they wanted and in the way they wanted them. One person commented, "They support me with my meals and drinks, and they do all of this very well."

Where people were supported with their nutrition and hydration there were clear support plans about this and these included reference to people's abilities and choices. For example, one person's care plan about eating and drinking stated, 'staff will prompt (person) to make balanced meal choices, however this is (person's) choice ultimately.' People's food and fluid intake was recorded in daily notes.

Some people had food and fluids through a feeding tube directly into their stomachs (called a percutaneous endoscopic gastronomy tube or PEG). There were support plans in place for people who used a PEG.

The service worked in collaboration with other agencies where relevant. For example, support staff described how they worked in liaison with healthcare professionals, such as district nurses, who also visited the people they supported. Some staff described people who used Keyfort North West through the day and another agency overnight. The staff said the arrangement "works well".

Good

Is the service caring?

Our findings

People were very positive about the care and support they received from their regular support staff. One person commented, "Staff are lovely, they really are. They cannot do enough to help and I'm very happy." Another person told us, "I cannot speak highly enough of them (support workers). They are all lovely, I'd adopt them if I could." Other people described support staff as "brilliant" and "really good".

People felt they had a good rapport with regular members of staff. For example, one person told us, "We have had the same ones and we prefer it that way. We're happy with the staff." Some people said it was harder for continuity if they had different staff but one person also commented, "Staff they are always pleasant and if there are any new staff they do introduce themselves."

Healthcare professionals made positive comments about the caring and compassionate nature of support workers. They told us, "They do hire some fantastic care staff" and "individual care staff are very caring in the main who go above and beyond to provide a good service".

The staff we spoke with felt their colleagues were compassionate about the people they supported. One staff member told us, "All support workers I work with are caring and lovely. We all do the best job we can."

People said they got on well with their staff teams and one person described how they could change a staff member if they were not compatible. Staff also felt they got on with the people they supported.

One support worker commented, "I work with two service users and have very good relationships with them both. We have regular rotas, so I work with them regularly. We have to stay confidential, so I think the company respects our service users."

It was clear from support plans the service aimed to support people towards their optimum level of independence. For example, one person's plan about daily household tasks stated, 'Staff are to be aware that they are not to complete all tasks for [person] as this may remove [person's] sense of independence, ability and responsibility, but should instead work together to share tasks.'

All the people we spoke with felt they were treated with dignity and respect by the staff. One person commented, "They are really respectful - I've had no problems about that." Another person told us, "They do respect your privacy and dignity and ask for consent." A third person said, "They do try their best to make you feel as comfortable as possible." Staff received training in dignity and respect as part of their induction package with the agency.

It was clear from discussions with people and from the care records that people were at the heart of how they were supported, when and by whom. Care records demonstrated that people had been involved in choosing or declining staff on their team. One person described how they had told the service they wanted to change one of the staff members on their core staff team and this was arranged. People kept a copy of their care records in their own homes so they and their support workers could refer to them at any time. The

care files also included a copy of the information handbook for people which included details about the service, an organisational chart, contact details and guidance about how to make a complaint. People told us they were able to contact the office by telephone or by email if they preferred.

Good

Is the service responsive?

Our findings

The service provided care for people with a wide range of physical and neuropathic needs. People said they felt included and involved in decisions about the care service they received. Each person's care records included detailed information and guidance about the level of support they required. The care records were written in a personalised way that promoted each person's individual support needs.

People said they had control over the service they received. One person commented, "They listen to me and do what I ask and want them to do. They do everything exactly in the way that I want." Another person told us, "They act on what I say very well, but I also listen to what they have to offer if I mention things that they may find unsafe, but also ensuring that I am as independent as possible."

Support staff told us they were very familiar with the specific needs, preferences and specialist equipment of the people they worked for. For example, one staff member told us, "I only work with one service user and feel I have built a good working relationship and am able to respond well to their needs."

People's preferences in relation to gender, age and personality of staff were also taken into account for each person so they met their preferred lifestyle. For example, the recruitment for the next rapid response support worker was to be another female staff member, in line with people's expressed preferences.

It was good practice that the management team held weekly review meetings about the care package and well-being of each person. This included any changes in need or any planned events that might impact the service. In this way the agency was able to review and respond to any changes.

The service also supported people to engage in social care activities if this was part of their agreed care package. For example, some people were supported to access shops, cafes and other facilities in their local community.

People had been provided with a copy of the complaints procedure which included details of how to raise issues and the timeframes for the provider to act and respond to any concerns. We saw the service kept a log of any complaints which included the details of the issues, the actions taken and the outcome.

