Key Care and Support Ltd

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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?	Inspected but not rated
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This was an announced inspection carried out on the 12 October 2016. Key Care and Support was last inspected in July 2013 and was compliant with all regulations inspected at that time.

Key Care and Support is registered to provide personal care to people in their own homes. At the time of the inspection the service was providing personal care support for one person who was supported by one member of staff. The service was not actively seeking to increase the people it supported as it was concentrating on other areas of the business. The main area of work for Key Care and Support is the supply of agency staff to other organisations, for example NHS hospitals, care and residential homes.

The service had a registered manager in place. 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. The registered manager was not in the office during our inspection. We spoke with the care co-ordinator who was responsible for managing the one support package the service had.

The relative we spoke with said their loved one was safe supported by Key Care and Support. They currently employed their own personal assistants as well as having support from Key Care and Support. A review meeting was due to take place in the week following our inspection to review the care plans and potentially increase the support provided by the service. The care co-ordinator had plans in place for establishing a trained staff team, with additional staff trained to cover for annual leave and sickness, if this happened.

Staff had received training in safeguarding vulnerable adults and knew the correct action to take if they suspected any abuse had occurred. Staff said the care co-ordinator would listen to any concerns they raised.

Staff administered medicines safely via the percutaneous endoscopic gastrostomy (PEG) feeding tube 'mickey' button. Key Care and Support staff recorded all medicines administered and monitored food and fluid intake and used bowel charts. The care co-ordinator checked that the paperwork was correctly completed during the annual review. All paperwork remained at the person who used the service's home. However the personal assistants did not complete the monitoring charts and daily logs. This was to be discussed at the forthcoming review meeting to agree clear instructions as to what was to be completed by whom so complete records were available if required.

The care plans in place were due to be reviewed. They were written in a person centred way and contained the preferences and choices of the person who used the service. Clearer guidelines were required for some tasks, for example when to support the person to turn over at night and the positioning required for some personal care tasks. Clear agreement of who was to complete what tasks was also to be agreed, for example who was to re-order the medicines.

Where external agencies such as the NHS provided equipment and guidelines for its use, these needed to be dated to clearly show they were current.

Risk assessments had been completed giving guidance to staff on how to mitigate the risks identified. These were updated annually.

Staff received annual refresher training including person centred care, fluids and nutrition, mental health, safeguarding vulnerable adults, basic life support and health and safety. Staff had also been trained in the use of the equipment provided and for PEG feeding. However these were not regularly refreshed unless the equipment changed. Observations of staff competency when using the equipment and administering medicines were not completed. The care co-ordinator said they would arrange for observations to be undertaken.

The person who used the service had capacity to make their own decisions. The care co-ordinator was aware of the requirements of the Mental Capacity Act (2005) if the service started to support people who did not have capacity to consent to their care and support.

A robust system of recruiting and training staff was in place. Staff completed mandatory training courses and any training required on the specific equipment the person who used the service used, for example a ventilator, PEG feed and cough assist machine .Staff would then complete two shifts shadowing an experienced member of staff before being placed on the rota.

Staff said they felt well supported by the care co-ordinator. They were in telephone contact at least monthly and more frequently if there were any issues or incidents. We were told the on call system was available out of office hours but only the care co-ordinator knew about the needs of the person who used the service. The staff member had supported the person who used the service for six years and knew them well. They therefore contacted the person's family or other professional directly when required. This meant the staff had the skill, knowledge and support to provide effective support.

The care co-ordinator sought feedback from the person who used the service every three months. The feedback we saw was positive.

There was a system in place to record, investigate and learn from complaints. All issues to date with the service had been resolved informally. However we saw other parts of the agency had fully investigated the complaints made to them.

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.

Staff had received training in safeguarding vulnerable adults and could explain the procedure to follow if they suspected any abuse had occurred.

Risk assessments were in place to guide staff how to mitigate the identified risks.

A robust recruitment system was in place to ensure suitable staff were employed. Staff had received training in safeguarding adults and knew the correct action to take to report any concerns.

Is the service effective?

Good

The service was effective.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

Staff had received the induction and training they required to carry out their roles effectively.

The staff member had supported the person who used the service for six years and knew their needs and the equipment they used well. However regular observations of practice and refresher training for staff using the required equipment were not completed.

Staff had annual appraisals and regular telephone contact with the care co-ordinator where any concerns could be discussed.

