

Keelby Community Cares

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Inspection report

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Date of inspection visit:
06 June 2017

Date of publication:
11 July 2017

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

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, 11 people were using the service.

The service had a registered manager. 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 who used the service were protected from abuse and avoidable harm. Staff had been trained to recognise the signs that could indicate abuse had occurred and knew what actions to take to ensure people were safe. Actions had been taken to mitigate known risks and specific plans had been developed for the management of emergency situations. Before staff supported people, appropriate checks had been completed to ensure they were suitable to work with adults at risk. People's medicines were administered safely and as prescribed.

People were supported by staff who had completed a range of training and nationally recognised qualifications in health and social care. Staff told us they were supported in their roles and received effective levels of supervision and appraisal. Records showed consent was gained before care and support was delivered to people and the principles of the Mental Capacity Act 2005 were followed when they lacked capacity to make informed decisions themselves. People were supported to eat a varied and balanced diet of their choosing. When concerns were identified, relevant professionals were contacted for their advice and guidance which was implemented into people's care plans.

People told us they were supported by caring and attentive staff who knew their needs and understood their preferences. People received care from small teams of staff to ensure there was consistency and continuity in their care. People told us they were treated with dignity and respect by staff. Private and sensitive information was treated confidentially by staff and the registered provider ensured information was stored appropriately.

People or their appointed representatives were involved in the initial planning and on-going delivery of their care. Care plans and risk assessments were reviewed regularly and updated as people's needs changed or developed. People who used the service told us they knew how to raise concerns and make complaints. We saw that when complaints were received, they were responded to appropriately and used to develop the service when possible.

Quality assurance systems had been developed to identify shortfalls in people's care and ensured improvements were made in a timely way. People who used the service, their relatives and staff were asked

to provide feedback on the service and their opinions were used to improve the service when possible. Staff told us the registered manager promoted an open culture and listened to their views. The registered manager understood and fulfilled their responsibilities to report accidents and incidents, as well as other notifiable events, to the Care Quality Commission as required.

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 how to safeguard people from the risk of abuse and avoidable harm. They understood their responsibilities to report any poor care they witnessed or became aware of.

Staff were recruited safely and in sufficient numbers to meet people's needs.

People received their medicines as prescribed and their medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's consent was gained before care and support was delivered. The principles of the Mental Capacity Act were followed.

Staff had completed relevant training that gave them the skills and abilities to support people effectively. Staff confirmed they received effective levels of support and appraisal.

People's health care needs were met and they received advice and treatment from community health care teams when required.

People told us they were supported to eat a varied and balanced diet of their choosing.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service was well-led.

Questionnaires were completed by people who used the service and their views were used to develop the service.

The registered manager submitted notifications to the Care Quality Commission as required.

The registered provider had developed quality assurance systems to ensure care and support was delivered consistently and effectively. When shortfalls were highlighted or feedback was received action was taken to improve the service.

Keelby Community Cares

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 checked whether the registered provider was 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 comprehensive inspection took place on 6 June 2017 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection, we reviewed all the information we held about the service which included notifications submitted to the Care Quality Commission by the registered provider. The registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioning and safeguarding teams to gain their views of the service.

During the inspection, we spoke with four people who used the service and three people's relatives. We also visited two people in their own homes. We spoke with the registered manager, the business development manager, the assistant manager and three members of care staff.

We looked at four people's care plans and their Medication Administration Records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were deprived of their liberty or assessed as lacking capacity to make informed decisions, actions were taken in line with the legislation.

We reviewed a selection of documentation relating to the management and running of the service. These included quality assurance information, minutes of meetings, staff training records, supervision and recruitment information, questionnaires and complaints information.

Is the service safe?

Our findings

People who used the service told us they were safe. One person said, "I know I am safe. I am in good hands; the staff know what they are doing and have never let me down." Another person explained, "The girls [care staff] are never far away; I wear a pendent and if I need them I use it and they come straight away. It is very reassuring to know that."

Relatives we spoke with commented, "I know mum is safe, I trust the staff implicitly", "Most of the care staff live and work in the village so if there are any issues they are round there straight away" and "She couldn't manage alone. If it wasn't for them [care staff], she wouldn't be able to stay at home."

