

J & K Keycare

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Inspection report

45 Park Avenue
Keyworth
Nottingham
Nottinghamshire
NG12 5JY

Tel: 07771357911

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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 ●

Summary of findings

Overall summary

About the service

J & K Keycare is a domiciliary care agency providing community support and personal care to people living in their own homes in and around Keyworth, Nottinghamshire.

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. At the time of our visit seven people were receiving the regulated activity, personal care.

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

People felt safe using the service and felt safe with the staff who supported them. Staff were aware of their responsibilities for keeping people safe from harm. Risks associated with the support people required had been assessed, and identified risks were monitored and managed. People were supported with their medicines where required. Staff had received training on medicine management and their competency was assessed. New staff were appropriately recruited and there were enough staff available to meet people's needs. Staff followed the providers infection control policy and the registered manager made sure that if anything went wrong, lessons would be learned.

People's care and support needs had been assessed prior to their care package commencing to ensure their needs could be met. Staff had received appropriate training and had the knowledge to enable them to provide care and support in a way people preferred. People were supported to maintain good health, eat and drink well, and were supported to access relevant healthcare services when they needed it.

Staff were kind and caring and treated people with dignity and respect. People were involved in making decisions about their care and their consent was always obtained. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Plans of care had been developed with them and their relatives and these included people's personal preferences and how they wished their care and support to be provided. People had access to the providers complaints procedure and knew what to do if they were unhappy about anything. Whilst no one was receiving end of life care at the time of our visit, the registered manager was in the process of exploring people's wishes.

The staff team felt supported by the registered manager and the care manager. People, their relatives and staff were involved in how the service was run through the use of surveys and day to day conversations with the registered manager and the staff team. Monitoring systems were in place, though not always formally recorded. (This was rectified during our visit). The registered manager and care manager worked in

partnership with others when required to make sure people received safe care and support.

More information is in the detailed findings below.

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 (published 24 May 2017).

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 ●

J & K Keycare

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 one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. There were seven people receiving personal care at the time of our inspection.

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

We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 October 2019 and ended on 9 October 2019. We visited the office location on 8 October 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people received and

Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with two people using the service and three relatives of other people using the service. We also visited one person and spoke with them and their relative. We spoke with the registered manager and three support workers. We reviewed a range of records about people's care and how the service was managed. This included three people's care records. We also looked at associated documents including risk assessments. We looked at staff training records and the recruitment checks carried out for new staff employed at the service. We also looked at a sample of the providers quality assurance audits that the management team had completed.

After the inspection

The registered manager provided us with further evidence to demonstrate compliance with the regulations.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One person told us, "I do feel safe with them, I always know who's coming and it gives my [relative] peace of mind." A relative explained, "[Person] is totally safe with them."
- Staff had received training in the safeguarding of adults and were aware of their responsibilities to keep people safe from avoidable harm. One told us, "I would go to the registered manager or care manager they would 100% act."
- The registered manager understood their responsibility to report any safeguarding issues to the local safeguarding team and to us as required.

Assessing risk, safety monitoring and management

- Risk assessments had been completed prior to people's care and support packages commencing. This enabled the management team to identify any risks presented to either the person using the service or the staff team during the delivery of the person's care.
- Risk assessments had been carried out on people's home environment and on any equipment to be used, and a moving and handling risk assessment had also been completed. The risks presented to people had been properly assessed and managed.

Staffing and recruitment

- There were suitable numbers of staff available to meet people's needs. People told us staff always turned up, never missed a visit and always stayed the correct amount of time. One person explained, "They always arrive on time, I cannot fault them." A relative told us, "They have never let [person] down once."
- Appropriate recruitment processes were followed to ensure only the right people with the right values were employed at the service. References had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. (A DBS check provided information as to whether someone was suitable to work at this service.)

Using medicines safely

- Staff had received training in the safe handling of medicines and their competency was regularly assessed. This ensured people were supported in a safe way.
- For people who needed assistance to take their medicines, a risk assessment had been carried out and information had been included in their plan of care. A relative told us, "[Person] has a tablet every day at 11am and four times a day they help with eye drops. This is always on time and always recorded."

Preventing and controlling infection

- People were protected from risks to their health and well-being by the prevention and control of infection. Protective personal equipment was readily available including gloves and aprons. One person explained, "They always wear their gloves." A relative told us, "They use gloves and aprons, there's boxes full in the bedroom."

Learning lessons when things go wrong

- The registered manager had arrangements in place for the monitoring of any incidents or accidents relating to people's care, and the staff team understood their responsibilities for raising concerns around safety and reporting any issues.
- There had been no incidents resulting in the harm or injury of any person using the service since our initial registration of the service in January 2016.

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 care and support needs had been assessed prior to their care package commencing. This was so the management team could satisfy themselves that the person's needs could be met. One person told us, "The registered manager and care manager visited me and asked me lots of questions."
- The management team supported staff to provide care and support in line with best practice and national guidance.

Staff support: induction, training, skills and experience

- People felt the staff were appropriately trained to meet their care and support needs. One person told us, "The staff are all competent and well trained."
- Staff had completed the appropriate training to enable them to support the people using the service effectively. This included training in moving and handling, the safeguarding of adults, food safety, and equality, diversity and human rights.
- New staff had the opportunity to shadow the registered manager for the first two weeks of their employment. The registered manager then shadowed them to ensure they were suitable for the role. One staff member explained, "I was taken round for the first two weeks until they were satisfied I was capable to do the job."
- People's needs were met by staff who were effectively supported and supervised. One to one meetings and annual appraisals were arranged, providing staff with an effective support network. One staff member explained, "I am supported, 100%."

