

J & K Keycare

# J & K Keycare

## 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

This announced inspection was carried out on 27 April 2017. J & K Keycare provides support and personal care to people living in their own homes in Keyworth and surrounding villages. On the day of the inspection visit there were three people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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 were supported by staff who understood the risks they could face and knew how to keep them safe. People were supported by regular members of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they needed by staff who were trained and supported to do so effectively. People's care and support was provided once consent had been obtained in line with the relevant legislation.

People were cared for by staff who understood their health conditions and ensured they had sufficient to eat and drink.

People were treated with respect by staff who demonstrated compassion and understanding. People were provided with their care and support in the way they requested. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People used a service which was flexible in accordance with their needs. The registered manager provided leadership that gained the respect of staff and motivated them. There were systems to monitor the quality of 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?

Good ●

The service was safe.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

People received their care and support by staff who had been trained to provide this safely.

There were sufficient and suitable staff employed.

People received the support they required to ensure they took their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who had been trained and supported to meet their needs.

People's right to give consent and make decisions for themselves were encouraged.

People were supported to have sufficient to eat and drink. Staff understood people's healthcare needs and their role in supporting them with these.

### Is the service caring?

Good ●

The service was caring.

People were cared for and supported by staff who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by staff visiting them in their homes in a way that suited them.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were provided with information on how to make a complaint

### Is the service well-led?

Good ●

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency.

People were supported by staff who were motivated to carry out their duties to the best of their ability.

# J & K Keycare

## **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 took place on 27 April 2017 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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. Prior to our inspection we reviewed information we held about the service, including their statement of purpose. We sent out survey forms to some people who use the service, their relatives, staff and healthcare professionals and we took their comments into consideration during the inspection.

During the inspection we spoke with one person who used the service and three relatives. We also spoke with one care worker, the care manager and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for two people, staff training records, one staff recruitment file and other records kept by the registered manager as part of their management and auditing of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. One person told us they, "Feel safe when they (staff) are here, they are all so nice." A relative told us their relation was, "Exceptionally safe they are just so good" and added that their relation "feels safe with them (staff) and that is the main thing". Other relatives said they felt their relations were safe because they were visited by a small group of staff who they knew.

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. They described indicators that could signify a person had been abused, such as a change in a person's usual behaviour or having unexplained marks or bruising. Staff told us they knew where and how to report any concerns. A care worker told us they would report any concerns they suspected or identified during a visit to either the care manager or registered manager, but they said they had not needed to do so.

The registered manager showed us the safeguarding file they kept which included information about when and how to make a referral to MASH. This is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire. Staff told us they had received training on safeguarding as part of the initial training programme and this was also covered as part of a social care qualification they were studying for.

The care and support people received from staff helped keep them safe. One person told us staff had, "Taken all the rugs up and everything, they were frightened of me falling." The person told us they had been in agreement with this and it had been a "sensible thing to do". A relative said staff, "Will help [relation] with their walking when they are finding it difficult."

Staff told us they encouraged people to be safe in their daily routines. They told us that people who used the service were all independently mobile but did use some equipment to support them with their independence. The registered manager spoke of having contacted an occupational therapist (OT) to arrange an assessment to see what equipment one person could be provided with to help them maintain their independence with bathing.

The provider informed us on their PIR that they identified hazards and took steps to either eliminate these if possible, or to minimize them. This involved preparing risk assessments and putting steps in place for staff to work to. The registered manager told us that part of their initial visit to someone new using the service included undertaking an assessment of their property to ensure the care and support needed could be provided safely. We saw these had been kept under review, for example one risk assessment had been updated when a person had a new boiler fitted.

People received their care and support at the time this was planned for from staff they knew and saw on a regular basis. A person told us that they had four calls every day and staff were "always on time". Relatives also said that staff arrived on time for their relations appointments. One relative said, "They always arrive on time and don't leave early. In fact they sometimes stay later and have a chat." Relatives also spoke of their

relations seeing staff they knew, as they were a small staff team and they knew each staff member. Staff spoke of the benefits of being a small service where each person knew all the staff and vice versa. The care manager told us that, "We have never been late for an appointment."

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Recruitment files showed the necessary recruitment checks had been carried out.

People were encouraged to manage their own medicines, but support was provided for people if they required it to ensure they took their medicines as prescribed safely. One relative told us their relation required staff to support them occasionally. Another relative said that their relation took their own medicines but staff did "remind them to take them".

