

Keelby Community Cares

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Inspection report

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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

Keelby Community Cares is registered to provide personal care to people in their own homes. The service is a domiciliary care agency that provides personal care and support services to people living in Lincolnshire. The service supports adults with a range of conditions including older people, physical disabilities and people living with dementia. At the time of our inspection, 23 people were using the service and receiving a regulated activity.

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

Risks were identified and were assessed to ensure people received safe care. People told us they felt safe when receiving support from staff.

People consistently told us staff arrived on time and they received support from the same core group of staff, which promoted good continuity of care. The provider had recruitment processes in place to ensure suitable staff were employed. Medicines were managed effectively, and the provider ensured all infection control measures were followed by staff.

Staff had been trained to perform their roles effectively. 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.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People received person-centred care. People's needs were assessed prior to the commencement of the service. The assessment included people's health, physical, emotional and communication needs. Care plans had been reviewed regularly to ensure they were accurate. Systems were in place to manage complaints and people's communication needs were met.

Systems to monitor the quality and safety of the service were in place. Staff reported having a positive relationship with the provider and felt communication was effective. Quality monitoring systems allowed for the effective monitoring of the service by the provider. The provider had an ambition to be innovative and put people at the centre of the service delivery. They welcomed any form of external and internal auditing and feedback received was treated as an opportunity to reflect and further improve the quality of the service for people.

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

Rating at last inspection

The last rating for the service at the previous premises was good, published on 11 July 2017. The overall rating for the service has remained good based on the findings of this inspection.

Why we inspected

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Keelby Community Cares

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 carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 November. We visited the location's office and made telephone calls to people and their relatives on 16 November 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. 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 (PIR). 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

We spoke with 4 people who use the service and 4 relatives about their experience of the care provided. We spoke with 6 members of staff including, the care manager, resource coordinator, management support and care workers.

We reviewed a range of records. This included 4 care and medication records. We looked at other records relating to the management of the service including recruitment, staff training and supervision, and systems for monitoring quality.

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 registered service at the new location. 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 were protected from the risk of abuse. The provider had a safeguarding policy in place and staff had received safeguarding training.
- People told us they felt safe. One person said, "I 100% feel safe." Relatives said, "I absolutely feel [relative] is safe, they are very good."
- Staff were aware of how to report concerns. One member of staff told us, "We do our upmost to make sure people are safe, I would report management to look into the case and also inform the authorities."

Assessing risk, safety monitoring and management

- Risks were managed safely. Risks associated with people's care had been identified and plans were in place to minimise risks occurring. Staff told us they had access to risk assessments, and they provided the right information to support people safely.
- The service had sought input from external healthcare professionals and where appropriate, advice on actions for staff to take, to mitigate risks, safely support people and reduce the risk of harm.
- Risk assessments were person centred and reviewed regularly.
- Environmental risks were also considered for each property staff visited. This ensured the safety of all staff and people.

Staffing and recruitment

- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service.
- Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks had been made such as criminal record checks, references and obtaining proof of staff identity and right to work in the UK.
- Systems were in place to minimise risks of late or missed calls. The service used an online call monitoring system to monitor staff timekeeping and attendance. Staff logged in and out of visits electronically and the system alerted the office if staff did not log calls. This showed they had attended and left the care visit at the allocated time.

Using medicines safely

- Medicines were being managed safely.
- Information regarding the support people needed with their medicines was recorded within their care plans, which was clear, up to date and accessible to staff.
- Staff received training in medicines management and records supported this.

Preventing and controlling infection

- The provider had up to date infection prevention and control and COVID-19 policies in place to provide guidance for staff.
- Staff were provided with appropriate personal protective equipment (PPE) and had completed infection prevention and control training.

Learning lessons when things go wrong

- The provider told us they shared learning from any accidents and incidents with staff via one to one supervisions and discussions at management and staff meetings.
- The provider had a process in place to share any learning and improvements from other services within the organisation. They told us this enabled them to ensure consistent good practices were implemented throughout the organisation.

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 of this registered service at the new location. 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

- Systems were in place to assess people's needs and choices.
- The provider ensured pre-admission assessments of people's needs had been completed prior to providing a service. These included obtaining information from people and their relatives about their needs and preferences and how they would like to be supported. These plans reflected people's needs, including people's aspirations.
- Staff had an electronic system where care plans and records were stored. This meant the management team and staff had access to up to date information on the day to day support people required.