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

- Staff supported people to have enough food and drink when they supported them at meal times. They knew the importance of making sure people were provided with a healthy balanced diet, whilst providing them with the food and drink they liked.
- People's food and drink preferences were included in their plans of care. For example, one person's plan stated, 'Likes brown buttered bread with marmalade for breakfast'. Staff knew people's preferences well.

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

- The staff team worked together within the service and with external agencies including healthcare professionals to provide effective care.

- Staff were observant to changes in people's health and when concerns had been raised, support from the relevant healthcare professionals had been sought. This included for one person, support from an occupational therapist.

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.

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 had the appropriate legal authority and were being met.

- No applications had been made to the Court of Protection. The management team understood their responsibility around the MCA. They explained if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement.
- Staff understood their responsibilities within the MCA, and people were encouraged and supported to make decisions about their care and support daily.
- People's plans of care had been signed to say they gave their consent to the care being provided.

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 using the service and their relatives experienced positive caring relationships with the staff team. They told us the staff were kind and caring and they looked after them well. One person told us, "The staff are absolutely marvellous. They go above and beyond, and nothing is too much trouble." A relative explained, "I can't fault them, they are so caring. We have a giggle and that makes it better for us."

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

- People were fully supported to make decisions regarding their day to day routines and express their views about their personal preferences. One person told us, "They always check that I am happy for them to help me."
- Staff were aware of the importance of supporting people to make their own day to day decisions. One explained, "I always ask first and ask, 'Is this how you want it?' and I listen to them and respect their wishes."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and their privacy and dignity were always maintained. One person told us, "I am always treated with the upmost respect." A relative explained, "I can see and hear them supporting [person] and I only ever hear happy noises."
- Staff gave us examples of how they promoted people's privacy and dignity. One explained, "When I'm helping someone, I always make sure there is no one else in the room and I close the curtains and doors." Another told us, "I talk with them and make them feel at ease, I always take their feelings into account when helping them."
- People were supported to remain as independent as possible. One person explained, "They do what they can for me, but they don't take over."
- The registered manager explained advocacy services would be made available to anyone who was unable to make decisions regarding their care and support, either by themselves or with the help of a family member. This would make sure people had access to someone who could support them and speak up on their behalf if they needed it.

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 good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had been involved in the planning of their care with the support of their relatives. One person told us, "The registered manager and care manager came around and we had a chat. They asked what help I needed."
- Plans of care had been developed when people had first started using the service and these had been reviewed. They covered areas such as, the person's mobility, their nutritional needs and the personal care and support they required. Plans of care showed the staff team how to support people in the way they preferred.
- Where changes in people's health had occurred, action had been taken. This included contacting the appropriate healthcare professionals and updating the person's plan of care. A staff member told us, "I would notify the registered manager and care manager. They would come out straight away, reassess them and make any changes to the care plan."

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 registered manager understood their responsibility to comply with the AIS and were able to access information regarding the service in different formats to meet people's diverse needs and individual requirements.

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and a copy of the complaint's procedure was included in the paperwork kept in people's homes. People knew who to talk to if they were unhappy about anything. One person told us, "There is always someone available to talk to if we had any concerns, though we don't. We have two telephone numbers we can call."
- No complaints had been received since our last inspection in April 2017.

End of life care and support

- There was no one requiring end of life care at the time of our visit. The registered manager explained if a person required this, an advanced plan of care would be implemented, and the required care and support

would be provided with the support of the relevant healthcare professionals.

- The registered manager was in the process of sourcing training for the staff team on end of life care.

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 good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A registered manager was in place and people spoke positively about them and the staff team. One person explained, "The registered manager is very, very good." A relative told us, "The staff team are absolutely marvellous, they are wonderful. I would want them to come and look after me." Another stated, "They are fantastic. I would recommend them to everyone."
- Staff felt very much supported by the registered manager and the care manager. One explained, "I feel 100% supported. They are always on the end of the phone. I love it. It is the best job I have ever had."
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver good standards of care. One explained, "Our aim is to continue the registered manager and care manager's hard work. Providing high quality care with compassion and commitment."

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 registered manager worked in an open and transparent way and understood their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager regularly monitored the service being provided, though this was not always formally recorded. This was addressed during our visit with a system to formally record the monitoring being devised.
- A supervision and training programme ensured staff received the level of support they needed and kept their knowledge and skills up to date.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

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

- People using the service had been involved in how the service was run and their views and thoughts were regularly sought. This was through regular visits to people's homes and the use of surveys. One person told us, "I see the registered manager and care manager once a week, and they ask me how I'm doing and if I'm happy with everything."
- The staff team had been given the opportunity to share their thoughts on the service and be involved in how it was run. This was through informal meetings, supervisions and day to day conversations with the registered manager. One explained, "We work well together, it is a really good team. They [registered manager and care manager] listen to us and take things on board."

Continuous learning and improving care

- The registered manager was committed to improving care. For example, they provided their contact details to neighbours of people using the service who had no family. This meant if neighbours had concerns for them, they could contact the service who would go and check the person was safe and well.

Working in partnership with others

- The registered manager worked with others to the benefit of the people using the service. They worked alongside other healthcare professionals to ensure people received the care and support they required. This included working with physiotherapists and occupational therapists.
- Staff knew people well and when support was required from other healthcare professionals, this was sought without delay.