

Key 2 Care Limited

Oak Priory

Inspection report

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Date of inspection visit:
25 May 2022

Date of publication:
22 June 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

About the service

Oak Priory is an 'extra care' service providing personal care to people living in their own apartments in Oak Priory, a large apartment building in Stoke. The service provides support to people over the age of 55. At the time of our inspection there were 48 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

People felt safe and were supported by safely recruited and trained staff. People were safeguarded from abuse and neglect. There were sufficient staff to meet people's needs. The provider was engaging in ongoing recruitment to ensure people had access to a regular staff team. People were supported by staff who were adhering to government guidance about infection control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to make choices around their care and support. People were encouraged to make choices around their care delivery.

People were supported by caring staff who maintained their privacy and dignity. People felt able to raise concerns about their care and the registered manager responded to all complaints in full. People could access information in a format that supported their understanding. People had personalised care plans which gave staff clear details around their needs and wishes.

The registered manager ensured continuous learning and improvement at the service by completing regular quality assurance checks. People, their relatives and professionals all gave positive feedback about the manager. People were supported to access professionals where this was required. People were encouraged to give regular feedback about their care.

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

Rating at last inspection and update

This service was registered with us on 07 May 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 01 June 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at

infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our safe findings below.

Good ●

Oak Priory

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 25 May 2022 and ended on 26 May 2022. We visited the location's office on 25 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager and the extra care manager about the care they provided and reviewed various documents related to people's care and the service provision. Following the onsite inspection visit we spoke with six people who used the service and four relatives. We also spoke with professionals who work with 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt 'safe' and knew how to raise concerns about their care.
- People were supported by staff who were trained in safeguarding, understood the different types of abuse and how to report concerns. One staff member told us, "I would raise the concern on our system and report it to the office who would report it to the safeguarding team."
- The registered manager had reported concerns to the local safeguarding team where these had arisen and completed investigations in full.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had care plans and risk assessments in place which reflected their needs and gave clear guidance for staff on how to meet these. For example, where people had a catheter in place there was guidance in place for staff on how to reduce the risks related to this.
- Accidents and incidents were reviewed by the registered manager and investigations were completed where required to ensure lessons were learned when things went wrong.

Staffing and recruitment

- We received mixed reviews about whether there were sufficient staff to ensure people had regular staff who visited them at the times they had agreed. We spoke with the registered manager who told us they had identified this on a recent satisfaction questionnaire and were in the process of addressing this. We saw the registered manager had sent a memo out to all staff to remind them to contact people where they would be over 30 minutes early or late for a visit.
- The provider was engaging in a rolling recruitment drive to increase staffing levels.
- Staff were recruited safely and had employment checks completed prior to them commencing work. For example, the provider arranged for checks to be completed by the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Using medicines safely

- People received their medicines as prescribed by trained staff.
- People had access to medical professionals to review their medicines where this was required.
- The management team completed audits on medicines which identified where errors had occurred. We saw where people had not received their medicines as prescribed timely action had been taken by staff to address this.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through hygiene practices.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social needs were assessed prior to the start of and during their care.
- People, those important to them and professionals were involved in the assessment and planning of people's care.
- People had oral health care plans which gave staff clear guidance around how to support people to maintain their oral health care needs.

Staff support: induction, training, skills and experience

- Staff received an induction which allowed them to work towards the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff shadowed more experienced staff to help them get to know the people they would be supporting and to feel more confident in their role. One staff member told us, "I had an induction and shadowing. I even had an extra shadowing shift as I wasn't comfortable at first. I was comfortable after the extra shadowing shift."
- Staff received training and told us the training was 'good'. The registered manager monitored training records to ensure staff training was kept up to date.

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

- People were supported, where required, by staff to eat and drink in line with their needs and preferences.
- Where people were reluctant to eat and drink, staff offered encouragement and support. One relative told us, "They encourage my [relative] to eat, sometimes [my relative] does and sometimes [they] don't but we are happy with the effort [staff] are making with [them]."

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

- People were supported to access healthcare professionals when they required these.
- The provider had an online app to enable staff, people and relatives to communicate and share information about their care. This helped to share appropriate information with those involved in the support of people.