People were protected from abuse and avoidable harm by staff who had completed relevant training. This enabled them to recognise the signs that could indicate abuse had occurred. During discussions, it was clear staff were aware of the different types of abuse that may occur and their responsibilities to report any poor care they became aware of. A member of staff we spoke with said, "I have never witnessed anything that would need reporting but I wouldn't hesitate if I did."

We saw that accidents and incidents were recorded and investigated to ensure appropriate action was taken to prevent their re-occurrence. The registered manager told us, "I review them [accidents and incidents records] and try and identify patterns or trends; I want to know if it is a risk and what we can do to manage it." Meeting minutes provided evidence that accidents and incidents were discussed in team meetings, including any preventative strategies that had been developed to ensure staff were aware of the actions they were expected to take to keep people safe.

We looked at four staff recruitment files and saw that before prospective staff were offered a role within the service, relevant checks were undertaken. The files we saw contained application forms as well as interview notes, suitable references and a disclosure and barring service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with adults at risk. The registered manager stated, "We do spend a lot of time making sure we are getting the right carers. The interview process is quite in-depth. If someone applies for a job, we will invite them for an informal chat and explain the type of company we are. If they like us and we like them, then they have a formal interview." The registered provider operated a six-month probationary period. The business development manager explained, "The staff are not constantly supervised so the long probation period allows us to really get to know the staff and if they represent the company in the way we want."

The registered manager confirmed call times were monitored to ensure people received their care and support at agreed times. Records showed missed care was highly infrequent. A person who used the service explained, "They [care staff] are usually on time; if they are going to be more than a few minutes late they call me and let me know." A relative we spoke with said, "Sometimes they are a few minutes late but we know that means they [care staff] may have had problems at their last call and we understand that."

We saw that plans had been developed to ensure emergency situations would be responded to

appropriately. Known risks to people's health and welfare had been recorded and guidance had been created to prevent the possibility of their occurrence.

Staff had completed a safe handling of medicines course and had their competency assessed before they prompted and supported people to take their prescribed medicines. Each person who required support with their medicines had an appropriate care plan in place that described the support they required. A person who used the service told us, "I don't need any help to take my tablets but the girls [care staff] help me with my creams; I need help with them."

We checked a number of medication administration records (MARs) and saw that people received their medicines as prescribed. MARs were reviewed when they were returned to the office and any omissions were followed up with the member of staff to ensure the reason for this was clearly documented.

Is the service effective?

Our findings

People who used the service told us they were supported by staff who had the skills and experience to meet their needs effectively. Their comments included, "All the staff have had the training for my complex needs, I know they have done training just to help me stay at home" and "The girls [care staff] are very good; I was a carer so I know the standards and they all measure up."

People were supported by staff who had completed a range of training to equip them with the skills and abilities to carry out their roles effectively. We saw staff had undertaken training the registered provider deemed as mandatory, as well as further person specific training to meet people's individual needs.

We saw that some staff had completed a nationally recognised qualification in care and a nationally recognised induction programme. A member of staff told us, "I have a specific area of interest and have spoken with the manager about it. She said she would support me in any way she could and advised me to enrol" and "I have said I will share my knowledge with the other staff and that way everyone can benefit."

Staff told us they received effective levels of support, supervision and professional development. Records showed staff received one to one and team supervision meetings with their line manager and appraisals were conducted on an annual basis. The staff we spoke with confirmed meetings were used as an opportunity to discuss the support people required and any changes to their needs. Also discussed were training requirements, incident reporting and medicines management. This helped to ensure staff were supported to deliver care and support in line with the registered provider's ethos.

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, 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 who used the service or their appointed representative had consented to the care and support they required and this was documented in their care records. During discussions with staff, it was clear they were aware of the different ways to gain consent from people and the requirement to do so before they provided care or support. We saw records of best interest meetings which helped to provide assurance that when people lacked the capacity to make informed decisions themselves, they received the supported they required in this area.

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. For people in the community who needed help with making decisions, an application should be made to the court of protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection no one who used the service was being deprived of their liberty.

People were supported to eat a balanced diet and encouraged to eat healthy options. We saw records that evidenced when concerns with people's nutritional intake were noted, appropriate action was taken. A member of staff we spoke with said, "I cook people things from scratch; I will make people anything they fancy." Another member of staff told us, "We have some people who don't want to eat or only eat very little; if I sit and eat with them I find that helps. It adds a social element and people seem to really enjoy that." A person who used the service said, "One of the girls goes out and gets me fish and chips on a Friday; that's a real treat. They are good."