The registered manager explained that at present they were the only staff member who supported anyone to take their medicines as they were the only one to have completed training for this. The registered manager said other staff would be completing this training in due course. The registered manager was also looking to introduce refresher training and carrying out competency assessments

# Is the service effective?

## Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. One person told us, "(The registered manager) is well experienced. The others are very good as well." A relative said they believed training was "ongoing" and another relative told us they had been shown staff qualification certificates when their relation started to use the service.

Staff told us they were provided with the training and support they needed to carry out their work. The provider informed us on their PIR that training was updated regularly to ensure employees had the skills, knowledge and qualifications needed for safe practice. A care worker described having an induction when they started which consisted of being shown the policies and procedures and working alongside the registered manager for the first two weeks. The registered manager explained the training programme staff took part in which involved attending external training courses. The registered manager showed us staff training certificates confirming the training that had been completed.

Staff spoke of having frequent discussions about their work which provided them with support and guidance. The registered manager told us they did not make a record of these discussions but said this was something they would do in future.

People who used the service were asked to consent for their care and support. One person said they had, "Got into a routine, I have a shower when I want one. If I didn't want one they wouldn't do it." The person also told us they had given written agreement to receive the care and support when they started to use the service. A relative told us that their relation made decisions about their care and said that staff, "Respect they are restricted physically, but mentally tip top."

Staff told us they obtained people's verbal consent before providing them with any care, and supported them to make decisions about this. They described how they reminded people about their routines and left prompts for them between visits. For example the care manager said by laying the breakfast table at the end of a person's night time call reminded the person to have breakfast when they got up in the morning.

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.

We checked whether the service was working within the principles of the MCA. The registered manager told us most people had the capacity to make decisions about their care and support for themselves, but one person did require some additional support to do so. They described how the person was able to make decisions for themselves with this support. The registered manager said they would ensure they were in a position to follow the MCA and assess the person's capacity to make a specific decision if they needed to in future.



People who required support to ensure they had sufficient to eat and drink to maintain their health and wellbeing were provided with this. One person told us that staff supported them with their nutritional intake by preparing their breakfast and midday meal each day. A relative told us that staff provided their relation with freshly cooked meals that were healthy and balanced. They told us the home cooked meals "always include a variety of vegetables".

The registered manager told us when they provided people with support in preparing meals these were always fully cooked in the person's home from fresh ingredients to maximise their nutritional content. Staff told us people they supported did not require a lot of nutritional support as they all ate well and they did not have any concerns about any changes in people's weights. The registered manager told us they would introduce food and fluid monitoring if this was needed and they knew how to make a referral for further nutritional support if needed. They also told us there was not anyone who required a specific diet for health, cultural or religious reasons.

People were supported by staff who understood their healthcare needs and knew how to support them with these. One person described receiving the support they needed to manage their healthcare and added that staff "check I'm feeling alright". A relative told us staff knew how to provide their relation with the support they needed to manage their health needs. They said staff were "fantastic at that". Another relative said that everything staff needed to know about their relation's healthcare needs was written down in the care plan.

Staff told us they understood people's healthcare needs and could tell if someone was not feeling well. The registered manager told us they supported people to attend any medical appointments when they requested this. All staff had completed first aid training.

## Is the service caring?

### Our findings

People who used the service and their relatives described all the staff as caring and showing a genuine interest in their wellbeing. One person told us, "They are so caring, their care is wonderful." A relative said, "I would describe them as extremely caring."

Staff told us they enjoyed their work and found it rewarding. They described having strong relationships with people and told us how one person had their own nicknames for each staff member about their favourite meal they prepared. The care manager told us when they went to bed at night they knew they had "done a good job". The provider informed us on their PIR that they ensured that all of its service users were treated with 'compassion, kindness, dignity and respect, no matter what their age, disability, gender, sexual orientation, race, religion or belief'.

People were involved in planning their care and support and making decisions about this. One person told us they had been supported by a relative when they had discussed their care plan with the registered manager. They told us the care plan was "what I wanted". A relative told us that their relation had influenced their care as, "Little things [relation] is concerned about they have dictated."

The provider informed us on their PIR they ensured that people who used the service got the care they wanted and needed by listening to their wishes and respecting their rights and their diverse circumstances. They also informed us that people were involved in all the decision making and planning of their care from the beginning if they had the capacity to do so. A care worker said people "tell us what they want". The registered manager told us that when they went to carry out an assessment they always made sure the person themselves was involved and answered their questions.