Is the service caring?

Inspected but not rated

Due to the small nature of this service and the inspector being unable to observe staff supporting the person who used the service we are not able to give a rating for this domain.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were written in a person centred way with the involvement of people and their relatives. Some details required updating.

Clearer guidelines were required for staff to follow for some tasks, for example when the person required support to turn over at night and how to use the equipment such as cough assist machine.

Cover for when the staff member was on annual leave was not always arranged.

A clear statement of which tasks the service would complete and those which the personal assistants would undertake was required. A clear agreement of what monitoring paperwork needed to be completed by the personal assistants was required.

Is the service well-led?

Good

The service was well led.

The service had a manager who was registered with the Care Quality Commission. The day to day management of the support was done by the care co-ordinator.

The relative and staff we spoke with told us that the care co-ordinator was approachable and would act on any concerns that they raised. Staff said they enjoyed working in the service.

The care co-ordinator monitored the service via telephone contact with the staff member and relatives. Regular feedback was sought from the person who used the service.

A complaints procedure was in place. People told us that issues were dealt with informally by the service. Formal complaints in other parts of the agency were fully documented.

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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 12 October 2016. The provider was given 48 hours' notice of the inspection because the location is a domiciliary care service and we needed to make sure some one was available to speak with us. The inspection was undertaken by one adult social care inspector.

We did not ask the provider to complete a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

Key Care and Support currently supports one person under their Care Quality Commission registration. The main area of work for Key Care and Support is the supply of agency staff to other organisations, for example NHS hospitals, care and residential homes.

We spoke with one relative, one member of care staff, the care co-ordinator, a director of Key Training Academy and a local authority social worker. We looked at records relating to the service, including one care record, two staff recruitment files, policies and procedures and quality assurance records.

The previous inspection took place in July 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

The relative we spoke with said their loved one was safe supported by Key Care and Support staff. They told us, "It's good; there is very little problem with the support." The local authority social worker we spoke with also told us the support provider met the person who used the service's needs.

Training records we viewed showed safeguarding vulnerable adults was included in the one day annual refresher training. The staff member we spoke with told us they raised any issues they had with the care co-ordinator, who would take any action required.

The care file we viewed contained assessments for the risks the person who used the service may face. These included moving and handling and pressure area care. We saw an environmental risk assessment for the person's home, both with regard to the person who used the service and the staff members supporting them. We saw the risk assessments were reviewed annually.

At the time of our inspection one staff member provided the support for the person who used the service. This was due to the person and their family deciding to also directly employ personal assistants. We were told the staff member was flexible with their hours of support to ensure support was provided for any medical appointments and to take into account when the personal assistants were available to work. This meant the Key Care and Support staff member ensured the person who used the service had the support they required when they needed it. This also meant the staff member was aware of any changes made to the person's medicines or support required following a medical appointment.

We looked at the systems in place to help ensure staff were safely recruited. We looked at the recruitment files for two members of staff. We found they contained application forms detailing previous employment histories, two references from previous employers and showed appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. This meant the people who used the service were protected from the risks of unsuitable staff being recruited.

We saw the person who used the service had their medicines administered via their percutaneous endoscopic gastrostomy (PEG) tube. We were told these were administered using a syringe directly through the person's MIC-KEY button on the PEG tube. The MIC-KEY button is a low profile enteral feeding system.

Key Care and Support staff completed a medicines administration record (MAR) when they administered any medication. However the personal assistants did not. The relative we spoke with said that the medicines were not always ordered in a timely manner. The care co-ordinator told us this was not part of the current care plan and was meant to be completed by the personal assistants employed directly by the person who used the service. This shows the need for clear agreements between all parties as to who is undertaking which tasks to ensure that all the person's needs are being met. We were told the service user could request any 'as required' medicines, such as pain relief, if they needed them.

The staff member told us they contacted the care co-ordinator by telephone if there had been an incident or accident. The care co-ordinator confirmed this. Incident forms were completed and kept at the person who used the service's home.

The service would continue if the central office was not operational due to events such as a utility failure as the staff supported people in their own homes. The computer records were backed up and could be accessed from any location.

Good

Is the service effective?

Our findings

The relative we spoke with said the staff provided effective support for their loved one.

We saw the staff member had received an annual refresher training day. This covered topics such as person centred care, fluids and nutrition, mental health, safeguarding vulnerable adults, basic life support and health and safety. This was all completed in one day.

