Key 2 Care Limited

Derbyshire Care Services HQ

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Derbyshire Care Services HQ is a domiciliary care service providing support for up to 420 people, the majority of whom receive personal care. The service provides care to people living in their own homes in Derby and some parts of south Derbyshire.

People's experience of using this service and what we found
Medicines management required further improvements to help ensure people received their medicines consistently. Risk assessments did not always provide enough detail.

Staff had been retrained and had their competencies to safely administer medicines re-checked. Risks in people's homes were assessed to help ensure people received safe care. Staff understood what actions to take to help keep people safe from any risks associated with their healthcare conditions. People felt safe with the care they received. Staff understood what actions to take to help prevent abuse or avoidable harm to a person. Recruitment processes checked to ensure staff were suitable to provide care. There were enough staff to provide safe care, however some people commented on calls being late. Processes were in place to prevent and control the risks from infection, including those from covid-19. The provider took the opportunity to learn from when things went wrong.

Some improvements were needed to governance arrangements including records and audits, this was underway. The service was operated with an open and transparent management style. People's views were sought with a view to improving care. People received care that helped them achieve good outcomes. The provider was in the process of implementing a new electronic care records system and they were expecting this to improve care records and audit effectiveness. The service worked in partnership with other agencies involved in people's care to help ensure good care outcomes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good. (Report published 21 February 2020).

Why we inspected
We completed this focused inspection due to a number of safeguarding concerns over the management of risks associated with people's health conditions, including risks from medicines.

This report only covers our findings in relation to the Key Questions Safe and Well-Led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has deteriorated to requires improvement. This is based on the findings at this inspection.

Follow up
We will return to inspect 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Derbyshire Care Services HQ

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
This inspection was carried out by two inspectors, two assistant inspectors and two experts 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 houses and flats and specialist housing.

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 announced. We gave the service one weeks' notice. This was because we asked the registered manager to arrange for us to be able to contact people using the service, their relatives and staff as part of the inspection. We also needed to check the current Covid-19 status for staff who worked at the office where we would be inspecting.

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 authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We spoke with the registered manager about medicines management concerns and they told us they would put an action plan in place to address these. 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 the registered manager and care coordinator. We made phone calls to 12 care staff on 29 and 30 September 2020. We made phone calls to 14 people who used the service and 12 relatives on 29 September 2020. We reviewed the action plan for medicines management implemented by the registered manager.

We reviewed a range of records. This included three people's care records and medicines records. We looked at four staff files in relation to their recruitment and supervision. A variety of records relating to the management of the service, including audits and policies were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely
• Before our inspection visit we spoke with the registered manager about the number of medicines errors that had been reported to the local authority. The registered manager accepted that there had been a number of medicine errors and had put an action plan in place to address the issues. At this inspection we found some progress had been made to provide refresher training to staff.
• However, we found people were at risk from inconsistent medicines administration. Medicines administration record (MAR) charts for topical creams did not always contain directions on where they should be applied. One person told us they did not always receive their medicines consistently. They said, "I am supposed to have cream on, but I didn't get that today."
• Staff had been trained in medicines administration in their induction programme. We saw evidence that if staff made a medicines error, they were retrained, and their competency to administer medicines was reassessed. The provider had, as part of their action plan to improve medicines management, retrained staff and checked their competencies.
• Staff we spoke with confirmed they had had recent refresher training in medicines management, however improvements to medicines management were still needed.

Assessing risk, safety monitoring and management
• Risk assessments did not always provide sufficient detail on risks identified. For example, one person required protective equipment to help protect their skin, however this was not reflected in a risk assessment for the person's skin protection. Another risk assessment for falls had contradictory information as to the person's falls risk. We discussed these with the registered manager who told us they would review and update records.
• Risks in people's homes were assessed so staff could provide care safely. People told us they felt staff managed any risks associated with their health conditions safely. One relative said, "Staff transfer [family member] via the rotunda, they transfer [family member] quite easily, staff have a good technique, they remind [family member] to lift their hand to make the transfer safe."
• Staff understood risks associated with people's health care conditions and knew how to reduce these risks. For example, staff told us a person required food of a particular consistency to help reduce risks associated with choking. Another staff member told us how they checked a person's skin as they were at risk of pressure sores. Relatives shared the view that staff acted to reduce risks. For example, one relative told us, "[Name] stays in bed most of the time, staff encourage them to reposition throughout the day, there is a pressure cushion, they check for pressure sores when bathing them."

