

Key Staff Limited







Key Staff

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	

Overall summary

This inspection was carried out on 26 November 2015.

Key staff is registered to provide personal care and support for people in their own homes. At the time of our inspection 19 people received care and support from this service.

There was a registered manager in post. 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 said that they felt safe with the care and support provided, and that staff were kind, caring and always respectful towards them. Staff understood how to recognise and protect people from abuse and received

Summary of findings

regular training around how to keep people safe. Staff were not recruited until checks had been made to make sure they were suitable to work with the people that used the service.

People told us that the staff and management were approachable and if they had any concerns they would be listened to.

People said that staff were reliable and there were enough staff to meet their needs. People said that staff holidays or sickness were covered by other staff to make sure that they had consistent support.

People told us that they felt confident that staff had the knowledge and skills to provide the right care and support. We found that staff had regular training that they felt this supported them to deliver safe and effective care. People's care records contained the relevant information for staff to follow to meet people's health needs and manage risks appropriately. Staff told us that they were made aware of any changes in people's needs in a timely manner. Care plans and risk assessments were clear and updated quickly if people's needs changed.

People we spoke with were happy with the care and support that they received.

People told us that they were involved in the care and support that they received. People told us they had choice over the support they received and nothing was done without their consent. Staff understood the principles of consent and delivering care that was individual to the person.

People told us that staff responded quickly if someone was unwell and supported people to access other health professionals when needed. People were supported to take their medicine safely and when they needed it.

The provider and registered manager had systems to measure the safety and quality of the service. Checks and audits were completed regularly to make sure that good standards of care were maintained.

Summary of findings

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.

People had care and support that was safe and protected them from harm. People had support to take their medicines safely at the times they needed them.

Staff had a good understanding of how to keep people safe. They knew their responsibilities to keep people safe and to manage any risks. People received care and support at the times that they needed it.

Good



Is the service effective?

The service was effective.

People felt that staff had the skills and knowledge to provide care effectively. People received support to access different health professionals when needed. Where needed people had support to prepare meals or with eating and drinking. The care and support people received matched their identified health needs.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able make choices and consent to their care.

Good



Is the service caring?

The service was caring.

People said staff were kind and caring and treated them with dignity and respect.

People were involved in planning and reviewing their care and support.

Good



Is the service responsive?

The service was responsive.

People said that their care and support was based on their own individual needs and preferences. Care plans were reviewed regularly to make sure that their needs continued to be met.

People knew how to complain and felt that they were able to raise any concerns and they would be listened to and responded to.

Good



Is the service well-led?

The service was well led.

People said the registered manager and staff were approachable and always took time to make sure they were happy about their care and support.

Staff felt well supported and motivated to provide a good quality service.

There were effective quality monitoring systems in place to identify any areas for improvement.

Good



Key Staff

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 was an announced inspection which took place on 26 November 2015 by an inspector and the provider was given 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We looked at the information we held about the provider and this service, including any statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.

As part of our planning for the inspections we asked the local authority if they had any information to share with us about the care provided by the service. They told us they had no current concerns about the service.

We spoke with four people who used the service, four relatives, four care staff, an operations manager and the registered manager who was also the provider.

We looked at the risk assessments and specific care plans care records for six people, five staff files and looked at records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe, one person said, “I really feel the staff are looking out for me.” People said that they had information from the provider on who to report any concerns to, and they felt confident that any safety concerns would be dealt with promptly. Staff told us they had training in keeping people safe and were able to explain to us how they would identify if abuse was happening and what to do about it including who they would contact if they had any concerns. The registered manager also had a good understanding of their responsibilities to identify and report potential abuse to the local authority.

People said that staff were reliable and turned up on time and the support they received was what they expected and reflected what was in their care plans. They told us that staff always stayed for the expected time and made sure that they were alright before leaving. Staff were able to tell us about people’s needs and said that the care plans reflected the care they provided. The registered manager told us that they had just introduced a system for staff to alert them if they were going to be late or not able to attend a call. The registered manager told us that this enabled alternative arrangements to be quickly made to ensure that support could continue to be given. They told us that at times when no staff from the existing staff were available to cover a call, they were able to obtain a nurse from the nursing agency which is run by the same provider. Staff told us that this gave them confidence that if they were unable to attend a call arrangements would be made to make sure the person’s care needs were met. All of the people we spoke with felt that they had consistency with the people that provided the care and support.