The person who used the service needed specific equipment such as a ventilator and suction machine. These were supplied by the NHS who also provided training and guidelines for the staff to follow. Settings for equipment such as the ventilator were programmed and checked by the district nurse. If there was a problem with any of the equipment the person's family contact the supplier. In an emergency situation, for example the ventilator not working at night, the staff member would call the on call district nurse service directly for a replacement to be delivered. If the equipment was changed the staff would be re-trained by the supplier in how to use the new equipment.

The staff member said they had completed a training course on percutaneous endoscopic gastrostomy (PEG) feeding when they started supporting the person who used the service; however this had not been refreshed since. The director of the Key Training Academy told us they had been advised that this was sufficient. Skills for care advise annual training for medicines administration is completed, together with a competency check. In this instance this would need to include the correct use of the PEG feed as medicines are administered via the PEG tube 'MIC-KEY' button.

We were told annual observations of the staff member using the equipment and PEG tube feed to ensure that they were continuing to use it appropriately were not completed. The care co-ordinator said they would arrange for this to happen. We will check this at our next inspection.

The current member of staff had supported the person who used the service for six years and knew the person, the equipment used and the daily routines well. They had contact with the district nurses with regard to the correct use of the equipment. Training on the equipment and observations of practice will be required for new staff joining the team if the support from Key Care and Support is increased at the upcoming review.

The staff member we spoke with said they felt well supported by the care co-ordinator. They spoke at least monthly by phone. If the staff member had any concerns they said they would phone or go to the office. We saw this had been done when concerns were raised about how the personal assistants were completing moving and handling tasks. Formal supervisions were not held. The care co-ordinator was the main contact for the staff member, with other staff who may be on call out of office hours not knowing the person who used the service or their needs. Therefore there was not effective support available out of hours in an emergency situation. The staff member told us they contacted the family or other professionals directly in these circumstances. Additional out of hours support may be required for any new staff joining the support team.

We saw an annual appraisal was completed which included feedback from the person they supported, professional development, employee feedback and job satisfaction. Any actions agreed during the appraisal were noted.

We were told staff were not able to provide support until they had completed all relevant training on the specialist equipment used. New staff would shadow the existing experienced staff for two days to be introduced to the person they were supporting and to learn the routines of their day.

This meant the staff had the knowledge and support to undertake their role, however regular refresher training on the use of the equipment and competency observations were not completed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The person supported by Key Care and Support had capacity to make their own decisions about their care and support. The care co-ordinator was aware of the MCA and its requirements in case the service was approached to support someone who lacked capacity.

We saw an eating and drinking assessment was in place. The person who used the service could eat some soft foods and drink small amounts of fluid with support. Clear guidelines were given for staff to support the person to avoid choking. The main nutritional input was via an overnight PEG tube feed. We were told this is provided in pre-made dosages and the staff load them into the PEG feed.

We were told a food and fluid sheet was used to monitor intake. However this was not completed by the personal assistants, only the Key Care and Support staff. We were also told monitoring charts, such as for bowel movements, were also only completed by Key Care and Support staff.
This meant complete records were not kept. This could impact on the support provided if this information was required by a GP or to assess if any 'as required' medicine such as a laxative should be offered. We saw this had been raised by the Key Care and Support staff member and had been followed up by the care co-ordinator with the family. This shows a clear written agreement was required between all parties as to the information required to be recorded.

Inspected but not rated

Is the service caring?

Our findings

Due to the small nature of this service and the inspector being unable to observe staff supporting the person who used the service we are not able to give a rating for this domain.

Requires Improvement

Is the service responsive?

Our findings

We saw a care plan was in place and this was reviewed annually. If the needs of the person changed between the annual reviews we were told a re-assessment would be completed.

The care plan and annual review was completed with a trained nurse due to the medical needs of the person who used the service, for example a ventilator and percutaneous endoscopic gastrostomy (PEG) tube feeding were required.

Due to the person who used the service moving house the whole care plan was due to be reviewed in the week following our inspection. This was confirmed by the relative we spoke with. The staff member we spoke with said they were going to be involved in the review as they knew the person who used the service's needs well.