Staffing and recruitment

• People told us there were enough staff to meet their needs. Most people were satisfied with the timeliness of their calls. One person told us, "In an afternoon they can be up to an hour late sometimes and they don't let me know I have to ring them." The registered manager told us that calls times could be up to an hour late before they were classed as late. However, we could not see this was included in the welcome pack issued to people to help them know what to expect.
• Staffing levels were planned to meet people's needs. Some, but not all people received a staff rota so they knew which staff were coming. One relative said, "We used to get a rota which was very useful but not now. I do like to know who is coming into my house though." Another person said, "I get a lot of different carers. They were going to send a rota, but it never arrived. I am never sure of the time either so a rota would be ideal."
• The registered manager told us they had introduced an electronic system so that care plans and medicines administration records could be completed digitally. This had been partially implemented and the registered manager told us it would be fully implemented in the next two months. The registered manager told us this would enable them to follow up immediately on any concerns raised by staff and would work alongside a current system to alert for any late visits.
• Staff were recruited safely and their suitability for the job role was assessed. Further checks on staffs' suitability were completed including checks with the disclosure and barring service (DBS). Staff spoke highly of the recruitment and induction process. One member of staff said, "I did training in the office, underwent a DBS, then went on shadowing, I worked with an amazing carer." Most people were of the view that most staff were well-trained. For example, one person told us, "Staff seem to do a lot of training, handling and lifting, they know what they are doing."

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe and that staff kept their property safe. One person said, "I think staff keep me safe; staff certainly know what they are doing." The service had provided people with information about safeguarding.
• Staff had received training in safeguarding vulnerable adults and knew the signs of abuse and how to report them. One member of staff said, "I would report anything of concern, medication error, any abuse." Staff were also aware of how to raise any concerns under the provider's whistleblowing policy.
• The provider had processes in place to report and investigate safeguarding concerns. We saw concerns were investigated and acted upon. This meant the provider had taken steps to help protect people from abuse and avoidable harm.

Learning lessons when things go wrong
• The provider had a process in place for managing incidents, accidents and any complaints. Records showed these had been investigated had reviewed with staff to help identify any lessons learnt.
• We saw evidence that people and staff were encouraged to contribute feedback on the service to help it improve.

Preventing and controlling infection
• Staff had received training for infection prevention and control. This included how to prevent the spread of infection through effective hand washing and wearing personal protective equipment (PPE).
• Staff were supplied with PPE and the registered manager told us they had sufficient PPE in stock.
• People told us they felt staff took action to help prevent the risks from Covid-19. One person said, "Staff are all wearing masks as well as gloves and aprons now. I feel they are doing as much as they can to keep me safe from the virus." The registered manager understood people's individual risk levels in relation to Covid-19.

Requires Improvement

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 this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created, did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Records were not always accurate or complete. Some additional medicines administration record (MAR) charts had been placed on top of original MAR charts. Some of these had become separated and they did not have people's names, or the medicines prescribed on them. The registered manager told us they were in the process of implementing a new system that would prevent this however, this was not yet fully implemented.
• Systems and processes to assess, monitor and improve the quality and safety of the service were in place. Due to the size of the service, a sample of records were audited each month. This sometimes meant that individual issues were not identified. However the registered manager assured us that themes of issues were identified and we saw action plans were in place to address this.
• Overall, statutory notifications had been submitted to CQC as required. Notifications are changes, events or incidents that providers must tell us about. We identified a small number of incidents had not been reported, as required. This was a misunderstanding of the requirements and the provider assured us this would be rectified with immediate effect.

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
• The provider had displayed their CQC rating in their office location and on their website as required.
• The registered manager understood their duty to be open and honest with people. Any investigations into incidents or complaints were completed openly.

Continuous learning and improving care
• The provider was in the process of implementing a new electronic care and medicines record system.
• The registered manager told us this would enable prompt action to be taken to any shortfalls in the service. They also told us it would make the process of completing regular audits on care records and MAR charts achievable.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People told us the care they received helped them live their lives well. For example, one person said, "I

would recommend the company; they are supporting me to be independent and manage in my own home. I'm grand thank you."
• People and relatives were contacted for their views regularly and these were listened to. Improvements were made whenever possible to help ensure good outcomes for people.
• Staff told us they felt their views were valued and listened to. Staff knew about the new care records system being implemented.
• People had made complimentary comments about the service. Whenever a complaint was received this was investigated openly and outcomes communicated to the complainant.

Working in partnership with others
• Staff we spoke with were knowledgeable about the involvement of other professionals involved in people's care. For example, one staff member told us about the involvement of a speech and language therapist for a person who had developed some difficulties eating.
• Care plans detailed any involvement by other professionals. This included GP's, occupational therapists and district nurses. This helped to show the service worked well in partnership with other people.