The registered manager said there was not anyone who used the service at present that had the support of an advocate, however they would assist anyone who needed this support to find one. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service were treated with respect by staff who were polite and respectful. One person told us they felt staff treated them with respect and they were "very respectful in my home". A relative said staff were, "Really respectful, really lovely." They added that staff would undertake additional tasks that were not part of the care package if they had time, such as doing some cleaning.

Staff described how they conducted themselves in a respectful way when in people's homes and respected their thoughts and beliefs. The registered manager said it they followed people's preferred routines and always tidied up after they had provided any care. They also told us how they followed practices that personal care in a way that promoted people's privacy and respected their modesty.

## Is the service responsive?

### Our findings

People received the care and support that had been planned for them and this met their needs. One person said, "I get person centred care, I couldn't fault them at all." A relative told us, "We have got a care plan. It excellently summarises all the things we ask them to do. It was amended when we made a change to the times."

People's care plans described the support they required with sufficient detail to provide staff with guidance on how to provide this. The provider informed us on their PIR that they undertook an initial 'needs of assessment' to find out all relevant information needed to prepare a care plan. They then regularly reviewed this to identify any changes.

A care worker told us people's care plans were "helpful" and that they "say what needs to be done". The care plans we reviewed contained clear detail about what people's needs were and how these should be met. These were kept under review and updated when needed. The registered manager told us they prepared the care plans to prompt staff on how to support the person to be in control of their care. A relative told us that there were occasions when their relation did not want to keep to the agreed plan and when this happened their wish was respected.

The length of people's calls was based on the support they had been assessed to need. For some people this included some time for social activity and inclusion as well as their care and support needs. One relative told us that staff, "Will sit and talk to [relation] as well, it's lovely." The care manager said they had arranged for one person to acquire a wheelchair so they could take them to use local facilities and visit places of interest. The provider informed us on their PIR that they supported people who used the service to follow their interests and take part in social activities to encourage them to develop and maintain relationships that matter to them and avoid social isolation.

People were provided with information on what to do if they had any concerns or complaints with the service. A person who used the service confirmed they had been told how to raise any concerns but said they had not needed to do so. Relatives also said they had not raised any concerns but were confident these would be addressed if they did. One relative said, "There is no problem saying something and I know they would not have a problem, if I had to say something."

The provider informed us on their PIR that people who used the service were encouraged to express themselves and complain if there was an area of their service that they were not happy with. They added that this would be seen as an opportunity to learn and improve their service. Staff were aware of the complaints procedure and the registered manager told us a copy of the procedure was included in each person's care file.

## Is the service well-led?

### Our findings

People felt the service was well run and had a positive culture. A person who used the service told us they thought the service was "well run, they are excellent". One relative described the service as, "A very well oiled motor" and another relative said they were a "well run small local team".

Staff believed the service was well run and valued staff as well as the people who used the service. The registered and care managers told us they worked closely together and shared the running of the service between them in line with their previous working experience. The registered manager, who had previous experience in the care sector led on the care side and the care manager led on the business side, which was where their previous work experience had been.

The provider informed us on their PIR they encouraged honesty and transparency even when mistakes are made. The registered manager told us that the size of the staff team meant they were able to have regular discussions whenever the need arose. They spoke of their aims and vision for the service, which was to remain a small service providing care and support to people in the local area.

The care manager explained how they organised holidays and days off so there were always sufficient staff working to complete people's care calls. They told us they prepared a rota each week to ensure all calls were covered. Staff told us personal protective equipment (PPE) was always available in people's homes. A care worker told us they could always contact someone for advice, including out of hours. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

People were confident in the way the service was managed and had confidence in the registered manager, who they saw on a regular basis. A care worker told us they found the registered manager "ever so helpful". The care manager described the registered manager as "a good leader".

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. We had not received any recent notifications from the service and the registered manager said there had not been any recent event they needed to notify us of. The registered manager had sent us a copy of the statement of purpose when they updated this, which is another occurrence they are required to notify us about.

The registered manager described how they ensured people were satisfied with the care and support they received. This included discussing this with them when they undertook their care calls and completing a survey from. We saw a sample of completed forms which all contained only positive comments about the service people received and the staff who provided this.