People and relatives said that any risks were explained to them and managed well by staff. Staff were able to tell us about people’s needs and could tell us how they managed risks associated with people’s care and medical conditions. One relative told us how some aspects of a person’s health condition meant that they were at risk of choking. They told

us that staff understood the risks and worked well to keep the person safe. Staff told us that the risk assessments were clear and reviewed regularly. One relative told us how reviews of the risk assessments had recently become more frequent due to the changing condition of the person’s health.

People felt that there were enough staff to provide them with the support they needed in a safe way. The registered manager told us that they had a system that made sure there were enough staff to meet people’s individual needs safely. The registered manager said that on occasions of staff sickness or holidays they had access to nurses from the key staff nursing agency to cover at short notice. They told us that this meant that people did not go without the care and support they needed.

Staff told us that the provider completed checks on them before they started working for the service. Five staff files confirmed that checks had been undertaken with regard to proof of identity and whether there were any criminal records that the provider needed to be aware of. The service had also received references from past employers to make sure that new staff were suitable. The registered manager told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

People and relatives told us that staff supported them to take their medicines safely and when they needed it. Relatives also told us that medicines were administered safely by staff that knew what they were doing. One relative told us about how complicated they felt the medicines were to give, and how staff had been, “Professional, reliable and knowledgeable about the medicines.” The support varied according to people’s needs. All staff told us that they had regular medicine training and that they were unable to help people with their medicines unless they had been trained. This was confirmed by the registered manager who told us that all staff received annual medicine training as well as regular competency checks where senior staff would check with staff that they continued to administer medicines safely.

Is the service effective?

Our findings

People felt that staff had the skills and knowledge to meet their needs effectively. One relative said, “Their [staff] level of knowledge is more than I expected.” Staff told us that the training they received helped them do their job effectively. One staff member said, “We get the training that we need. We are not allowed to do anything that we have not have training for.” Staff told us that they felt well supported to do their jobs. One staff member said, “The manager is available if we need him. You do feel supported with things.” Staff told us that they had regular supervision and that they also had an annual appraisal. New staff had a comprehensive induction period and had to shadow more experienced staff until they were considered competent to work alone. They told us that this gave them opportunity to observe and be observed by more experienced staff, they found this reassuring and supportive. They felt this provided them with confidence and knowledge to carry out their job role effectively.

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. We checked whether the service was working within the principles of the MCA.

People told us they were able to make choices around their care and support. One person said, “They [staff] always ask before they do anything.” Other people who used the

service did not have the capacity to be able to make choices for themselves. Staff could explain to us what needed to happen if a person did not have the capacity to make choices. They told us that people were still supported to make choices and that they checked throughout the time they spent with people that they were comfortable with the support they were getting. They were able to explain about best interest meetings and the principles of the MCA. This demonstrated that staff understood about consent and supporting people with their choices. Their relatives told us that the care and support was always provided in the person’s best interests. What we saw in people’s care plans confirmed this. The manager understood their responsibilities to the MCA and Court of protection.

People told us that they had the right amount of support with their meals. Some people required more specialist support with mealtimes, for example via a tube in their stomach. Relatives told us that staff were skilled and provided the correct amount of support to ensure that the person received the correct amount of fluids and nutrition. Where appropriate staff monitored people’s amount of food and drink that they had consumed. Staff told us that where there were any concerns about a person’s eating or drinking the provider had got health professionals involved quickly.

Relatives told us that staff and the registered manager engaged with other professionals associated with people’s care and support when needed. One relative said, “They [staff] are quick to respond if [person] seems unwell.” All of the staff we spoke with said the management team were always available for advice if they were worried about a person’s health. We saw where a care plan had been reviewed with input from the district nurse following a change in a person’s health.

Is the service caring?

Our findings

The people and relatives that we spoke were happy with the staff and spoke positively about their relationship with them. A relative told us, “I wouldn’t change [staff] for the world. They are fantastic.” Other people told us that staff were caring and kind and treated people as individuals, taking time to have meaningful conversations. All of the staff we talked with spoke fondly of the people and families that they provided support for.

People we spoke with felt that staff supported them to maintain some independence. They told us about how staff took time to support them to participate as fully as they could in their care. One relative told us about a person who would become anxious with new people and how through consistency and perseverance the staff had now got the person assisting with certain areas of their care. The relative felt that this was a breakthrough and praised the staff highly for this. The care plans that we looked at showed that the care and support promoted people’s choices and independence. Another relative told us that

staff worked hard to encourage their family member to do as much as they could. Staff told us that they always tried to recognise what people could do and encourage them, whilst they also recognised what people needed extra help with.