People who used the service were supported to access relevant healthcare services and the registered provider facilitated home visits from district nurses and GPs when required. This helped to ensure people continued to receive effective care and support as their needs changed and developed.

Is the service caring?

Our findings

At our last comprehensive inspection of the service on 23 May 2016, we found people were supported to express their views and were actively involved in decisions about their care. People were treated with dignity and respect by staff and staff had developed caring and positive relationships with the people they supported. The rating for this key question was Good. At this inspection we found people continued to receive the care and support they required in a caring way. The rating continues to be good.

People and their relatives confirmed they were supported by caring staff. One person told us, "The staff are very caring. They always ask me if there is anything I want doing before they go; nothing is too much trouble for them." Another said, "It's a small company so I have a small staff group that look after me. We always have a laugh and joke." A third person said, "I don't sleep well and am often a little bit down in the mornings. My carer comes bursting in with a smile on their face and she really brightens up my mornings; I do look forward to seeing her." A relative commented, "Everyone is treated as one of the family; we all know each other in this village and the company [the registered provider] has taken that one step further. They do a wonderful job caring for them all."

People's needs were understood and met in a caring way by staff. A member of staff told us, "One of the ladies I see has dementia and memory problems. She says 'stop me if I've told you this' and she often has [said it before] but I always say I have never heard it. She likes to talk about her past and I am happy to listen." A person who used the service told us, "I didn't need a lot of help when I first contacted them [the registered provider] but the girls would stay and talk to me and I now see them as true friends."

Staff showed genuine concern for people's well-being and responded quickly to their specific situations. A member of staff explained, "Most of us [the care staff] live and work in the village so when we get a power cut, which we do every now and then, we know they do [the people who used the service] too. Out I go with my lanterns and my torch just to check and make sure everyone is ok; lots of the staff do."

Staff understood the importance of treating people with dignity and respect as well as supporting them to maintain their independence. Their comments included, "I treat everyone with respect; it's a very important part of what we do. Everyone we care for has contributed to the local community and deserve to be cared for in a dignified way" and "I do all the things I should do like closing curtains and covering people when I provide care but that's just basic care. Everyone gets treated with dignity and respect because they are a valued part of our community." The registered manager added, "We don't want to de-skill anyone, we want to preserve their self-perception. We are here to support people to live how they want to live with as little involvement as possible. As their needs change we offer more support."

We saw that advanced decisions about end of life care had been recorded for people. The registered manager told us, "We try and talk to people at the right time, it's not always easy but we need to know if people want to stay in their own home or go in to hospital. This helped to ensure people would receive the care and support they required in their preferred location at the end of their lives."

Private and sensitive information was managed and stored appropriately and staff understood their responsibility not to breach people's confidentiality. A member of staff said, "This is a small village and people ask me about other people that I care for all the time. I have to say I know they are only asking out of kindness but I can't share that information with them; they understand when I explain it's more than my jobs worth."

Is the service responsive?

Our findings

At our last comprehensive inspection of the service on 23 May 2016, we found people received personalised care that was responsive to their needs, people were aware of the registered provider's complaints procedures and complaints were investigated and responded to appropriately. The rating for this key question was Good. At this inspection we found the service continued to be responsive to people's needs. The rating continues to be good.

People who used the service or their appointed representative confirmed they were involved in their initial assessment and the on-going planning of their care. One person told us, "I started receiving support from the company before it was what it is today. [Name of the registered manager] came round and we discussed what I need help with and that was how it started. I have reviews and see [Name of the registered manager] quite often. The more I need the more they do; it's a super arrangement." A relative we spoke with said, "I am fully involved with all everything, I attended the initial meeting and am at all of the reviews. I have to say I trust them [the registered provider] implicitly."

The initial assessment of people's needs stated their abilities, levels of independence and areas of need. The assessment included personal hygiene, health and medical care, social needs and relationships, mental health needs, mobility, medicines, food, drink and diet, as well as morning and evening routines. This information was then used to develop a number of individualised care and support plans. The care plans we saw had corresponding risk assessments so that known risks could be mitigated effectively. We saw evidence to confirm that reviews of people's care and support were completed on a regular basis and when their needs changed or developed.

