

Key Care and Support Ltd

Key Care & Support Limited

Inspection report

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Date of inspection visit:
29 May 2019

Date of publication:
17 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Key Care & Support Limited 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 two adults were receiving personal care provided by Key Care & Support.

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

The provider had not ensured health care risks had been appropriately managed. Although staff understood where people required support to reduce the risk of avoidable harm, the care records did not contain explanations of the control measures to keep people safe. New staff had been recruited carefully and the consistency of staff teams helped to ensure people were safeguarded against abusive situations. Medicines were managed well and the staff team were trained in the prevention of cross infection.

People's interests were documented within the care files and their likes and dislikes were recorded well. However, we recommend the provider obtains more detailed information about how people's needs are to be best met before a package of care is arranged. The staff team were trained, but we recommend the provider makes improvements around end of life care and the formal supervision of staff.

People were not supported to have maximum choice and control of their lives, which was in their best interests. This was because care records we saw did not demonstrate the Mental Capacity Act was being followed or decisions were being made in people's best interests. However, relatives told us staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.

Systems were in place for the management of complaints. People were treated with kindness by a caring staff team and their privacy and dignity was consistently respected. However, the provider had failed to ensure people's care was properly planned and therefore person-centred care was not always being provided.

There was little oversight of the service and a robust system for assessing and monitoring the quality of service provided had not been established. Therefore, there were significant failings within the governance of the service, which resulted in the well-led domain being rated as Inadequate.

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

Why we inspected

This was a planned inspection based on the previous rating.

The last rating for this service was good (Published 6 December 2016). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on our findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Key Care & Support Limited on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, need for consent, person-centred care and good governance at this inspection.

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 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 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?

The service was caring.

Details are in our caring findings below.

Good ●

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.

Inadequate ●

Key Care & Support Limited

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 undertaken by one adult social care inspector.

Service and service type

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

The provider of this service was also registered as manager with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided. A branch manager was appointed to manage the day to day operation of the service, although was not registered with the CQC.

Notice of inspection

We gave the service 3 days' notice of the inspection. This was because it is a small service and we needed to be sure someone would be in the office to support the inspection. The inspection started on 25 May 2019 and ended on 31 May 2019. We visited the office location on 29 May 2019.

What we did before the inspection

Prior to our inspection we looked at all the information we held about the service. This included any concerns, investigations or feedback. We also checked the statutory notifications the service is required to send to us by law. The provider did not complete the required Provider Information Return. This is

information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

The branch manager told us this was never received by the provider. The location had moved address since the last inspection and had failed to notify the Care Quality Commission (CQC). We were told by the branch manager that the email address supplied to the CQC was not checked regularly for incoming mail. We used a planning tool to collate all this evidence and information prior to visiting the service.

During the inspection

Due to the two people who used the service being unable to communicate with us we spoke with their relatives. We reviewed a range of records. This included two people's care records and their medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also spoke with two staff members and the branch manager.



Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- The provider had not managed some health care risks properly and therefore people were at risk of harm.
- The care records for one person showed they had complex needs and were at risk of choking and a potential risk of developing pressure wounds. They also required specific moving and handling techniques to keep them safe. However, no risk assessments had been conducted to ensure this person was protected from harm.
- The branch manager provided us with the policy and procedure file and although the index showed a policy was incorporated for emergency plans, this was missing. However, this was replaced at the time of our inspection.

The provider had not implemented systems, which were robust enough to demonstrate health and safety risks were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

- Following the inspection the branch manager told us the policy for emergency procedures had been replaced in the policy and procedure file.
- We found the office premises to be safe for people to visit and for staff members to work in.
- The provider ensured environmental risk assessments had been conducted within people's homes. This helped to ensure people and care staff were protected from harm.
- Relatives we spoke with confirmed equipment was checked for safety in line with manufacturers recommendations.
- No accidents or incidents had been recorded since the last inspection. However, a system was in place for such reporting, should the need arise.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.

- Staff members had received safeguarding training annually and those we spoke with were aware of action they needed to take, should they be concerned about the safety of people who used the service. Relatives spoken with felt their loved ones were safe whilst receiving care from Key Care & Support.
- No safeguarding referrals had been made since the last inspection. Systems were in place to record these if necessary.
- The provider had policies which provided staff with clear guidance around safeguarding people and whistle blowing procedures. However, there were no policies available to protect people from discriminatory practices or to promote human rights. However, care files seen did highlight the importance of supporting people to meet their human rights through choice and preference. The provider has informed us that relevant policies have now been introduced.

Learning lessons when things go wrong

- The provider had not always implemented systems to help the staff team to learn lessons when things went wrong.
- There was no evidence available to show systems had been implemented to support staff in learning lessons following accidents, incidents or management processes, so that risks were identified and strategies implemented to protect people from harm.

We recommend the provider develops systems for the staff team to learn lessons when things go wrong.