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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff received training and understood the principles of the MCA and how this impacted on the people they support. One staff member told us, "We have to assume all people have capacity."
- The registered manager understood their responsibilities in relation to the MCA and DoLS and knew when and how to assess people's capacity and complete best interests decisions where these were required.

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 for this newly registered service. This key question has been rated 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 and their relatives told us staff were caring. One person told us, "The [staff member] I have at the moment is fabulous and so are most of the carers."
- Peoples' needs in relation to their sexual orientation, religion and other protected characteristics were discussed and recorded on their care plans.
- People told us regular staff knew them well. One person told us, "[The staff members] are the same ones and they come on time. They are kind and know me well."

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

- People were encouraged to make choices about how they were supported. One person told us, "[Staff] give me lots of choice, I have cornflakes some days and weetabix the other days." Another person told us, "They help me choose my clothes every day."
- People were supported to give regular feedback about their care. For example, the provider encouraged people and their relatives to rate the quality of their care and support weekly. This helped the service continually improve.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity maintained. One person told us, "They just help me with the bits I can't reach. They make sure I have my privacy."
- People's care plans also gave guidance for staff on how they could ensure dignity for individuals. For example, one person's care plan detailed how to cover a person whilst providing personal care to make them feel more comfortable.
- People were supported to maintain their independence. For example, where people were able to wash themselves, staff encouraged them to do this, only supporting when they needed or were asked to.

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 good. This meant people's needs were met through good organisation and delivery.

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

- People had personalised care plans in place which explored their preferences, needs and choices. For example, one person's care plan detailed how they liked their pillows 'plumping' by the staff before going to bed.
- People's care plans included who was important to them and who they would like to be involved in their care.
- People's care plans prompted staff to ensure they were offering people regular choices about their care. For example, one person's care plan prompted staff to ask the person what clothes they would like to wear that day.

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 could access information in a variety of formats to support their understanding. For example, people could access information in their preferred language and large print.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise concerns about their care. One person told us, "If I had any concerns I would speak to the manager. [They] would definitely take my concerns seriously, [they are] a good manager."
- The provider had a complaints policy in place and the registered manager and wider management team were adhering to this.
- Where people or their relatives had raised concerns about their care and support, these had been investigated in a timely way and responded to in full.

End of life care and support

- Whilst no one at the service was receiving end of life care, the registered manager had an end of life care plan they could implement with people should this be the case. We discussed the importance of forward planning in end of life care with the registered manager who told us they planned to speak with people during the reviews of their care about any preferences they had about end of life care.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, their relatives and professionals gave positive feedback about the registered manager. One relative told us the registered manager was "polite" and "responsive".
- Staff we spoke with also gave positive feedback about the registered manager. One staff member told us, "[The registered manager] is definitely approachable you can go to [them] with any issue. [They] would act on anything. We have regular routine supervisions and spot checks. These are useful. There has been a number of times I have raised concerns and its been seen to and sorted within the day."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibilities in relation to the duty of candour and were open and responsive to feedback to ensure improvements were made to the service people received.

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

- The registered manager completed a variety of quality assurance audits across the service to ensure continuous learning and improvements were made where required.
- Staff recorded people's care and support on an app. Where staff failed to record they had completed a person's care tasks this would send an alert to the management team to enable timely action to be taken to address any concerns.
- Where errors and omissions in people's care had been identified by the registered manager, action was taken to make improvements to people's care. For example, following a medicines error, staff were involved in retraining and further competency checks.
- The registered manager understood their responsibilities of their registration with us and had notified us of events that had occurred at the service.

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

- The registered manager took a proactive approach to ensuring people and their relatives were given regular opportunities to feedback about their care and support. For example, people and their relatives were encouraged to complete quality assurance surveys, be involved in reviews and complete weekly ratings of their care.

- The registered manager and wider management team used the feedback they had received to create an action plan of improvements they were making at the service. These improvements included, ensuring people had access to consistent care and support at the time they have requested this.

Working in partnership with others

- People were supported to access health and social care professionals should they require this. For example, people were supported to contact their GP.
- Professionals we spoke with gave positive feedback about the registered manager. One professional told us, "The registered manager is very responsive."