People's care plans contained information about their lives, including their family history, other important people in their lives, where they lived and grew up as well as any known hobbies or interests. This helped to ensure staff knew the people they were supporting and could deliver person-centred care. A member of staff said, "I know my clients so well, they are like family to me." The registered manager told us that a member of staff was in the process of developing a 'life story book' for a person who used the service that was living with dementia. They said, "The member of staff has contacted their family and is getting photos so they can help them to remember different times in their life."

People were encouraged and supported to take part in social activities. The registered manager told us, "We want people to maintain their way of life for as long as possible. We support people to the church and remind them about certain services. We help people with shopping so they can still prepare meals because that's what they want to do." A member of staff said, "I go with one person when they walk their dog; it's something we could do for him but it's something he really enjoys and we don't want to take that away from him."

The registered provider had a complaints policy and it was provided to people at the commencement of their service. It provided guidance about people's right to complain and who the complainant could escalate their concerns to if they felt the response from the service was un-satisfactory.

We saw that when complaints were received they were used to develop the service when possible. The registered manager explained, "Obviously we don't want lots of complaints but if people don't tell us what we are doing wrong, how can we put it right? We always want to learn from any feedback we get." A person who used the service told us, "I have complained in the past, I told [Name of the registered manager] I wasn't happy about something and she got it sorted straight away; she doesn't mess about."

Is the service well-led?

Our findings

People who used the service told us it was well-led. One person said, "That company is the best thing since sliced bread." A second person said, "I think it [the service] is wonderful and I think the manager is too." A relative commented, "I can't tell you how highly we think of the manager; she does a marvellous job and has recruited some very good staff who share her ideals and do the job to a very high standard."

The governance and quality assurance systems used by the registered provider included audits, checks, questionnaires and observations. The business development manager explained, "The organisation is still in its infancy but we have developed work streams and ways to assure ourselves of the quality of care. The registered manager audits care records, accidents and incidents, medicine records and daily logs. She looks for patterns and trends and speaks with staff when something is identified or requires clarification." This helped to ensure shortfalls in care or support would be identified in a timely way and appropriate action would be taken as required.

People were involved in developing the service to ensure the service was tailored to meet their individual needs. We saw people were formally asked to provide feedback on the service on an annual basis and this was collated and used to develop and improve the service. The business development manager told us, "The questionnaires are sent out to people, families and professionals but the registered manager is in touch with people and their relatives on a weekly basis." The registered manager added, "The service is here to allow people to live their lives how they want to live them. If we receive any feedback or someone wants something done differently, we will change it straightaway."

We saw evidence that staff meetings were held periodically. The registered manager explained, "I try and make the meetings as collaborative as possible. I find when the staff have been involved and come to conclusions themselves, things we get a better outcome." This meant that staff were actively involved in developing the service.

The registered manager told us their management style was open and inclusive. During discussions with staff, we were told that the registered manager was approachable and supportive. One member of staff said, "She is a great manager; we all know we can discuss anything with her, work wise or personal and she won't judge us." Another member of staff added, "We have got a great manager; she has the clients at the heart of everything she does."

The registered manager was aware of and fulfilled their responsibilities to report accidents, incidents and other notifiable events that occurred within the service. We reviewed records within the service and found that the Care Quality Commission had been made aware of specific events as required which helped to ensure we could conduct our regulatory duties.

We saw that the registered provider and the Board of Trustees were involved in the overall management of the service. The business development manager informed us that specific incidents were recorded on the registered provider's risk register and reported to the trustees to ensure they were managed in line with

internal policies and procedures.

The registered manager attended meetings with the local clinical commissioning group and told us that it was one of the ways they ensured their skills and knowledge were up to date. They said, "Obviously lots of things are discussed; one of things that has been focused on recently is typical reasons for hospital admissions. We know that we can look at, what training the staff have and try and develop their skills to recognise potential signs [of people's deterioration]." They also said they reviewed National Institute for Health and Care Excellence (NICE) guidelines, received updates from the Social Care Institute for Excellence (SCIE) and information from the CQC.

There was an emphasis on continual improvement at the service. Prior to the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager told us that the exercise of completing the Provider Information Return (PIR) had been extremely useful and enabled the service to look at its key challenges and priorities. We saw that an action plan had been created to manage areas that required development.