Staffing and recruitment

- Staffing arrangements and recruitment practices adopted by the provider helped to keep people safe.
- The provider had systems in place which helped to ensure robust recruitment practices had been adopted by the service. Relevant checks had been conducted before people were employed.
- Relatives told us they had a consistent staff team and therefore continuous care and support was provided. One family member expressed their satisfaction about staffing arrangements, by saying, "Additional carers [staff] are being trained up to look after [name]. By shadowing more experienced staff members, so they are able to cover for staff annual leave and so they know how to support [name] and so [name] gets to know them too."

Using medicines safely

- Medicines were managed well.
- The provider had policies which helped to ensure the safe management of medicines and the staff team had completed training in this area.
- The care plans incorporated individual needs in relation to the management of medicines and the medication administration records were completed to a satisfactory standard.
- Family members spoken with were satisfied with how staff managed their relative's medicines.

Preventing and controlling infection

- Infection control practices were satisfactory.
- The provider had detailed policies which provided the staff team with clear guidance around good infection control practices.
- The staff team had received training in relation to infection control procedures and this area was covered in care plans where cross infection may have been an issue.



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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection (CoP) who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- The provider had not ensured the principles of the MCA were being followed. The branch manager had no knowledge of the DoLS or CoP procedures, although the registered manager has told us MCA and DoLS training for staff is included in a combined annual mandatory training programme.
- One family member told us their relative did not have capacity to make decisions and this was confirmed by staff who provided care and support for this individual.
- A mental capacity assessment had not been conducted for this person.
- There was no evidence to show decisions had been made in people's best interests. However, relatives told us they were involved in the care planning process.
- Formal consent had not been obtained before care and support was provided.

The provider had failed to ensure the principles of the MCA were being followed and decisions were being

made in people's best interests. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent).

The branch manager subsequently told us training for staff in relation to the mental capacity act and DoLS had been introduced as part of the annual mandatory training programme.

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

- People's needs and choices had been assessed before a package of care was arranged. This provided some guidance for the staff team. However, some areas could have been more detailed about how the assessed needs could be best met.

We recommend the provider reviews the process for assessing people's needs, so that more detail is obtained before a package of care is arranged, to ensure the staff team are able to meet the assessed needs of each person who plans to use the service.

Staff support: induction, training, skills and experience

- The provider ensured the staff team were well trained, although supervision of staff could have been better.
- Staff personnel files contained evidence of annual appraisals being conducted. However, there were no regular supervision sessions held for staff members and there were no records available to demonstrate competency checks had been completed to observe staff whilst carrying out their daily duties.

We recommend the provider introduces regular supervision sessions for individual staff and develops systems for observing staff members at work.

- New staff were provided with an induction programme, which covered a good amount of learning modules during the first few weeks of employment. This helped to ensure they were able to do the job expected of them. The branch manager told us staff were not able to work until this initial training had been completed.
- Records showed a wide range of mandatory training was provided for the staff team. Due to the needs of those who used the service, additional training was also provided by specialist health care professionals, to ensure people's complex assessed needs were continuously met.

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

- The provider had ensured people who used the service had access to other agencies, when it was needed. Such as health and social care professionals. Due to the complex needs of people it was important for care staff to work with other agencies in order to provide consistent person-centred care, which was provided effectively and in a timely manner.
- Family members expressed their satisfaction about the effectiveness of the care and support their relatives received.

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

- We noted people who used the service needed intensive nutritional support. Where PEG feeding (a tube directly into the stomach through the abdominal wall) was required this was recorded well for staff guidance. Records showed staff had received specific training from relevant health care professionals to ensure they were able to confidently carry out this particular task.
- People's dietary preferences were recorded, when appropriate and any safety concerns, such as the

temperature of foods was documented to prevent potential harm.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated equally and with respect.
- Relatives told us they received a consistent staff team, which promoted continuity in their support. It was clear staff members had developed good relationships with people who used the service and their family members.
- Staff members were aware of the importance of treating people equally and respecting their individual needs and wishes. However, specific guidance in relation to equality, diversity and advocacy had not been introduced for the staff team. This was discussed with the branch manager who confirmed these policies would be introduced without delay.

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

- Relatives told us they were involved in the care planning for their loved ones. They were able to amend the care plans if they felt this was needed. We were told they have the support plans in their homes for easy access and quick reference.
- Relatives told us communication with them was good by their support workers and the office management staff.
- Records showed people indicated their gender preference of care staff and this was confirmed as being met by relatives and staff members.

Respecting and promoting people's privacy, dignity and independence

- Relatives were very happy with the approach of their staff teams, describing them as kind, caring and respectful.
- Support plans and needs assessments showed the importance of respecting people's privacy and dignity and supporting people to be independent.
- Care records were kept in people's homes and also in the agency office. These were stored in a secure manner, as were staff records. This supported the General Data Protection Regulation (GDPR). GDPR is a

legal framework that sets out guidelines for the collection and processing of personal information of individuals.



Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained as 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; End of life care and support.

At our last inspection we made a recommendation for the provider to ensure guidelines provided by external organisations were current. At this inspection no out of date guidelines from other organisations was noted.