People felt that staff communicated well and took the time to make sure that they were involved in their care. They felt that staff explained clearly before going ahead and carrying out any care tasks. The registered manager told us that the care and support care was planned with involvement of all the relevant people with the person themselves at the centre of all decisions about what care and support was needed. The care records that we looked at showed that people and their relatives had been involved in identifying and reviewing their care and support.

People told us that they felt all staff treated them with respect and dignity. One relative told us, “The staff couldn’t treat anyone with more respect.” They told us that staff were always mindful of how people wanted to be addressed. The staff we spoke with explained how they would support people with their own views and beliefs.

Is the service responsive?

Our findings

People told us care was centred on their individual needs. People had discussed and agreed what support they wanted to match their needs and preferences. A relative told us, “The care and support is totally about their individual needs.” The care plans we looked at reflected this. We could see that the provider was quick to respond if a person’s needs changed. One example was a change in a person’s health needs. Additional assessments had been done including additional risk assessments and arrangements were made for further specific training. Staff told us that the provider was quick to respond if it was identified that people’s needs had changed.

People said that the staff knew their assessed needs and how to provide the right care and support. They said staff were reliable and punctual and that they had the same staff working with them. One relative said, “[Staff] has been absolutely brilliant and couldn’t ask for more. They turn up when they are supposed to and know what they have to do.” Another relative told us about how their family member became anxious with strangers and they felt that every effort had been made by key staff to make sure that staff were introduced properly before providing care and support.

People and relatives told us that they were confident that the provider responded quickly to any changes in a

person’s health and would contact other health professionals when needed. We could see in the care records where care routines and tasks had been altered so that they could remain individually tailored to what the person wanted. The registered manager told us that all people had planned reviews of their care every six months, and we could see where some care reviews were more frequent due to requests from people’s families. People went on to tell us that they were always consulted and part of any decisions made about the support they received. In the five care records we looked at we found that care plans and risk assessments were detailed and had been reviewed regularly.

People told us that they did not have any complaints, but if they had they were confident they would be listened to. They were aware of the complaints procedure and how to raise a complaint. People had information on who to contact including the details of the registered manager and other agencies such as the local authority and CQC. All the people we spoke with knew who the registered manager was and felt comfortable to raise concerns with them or the staff. We spoke with the registered manager about the handling of concerns and complaints. There had not been any recent complaints but we could see that there was a system in place to respond and investigate concerns appropriately.

Is the service well-led?

Our findings

People told us that they had regular contact with the registered manager and found them approachable. They said they could talk with staff about any comments or concerns and felt that they would listen and forward any concerns or comments to the registered manager if needed. Staff told us that they could contact the registered manager at any time and felt that they had good support and supervision with their roles. One member of staff said, “It is a very supportive place to work.” One member of staff told us, “It is an open door policy here. That means we can come and speak to the manager or any of the senior staff anytime.” Staff were also aware of the whistle blowing policy and who to contact if they had concerns about people’s safety. There was a clear management structure and out of hours on call system to support people and staff on a daily basis.

We asked the registered manager about their vision for the service. They told us that everyone had the right to receive care of the highest possible standard, and it was the aim of the service to achieve this for everyone. All of the staff we spoke with felt motivated to provide the best care and support that they could provide.

We saw that the registered manager continually monitored the daily running of the service. They did this by weekly reviewing of all of the daily record sheets for the day as well

as medicine records. The registered manager told us that this was a way of making sure that no concerns or changes were missed. The senior staff also carried out regular unannounced spot checks on how staff provided care and support. The registered manager told us that this was a way of making sure staff were continuing to meet people’s needs as planned and to also give the staff and the person receiving support the opportunity to talk about the quality of the care. They also told us that part of the six monthly reviews with people and their relatives provided opportunity to give feedback about their experiences of the care and support. We could see that this was recorded in people’s care records.

Staff told us that staff meetings enabled staff to discuss with the management team what was going well as well as any concerns. Staff felt that they felt involved in decisions regarding the development of the service and how it was run. One staff member said, “It’s only a small service, but that’s ok because we feel part of a team, informed and able to comment and give ideas.”

The provider had when appropriate submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.