One person told us, "If I wasn't happy with the service, I would talk to my team lead to seek advice first before going higher and voice my comments to the manager of the company."

Most of the people we spoke with said they had not had cause to complain about the service, but they knew how to raise concerns with the 'office'.

At the time of this inspection no-one was receiving support with end of life care. The organisation provided a specialist service to people who may have multiple health needs and would work in collaboration with other health care providers to support any life-limiting conditions.

Good

Is the service well-led?

Our findings

At the last inspection of this service in March 2016 we found the provider was in breach of a regulation relating to good governance. This was because the provider did not always have contemporaneous copies of people's records in the office. This meant management staff did not always have immediate access to the most current information about people and their needs.

During this inspection we looked at a sample of people's care records that were held in the office. We saw these were up to date and kept under regular review. Records relating to people's daily care and medicines records were brought to the office at least monthly for review and storage. It was also good practice that the management team held weekly case reviews meetings to discuss any changes or updates about people's needs or future wishes.

Since the last inspection the service had made a number of significant changes to its management arrangements. The provider had changed the name of the organisation from Neuro Partners to Keyfort North West and the office had moved to an alternative address. The entire management staff team had been appointed within the last year.

The service had a registered manager who had worked at the organisation for one year. The registered manager was aware of their roles and responsibilities. Services that provide health and social care to people are required to inform the CQC of deaths and other important events that happen in the service in the form of a 'notification.' The registered manager had completed these notifications when needed.

People who used the service told us they found the registered manager to be approachable. One person commented, "[Registered manager] is a star – she's turned that place around." Another person commented on their growing confidence in the office staff. They said, "It's improving. When [specialist support co-ordinator] says she going to do something, she does it."

Some people had mixed views about the running of the service. For example, one person commented that the "office staff are nice" whilst another felt "the office is not well-run". Some people felt they hadn't had much contact with 'office' staff as there had been so many changes to management team.

Some health care professionals also commented on the many changes to the management over the past two years. One health care professional commented the frequent changes made it "difficult to form relationships with new management staff" and felt "Keyfort needs a period of stability". However they also commented that "recent staff seem to be more open and approachable than past".

Support staff said they had confidence in their immediate supervisors. For example, one support worker said, "I trust my team lead and know if there are any issues, they won't leave me all alone. We have supervisions every couple of months, but we can always talk to team lead if there is something wrong or if we would like to report or change anything. Team meeting are organised when there is a need. Everyone can share their ideas there." Another support worker told us, "I feel that if I had any issues I could approach

anyone at Keyfort for help and or guidance."

Staff felt some areas of the provider's overall running of the service could be improved. These related mainly to staff retention and engagement from the management team. Their comments included, "I would say Keyfort could work on communication between office and staff more" and "Keyfort not being able to retain staff".

Staff had mixed views about whether they felt valued by the provider. For example, one staff member told us, "On the whole I'm proud to work with Keyfort." Another staff member commented they felt "a bit undervalued at the minimum wage we receive". The operations manager acknowledged the national challenge in retaining staff when the limitations of care funding allowed only for staff to be paid a minimum wage. The provider had introduced a recognition scheme where support workers were nominated by people who used the service and entered for a draw to win monetary prizes. Some people who used the service told us they had nominated their support staff.

The provider had quality assurance systems to check the service provided by Keyfort North West. People were asked for their views at regular reviews of their service and also by twice-yearly questionnaires. The most recent questionnaires were carried out in December 2017. Only one of the 15 people returned any comments. That person's response was very positive.

The provider also used management tools to identify trends relating to staff sickness, timings of visits and staff training audits. We saw the provider used audits, called quality trackers, to check the standard of records and practices. These included audits in relation to care files, review meetings, complaints and compliments, supervision and appraisals, training and team meetings.

The operations manager and the quality assurance manager said work was being undertaken to further develop and improve the quality assurance processes. Since the last inspection the clinical lead and registered nurse had reviewed and redeveloped several of the agency's policies and procedures, in line with national guidelines, and this work was continuing.

The provider had a business development plan for the coming year with a number of planned improvements and timescales. These included new ways of recruiting and retention of staff, accredited training courses for staff, occupational health support and mindfulness support for staff, use of improved technologies to streamline systems and support staff with any on-line training. There were also business development plans in relation to providing services for children. The provider had amended their statement of purpose and already had safe recruitment practices and training in place for staff so they could work with children and families. It had been agreed by the Commission that the service could now provide support to young people under the age of 18 years old.