- The provider had ensured the support plan for one person had been reviewed and updated to reflect current needs. However, a care plan for a second person who used the service had not been developed, despite a need's assessment being in place.
- People had not been given the opportunity or supported to express their end of life wishes or those of their loved ones.
- The provider had not enabled the staff team to complete end of life training and there was no guidance for staff available to support them should end of life care be needed by someone who used the service.
- The provider had not explored people's preferences and choices in relation to end of life care.

The provider had failed to ensure people's care was properly planned and therefore person-centred care was not being provided. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Person-centred care).

- The branch manager later confirmed a support plan and risk assessments had been implemented for the person following our inspection, which explained how some needs were to be best met. They also told us palliative care training had been introduced for the staff team.
- People's interests were documented within the care files and their likes and dislikes were recorded well.
- The provider had ensured information had been obtained about people's specific needs before a package of care was arranged. This helped to make certain the staff team were able to deliver the support required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- A range of information was available for people who used the service and their relatives. The people who were accessing support from Key Care & Support had complex needs and therefore family members received the information required.
- Family members we spoke with felt they received sufficient information to help them make decisions about using the service for their loved ones. They told us they were provided with information about Key Care & Support, including the services and facilities available.
- Some use of digital technology was evident. For example, the policies and procedures of the service were held on a computerised system, as well as support plan reviews and some staff training information was held on spread sheets.

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.

- People who used the service lived with their family and therefore relationships were already in place, which helped to avoid isolation.
- Relatives we spoke with felt care workers involved them in daily activities, such as the provision of personal care.

Improving care quality in response to complaints or concern

- The provider had systems in place to manage complaints well. However, none had been recorded since the last inspection.
- The provider had a policy which gave people clear guidance about making a complaint, should they need to do so.
- The provider had systems for recording complaints received by the service, should this be required. Relatives spoken with were very confident in making a complaint, should the need arise.



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 good. At this inspection this key question has now deteriorated to Inadequate. 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.

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

- The provider had moved the location of the agency office since the last inspection but had failed to notify the Care Quality Commission (CQC). Therefore, records held by CQC were not up to date. The branch manager told us the provider had informed CQC of the change of address. However, this was done by letter and not by statutory notification, as required and was sent to an unknown address. Following the inspection, the branch manager confirmed a notification had been sent to CQC with a change of address.
- The provider was requested to complete the Provider Information Return by CQC but failed to return this. The branch manager told us the email address held on CQC's database was not checked regularly and therefore the request could have been missed.
- The provider was also the registered manager of the service. The branch manager was appointed to manage the day to day operation of the service, although was not registered with the CQC.
- The registered manager was not on site on the day of our announced inspection.
- There was no evidence of oversight of the service and visions and values of the service had not been developed. Therefore, interested parties were not informed of the future aims and objectives of the organisation.
- The branch manager told us the registered manager/provider did visit the location regularly. However, there was no evidence available to show what monitoring had been carried out during these visits and no evidence to demonstrate structured audits had taken place. Therefore, shortfalls recognised during this inspection had not been identified through a robust internal auditing process. This was referred to in the previous inspection report following the comprehensive inspection on 12 October 2016.

The provider had failed to ensure robust systems were in place to assess and monitor the quality of service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives we spoke with told us the service ensured good outcomes for people who used the service. They felt care and support was provided in a person-centred way and were satisfied with the service their loved ones received. They told us communication with managers was good and we saw minutes of one meeting held with a relative.

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

- Certificates of registration and ratings from the last inspection were on display in the office. Health and safety guidance and information relating to the operation and structure of the company was noted.
- The branch manager was supportive of the inspection process and requests for information were provided promptly.

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

- Management meetings were held every two months. This enabled senior personnel to discuss any changes within the organisation and to share relevant information.
- The service obtained feedback from the relatives of those who used the service. One relative of a person who used the service told us, "I have no concerns at all. We have a team of staff who support [name]. They are very knowledgeable. They are caring and respectful. We are asked from time to time for our views about the service. Safety is a big aspect of the care provision, as [name] is at risk. The staff are trained well in this area and risk assessments have been completed. The staff know exactly how to manage risks. I feel [name] is very safe using the service. If I wasn't happy I would know how to make a complaint and I wouldn't hesitate to do so. I am very happy with the care and support [name] gets."

Continuous learning and improving care

- The provider had systems in place which helped to ensure continuous learning and development for the staff team in some areas.
- Some policies and procedures were in place, which provided staff with up to date legislation and good practice guidelines.

Working in partnership with others

- The service worked in partnership with other organisations.
- There was evidence available to demonstrate good partnership working with others, such as the Clinical Commissioning Group and other community health and social care professionals. These included day centres, GP's, district nurses and respite facilities.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure people's care was properly planned and therefore person-centred care was not being provided.</p> <p>Regulation 9 1, 3(a)(b)(c)(d)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure the principals of the MCA were being followed and decisions were being made in people's best interests.</p> <p>Regulation 11 1, 3</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed. However, the provider had not implemented systems, which were robust enough to demonstrate health and safety risks were effectively managed. This placed people at risk of harm.</p>

Regulation 12 1, 2(a)(b)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider had failed to ensure robust systems were in place to assess and monitor the quality of service provided.

Regulation 17 1, 2(a)(b)(c)