

Kelly Park Limited

# Kelly Park Limited

## Inspection report

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Date of inspection visit:

04 December 2019

05 December 2019

06 December 2019

Date of publication:

08 January 2020

## 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

Kelly Park Limited is a domiciliary care agency providing personal care to 325 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Overall, people and their relatives told us they were happy with the care and support they received from Kelly Park Limited. One person said, "Their [staff] whole attitude is very caring. They are more like friends now, I look forwards to them [staff] coming, they are all lovely."

The directors had improved their quality monitoring of the service following the last inspection. People's views were regularly sought, and the directors and management team had a plan for ongoing improvements. Some people told us timings of calls and communication still needed improving. One person said, "Quite a lot of the times staff come at different times and we don't always get told."

We have made a recommendation the provider improves their monitoring of people's call times and communication with people.

The management team had improved how they responded to complaints. They were open to people sharing their concerns and responded in a timely manner resulting in a reduction of the number of formal complaints made. People told us if they were worried about anything they would be comfortable to talk with a member of staff or the management team.

The management team ensured people received a safe service with systems and processes in place which helped to minimise risks. Staff effectively reported any safeguarding matters. The management team investigated and resolved any concerns. Improvements had been made to how incidents and accidents were analysed, to ensure lessons were learned and practices improved. Staff recruitment continued to be safe.

Medicines systems ensured people were receiving their medicines when they should. Overall, the provider was following national guidance for medication arrangements.

The management structure in the service had been improved to ensure people and staff had access to support throughout the day and night. Everyone told us staff were caring and treated them with kindness. One person said, "From the moment staff come through the door they are cheerful and open, they always ask what we want doing, I can't fault any of them."

Staff had the skills and experience to help people maintain and develop their independence. People said staff treated them as individuals and respected their privacy and lifestyle choices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in decisions about the care they received, and staff knew how to communicate with each person to help them to make choices.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 20 December 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Kelly Park Limited

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, a special medicines advisor and two Expert's 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 homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 December 2019 and ended on 6 December 2019.

We visited the registered site office on 4 December 2019 and met with the registered manager, directors and staff. We undertook telephone interviews with people and their relatives on 5 and 6 December 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 12 people who used the service and 15 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, both directors, the recruitment manager, a risk assessment manager and risk assessor, the providers training coordinator and care staff.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- We received mixed feedback about whether there were enough staff to support people. One person said, "I've never had a problem or missed call." One relative said, "I get the impression there isn't enough staff, they are chasing their tails at times." The recruitment manager told recruitment was ongoing and they would not accept further referrals until more staff were employed.

People told us they felt safe with the service provided. One person said, "Staff treat me well and I have no concerns about my safety." One relative said, "Staff always do their best to make sure [person's name] feels secure and well cared for.

- Staff told us they would not hesitate to report any safeguarding concerns to the management team and were confident action would be taken to keep people safe.
- The management team worked closely with other relevant authorities to make sure people were protected from abuse and avoidable harm.
- Safe recruitment procedures were followed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Care plans and risk assessments were up to date and regularly reviewed. Staff knew what they had to do to support with health conditions such as diabetes.
- Staff could explain how they minimised risks to people's health and well-being.
- The provider had contingency plans in place to support people in emergency situations for example, adverse weather conditions or electrical failures in the team office.
- People were protected from the risk of infection; staff had received training and followed safe practices. Staff had access to and used personal protective equipment such as disposable gloves and aprons.

Using medicines safely

- People who required help to take medicines received support from trained staff.
- Overall, medicines arrangements were safe and regularly reviewed by management. We shared some minor areas for improvement of records with the management team who acted immediately.
- Most people were happy with how their medicines were managed. One person said, "Staff have to get them out of the cannister, I do get them on time."

Learning lessons when things go wrong

- Effective arrangements to analyse and learn lessons from things which had gone wrong had been implemented following the last inspection.
- Accidents and incidents were monitored by the directors and discussed with the management team to ensure any lessons to be learned were shared with the whole staff team.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before they began to use the service.
- People's care and support plans clearly set out their needs and preferences for how they wished to be supported. Where possible, staff were matched to people's needs and preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to effectively and safely support them. One person said, "Staff are very efficient in what they do."
- New staff completed an induction programme and had opportunities to shadow more experienced staff. One person said, "When there's a new person starting, they always have someone shadowing them."
- The management team were approachable if staff required advice or support. Staff received regular supervision and an appraisal. One staff member said, "Things have massively changed, the support, is great. If you have a problem, you can ring up the office and get the support you need."
- Staff received training which ensured the safe use of equipment. This included the use of specialist equipment [hoists] to support people to live at home safely. One emergency professional had written to the management team. It read, 'We would not have managed to get person out of the house as quickly and as smoothly without the assistance of your staff. Their help resulted in us not having to prolong the wait for further assistance with the potential for the person's condition deteriorating. Their manual handling skills and planning were excellent in assisting us to ensure the patient had the best treatment as quickly as possible.'

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

- When people required support with their meals, staff provided this safely and ensured people's choices were given and with the level of support required. One person said, "Staff make sure I have a good healthy meal each day and leave me drinks and snacks for in-between."
- Staff worked with other health professionals to make sure people received food and drinks according to their needs. Care plans were updated following assessments by a speech and language therapist to reflect any recommendations and minimise risks for people.