We saw the care plans were written in a person centred way, with details of the choices the person made themselves, for example a preference for female staff only and what they enjoyed doing. However we found some of the guidance for staff to follow was not always very detailed. For example the care plan stated for staff 'to turn as needed' during the night. We queried this with the care co-ordinator who told us it was if the person woke and was uncomfortable staff needed to support them to turn over. In other areas there was clear guidance, for example using the track hoist for all moving and handling procedures. We also saw the information contained within the 'All about me' document was no longer relevant and needed to be updated.

We saw guidelines had been provided by the NHS for how to use the ventilator the person needed, this was dated 2010. A relative had provided the service with information that would be required in case an ambulance was called. This was dated 2014. We were told by the staff member and relative we spoke with that these were still current. We recommend the service dates any guidelines provided by external bodies as still being current at each review of the care and support provided.

However we did not see guidelines for the cough assist machine referenced in the care plan to be used when the person was unwell. We also did not see guidance for the PEG feed regime or machine cleaning / maintenance regime staff were to follow in the care file. A ventilation service report dated 2014 provided guidelines for positioning the person for some personal care tasks. These were not in the person's care plan.

This meant any new staff would rely on being shown how to use the cough assist machine and PEG feed machine and how to support the person by the existing staff and would not have access to the guidelines to refer to if required. The care co-ordinator said they would include guidelines such as this in the updated care plan. We will check this at our next inspection.

We were told that the ventilator and other equipment were set and checked by the district nurses. The staff did not change these settings.

We saw the care plan clearly outlined some tasks that the staff would complete and those that would be completed by the private personal assistants employed by the person who used the service. However as noted earlier in the report this was not always clear, for example who re-ordered the medicines. The personal assistants did not complete monitoring paperwork such as food and fluid charts or bowel movement monitoring forms. The care co-ordinator was aware of these issues and was going to address them at the upcoming re-assessment. We will check this at our next inspection.

The relative we spoke with, confirmed by the staff member, said the service did not always find replacement staff for when the regular staff member was on annual leave. This was because specific training was required to use the equipment the person required, for example a ventilator and cough assist machine. This meant that additional support from the personal assistants had to be organised whenever the staff member went on annual leave.

We saw the person who used the service had been asked for their feedback on the service provided by Key Care and Support every six months. The feedback provided was positive.

Good

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The registered manager was not present in the office during our inspection. We spoke with the care co-ordinator who is responsible for the support package provided. The staff and relative we spoke with said the care co-ordinator was approachable and supportive if they had any concerns or queries. We were told there had been more concerns and issues since the person who used the service had started using personal assistants for part of their support. For example personal assistants using inappropriate moving and handling techniques. The staff member had raised these concerns with the care co-ordinator and they were going to be discussed at the forthcoming review of the care package.

We found the care co-ordinator monitored the service through telephone calls with the staff member, relatives and feedback forms from the person who used the service. The paperwork, for example the daily logs and Medicine Administration Records (MAR) were kept in the person's property and not returned to the office. This was because they were meant to be used by the Key Care and Support staff and the personal assistants. The care co-ordinator only visited the person who used the service at the annual review. This meant the paperwork was only audited for completeness and accuracy on an annual basis. As previously stated the personal assistants did not complete all the monitoring paperwork and so the records were incomplete. An agreement about what monitoring was required was going to be discussed at the forthcoming review meeting.

The care co-ordinator explained the plans they had if the support provided by Key Care and Support was increased at the review, which was thought to be likely. A fully trained team of staff would be established, along with additional trained staff who were able to cover for annual leave or sickness. Staff would be matched to the service user in terms of age and personality. Team meetings would be held every two months and reviews would take place every six months. This would provide support for the staff team and a more robust audit of the paperwork used by Key Care and Support staff. We will check this at the next inspection.

We saw the service had an up to date set of policies and procedures in place to guide staff. This included a complaints policy. No formal complaints had been received; we were told any issues had been resolved informally. This was confirmed by the relative we spoke with. We did see any complaints received by other parts of the agency had been fully investigated, with any actions taken recorded. This means the service had a system in place to respond to any complaints made.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). Due to the nature of the service only supporting one person, no notifications had been required in the last 12 months. The care co-ordinator was aware of the types of incidents that needed to be reported to CQC.

We were told Key Care and Support was not actively looking for additional support contracts at this time, focusing instead on other areas of their business. If they were approached to provide support for someone

they would consider it. Therefore it was unlikely there would be an increase in the number of people the service supports in the near future.