Staff support: induction, training, skills and experience

- New staff received an induction when starting in their role. This included completing their training and shadowing more experienced staff until they felt confident working alone.
- Staff completed a range of training courses to develop their skills and support their understanding of people's needs. The management team monitored staff training to ensure it remained up to date.
- The provider had a process in place for monitoring how often staff received supervisions. Staff told us they felt supported and able to discuss any concerns. Staff told us, "I absolutely feel supported, manager's listen and act on anything you raise."

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

- People were supported to maintain a balanced diet. Care plan tasks identified the level of support people needed from staff to prevent malnutrition and dehydration.
- Staff supported people to make choices about what they would like to eat, considering their preferences and dietary requirements.

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

- Staff understood when to escalate concerns with people's health to a healthcare professional. For example, if a person was unwell or unable to use equipment safely.
- People's care plans provided information about their healthcare needs and which healthcare professionals were involved in their care.
- The service recorded relevant information about people's care in daily notes. Staff could access these notes and this assisted in providing effective and timely care.

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.

- People's consent to care and treatment was obtained and recorded in the care records.
- The care manager knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People's care records continued to identify their capacity to make decisions. Staff received training in the principles of the MCA.

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 registered service at the new location. 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 relatives told us the staff were kind and caring and spoke positively about the support received. Comments included, "The carers are lovely," "They're very good and reliable," and "The carers go over and above what they need to do, I can't praise them highly enough."
- Staff knew people well, their life history, interests and hobbies. They were focused on people and respected their personal preferences.
- There was a strong, person-centred culture. People received care from very caring, compassionate and highly motivated staff who were proud to work for the service.

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

- People were supported to make decisions about their care. The provider asked people and their relatives for feedback and adapted how care was provided in response.
- People's care plans contained a detailed breakdown of what support they required at each visit including how to support them in making choices.
- The positive relationships staff developed with people helped to ensure people were confident in expressing their views and could make their own decisions. People consistently told us they made their own choices around daily living.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do so.
- Mobile technology was used to record daily notes. Staff were required to write care notes while at the person's property including visit arrival and departure time. This provided live information which was viewed by the office team to help plan any roster changes.
- People's personal information was kept secure. Staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

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 of this registered service at the new location. 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 and professionals were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff.
- The care plan, alongside the risk assessment, provided a person-centred perspective of what support the person needed and what their preferences were. Care plans covered areas including communication, medical conditions and domestic requirements. They provided guidance for staff on what care people needed and how they wanted it provided.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs. One staff told us, "The care plans are online, it helps so much with our roles."

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.

- The provider considered people's communication and sensory needs and preferences as part of the initial assessment of their needs. Information about how people communicated and any sensory aids used was recorded in people's care plans.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place. The care manager reviewed all complaints to spot ongoing concerns and put actions in place to resolve these.
- Records showed a number of complaints had been received. A log was kept of complaints and a response was sent with the action being taken. Complaints had been analysed to identify potential trends and to ensure improvements can be made to the service and minimise risk of reoccurrence.
- People and relatives confirmed they would feel comfortable raising any issues with the provider.

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection.
- The provider told us if they supported someone with end of life care they would develop a care plan to discuss the person's wishes, and would ensure staff were adequately trained to meet the person's needs.

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 of this registered service at the new location. 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

- The management team had developed a very positive culture, which placed people at the centre of their care. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- Staff confirmed they were happy working for the service. One staff member said, "It is really good, it is open, honest and we are given time to deliver quality care."
- Systems were in place to ensure people's care was regularly reviewed and any changes or improvements were acted upon in a timely manner.

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 provider understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood CQC requirements, and understood to inform the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The care manager showed a commitment to learning and making sure people received a continual improving service. A range of audits were regularly completed and, where needed, adjusted to make data more accessible.
- The registered manager and provider used live system data to ensure care was delivered and was safe and responsive to the needs of people. This ensured visits to people and allocated care tasks were completed.
- Staff performance was monitored. Staff understood their roles and responsibilities within the service and identified processes in place should they need to raise concerns.
- The service used online publications, guidance and information sharing to ensure they kept up to date with changes.

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

- People and their relatives were asked about their experience of care delivered and the provider was able to use this information to establish improvements in quality and care.

- Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at regular staff meetings.
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.