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

- Records showed the management team worked in partnership with other organisations to ensure they delivered joined-up care and support for people.
- People had regular access to healthcare services when they needed it. One person said, "There have been



times when staff have told me that I needed to see my doctor and arranged an appointment for me." One relative said, "Staff have phoned me to suggest [person's name] needs to see a doctor."

#### 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 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 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.

- Staff followed the legal requirements of the MCA.
- Staff sought people's consent before undertaking any personal care. One relative said, "Staff always try to get [person's name] to do things for themselves. They always ask permission and never push [person's name] to do something they don't want to do."
- Most people could make decisions for themselves and staff respected their choices. Where people lacked the mental capacity to make specific decisions staff worked with others to make sure decisions made were in the person's best interests. This included healthcare professionals and people's relatives.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 said staff were respectful and treated them with kindness. One person said, "Staff always visit in time for us to go to church." One relative said, "Staff always are so mindful of [person's name] wishes and go above and beyond their role. Some staff are so insightful and think out of the box."
- Staff received training in equality and diversity. People's cultural and spiritual needs were respected.
- The management team monitored staff practices to ensure they were kind and caring.

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

- People and their representatives were involved in all decisions about their support. One person said, "I get asked all the time about my care plan, I have it here in my hand and I read it regularly."
- Staff used appropriate communication methods to support people to be involved in their care planning and reviews.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's rights to have their privacy and dignity promoted. One staff member said, "I always go step by step telling the person what we are going to be doing. I always ask their permission and put myself in their shoes, thinking how I would feel." One person said, "I couldn't ask for better care. Staff are so kind and lovely, they always respect my dignity and never do anything to make me feel embarrassed."
- Staff helped people to develop their independence. Care plans reflected the steps staff should take to encourage people. One relative said, "Staff always encourage [person's name] to do little things for themselves."
- Most people told us they received care and support from a consistent staff team. One person said, "Continuity of care is excellent, I have no issues what-so-ever."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- An effective complaints procedure was now in place. This set out how complaints would be managed, response times and communication with people. The directors now closely monitored response times to all concerns and complaints.
- The number of complaints received by the service had significantly reduced since the introduction of the new procedure. The registered manager told us this was due to improved communication with people. People were now contacted quickly, able to talk through their concerns and have action taken reducing the need for a formal complaint.
- One person told us, "I spoke to the office about my call times and they sorted it straight away, it didn't need a formal complaint, they were very nice about it."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The support people received was individual to their needs and was delivered in a person-centred way.
- Care and support plans reflected people's choices, wishes, life aspirations and what was important to them.
- Care plans were reviewed annually or more often if people's needs changed, for example following a hospital stay or fall.
- People were supported to maintain contact with family and friends and where part of their care plan, supported to access the local community to prevent social isolation. One person said, "Staff come and take me out for trips."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the AIS.
- Care plans included people's preferred ways of communication. Staff were also aware of people's non-verbal signs of communication. For example, one person used 'smiley or sad' face pictures on their iPad to communicate their wishes. One relative said, "[Person's name] is hard of hearing, staff always get down to [person's] level and speak directly to [person]."
- The service had a range of information in an accessible format to support people using the service. This

included pictorial, easy read and records in other languages.

#### End of life care and support

- At the time of inspection no-one was receiving end of life care. However, managers and staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences. When required, people would be supported to make decisions about their preferences for end of life care. Professionals would be involved to ensure the person experienced a comfortable, dignified and pain-free death with their end of life wishes respected.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person centred care.

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

- An electronic monitoring system was in place to review the quality of the service people received. This alerted the management team when tasks were not completed on time by staff. Some people raised concerns with us regarding timings of their calls and lack of communication from the management team when this occurred. We discussed this with the management team who told us their new monitoring system would improve their responses in this area but was yet to be fully embedded into all areas of the service.

We recommend the provider makes further improvements to how they monitor people's call times and how inform people of any changes in a timely manner.

- Lessons had been learnt from previous inspections, accidents and complaints. The management team were open and honest about where further improvements to the service were required and showed commitment to continue raising standards to the support people received.
- New policies, procedures and best practice guidance had been implemented to support staff and continue to raise standards. Staff spoke positively about their roles and were enthusiastic about ensuring people received good care and support.
- The management team understood their responsibilities under the duty of candour.
- Regular management meetings were held where any concerns and improvements to the service were discussed and planned.
- Observational visits were undertaken to monitor quality and individual staff performance. One manager said, "We go out and work alongside staff to make sure they are delivering good quality of care and following our procedures. If we feel a member of staff is struggling, we will always look for what support we can give to help them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People shared their views through regular reviews of their care and support. The management team used feedback from people and staff to develop and improve the service.
- Staff meetings were held to give staff the opportunity to express their views and opinions on the running of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The management team demonstrated a commitment throughout this inspection to provide a quality and person-centred service that met people's needs. Managers and staff told us the service had vastly improved since the last inspection.
- Staff praised the support they received from the management team and how this had improved.
- The management team had developed and maintained good links with healthcare professionals and the local community which people benefitted from. Care records demonstrated the service worked in partnership with wider stakeholders to meet people's needs. Records noted the involvement of GP's, district nurses and dietitians.