

# Keeva Care Limited

# Keeva Care

## 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 ●

# Summary of findings

## Overall summary

### About the service

Keeva Care is a care agency providing personal care and support to people living in their own homes. At the time of our inspection six people were using the service. Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

People told us they were happy about the quality of care they or their relative received. Enough staff were employed and available to meet people's assessed care and support needs. The provider used safe recruitment processes to ensure skilled and experienced staff were employed.

Medicines were managed safely. Where necessary staff administered medicines to people once staff were trained and assessed as competent and safe. Staff maintained medicine administration records of people's medicines, and these were reviewed and checked for accuracy.

Initial assessments of need and risk assessments clearly detailed how staff would support people safely. These records were routinely updated and reviewed. Any changes in care and support were updated and shared with care workers.

Staff understood the provider's safeguarding procedures, they had completed training on abuse and knew how to report concerns.

The provider had systems in place to monitor the service and the quality of care. The registered manager regularly reviewed staff's caring skills and their competencies were assessed in line with the provider's recommendations. People and their relatives were asked for their feedback on the care provided.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

We registered this service on 1 July 2020 and this was the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our responsive findings below.

# Keeva Care

## Detailed findings

### Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### 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 houses and flats.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since their registration with the Care Quality Commission. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity to help plan the inspection and inform our judgements. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager. We also spoke with two people and two relatives. All staff were sent a questionnaire and we received feedback from five members of staff. We reviewed a range of records. This included three people's care records. A variety of records relating to the management of the service, including policies and quality of the service, were reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 11 May 2022 and ended on 27 June 2022.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- The provider had robust systems in place to protect people from the risk of harm. The service had a safeguarding policy and processes in place to guide staff to protect people safe from harm and abuse.
- The registered manager followed the provider's safeguarding processes to investigate an allegation of abuse and to share the outcome of the investigation with the local authority and the CQC.
- Staff provided care and support to people in a safe way that met their needs. People told us, "The staff are great and I feel very safe with them" and "I feel very safe with [care worker]."
- Staff completed safeguarding training and understood their responsibilities to protect people from the risk of harm and abuse. Staff told us, "I have had training on safeguarding. Safeguarding involves duties and responsibilities which care workers have to provide to guard and protect vulnerable adult in their care from harm" and "safeguarding vulnerable adult[s] means making sure our service users lives are free from neglect and abuse, and encouraging them to make their own decision about their life and care by creating a risk free environment."

Assessing risk, safety monitoring and management

- There were clear processes in place to manage known risks for people. Each person had an assessment to identify any risks to their health and well-being. Risk assessments included a review of the person's care needs, health, home environment and well-being needs.
- Risk assessments were comprehensive and had sufficient details about each risk and how to mitigate them. One person's risk assessment stated they needed support with managing their nutritional needs. Their risk management plan provided clear guidance for staff about how to support the person in a safe way.
- Staff completed regular reviews of risk assessments to ensure all risks were managed, especially when people's needs had changed.

Staffing and recruitment

- The registered manager had systems in place to ensure sufficient numbers of staff could meet people's care needs. People told us, "My carers are lovely, and I know when they are coming," and "The carers are always on time."
- Robust recruitment processes were in place, so suitable and experienced staff were employed to meet people's individual needs.
- Pre-employment checks took place when employing new staff. Each member of staff was vetted to verify they had the right to work in the UK, had previous relevant employment histories, job references and a

check from the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- There were robust medicines management systems in place and people had their medicines as prescribed.
- The registered manager had a staff training programme and all staff had completed safe administration of medicines training. Two members of staff told us, "I administer medication and have received training on how to do so correctly" and "I do administer medication and yes I have been trained." Staff were assessed as competent to support people with their medicines safely.
- The provider had a medicines policy that guided staff to ensure people's medicines were given safely. People said, "I get my medicines each day" and "Staff give me medicines when I need them."

#### Preventing and controlling infection

- The provider had an infection prevention and control policy to safely manage the risk of infection.
- Staff had access to personal protective equipment (PPE) to help them to prevent and manage the spread of infection. Staff told us that they had enough PPE and these could be collected from the office or they were delivered to people's homes so the supply of PPE was maintained.
- The provider had systems in place to monitor COVID-19 test results for staff. Staff told us, "We have adequate supply of PPE and also know how to support if our client come down with Covid" and "I have completed a training on how to support individual with Covid."

#### Learning lessons when things go wrong

- There were systems in place for the review and regular monitoring of the service.
- The provider had a process for recording any accidents and incidents these were escalated to the registered manager for investigation and to take any action as required.



# 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.

This is the first inspection of this newly registered service. We have rated this key question good.

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

- The provider had systems and tools in place to assess people's individual wishes about their care and support needs.
- Assessment gathered people's views of their care needs, their own strengths and views in the management of their care service.

Staff support, training, skills and experience

- The registered manager supported staff with training which supported them in their roles. A member of staff said, "So far the training and support provided I helps me understand and meet the needs of service users."
- The staff training programme included safeguarding, mental health, infection control and prevention and medicine management. We saw evidence that staff had completed the provider's mandatory training.
- The provider had a supervision and an appraisal system for staff. Staff supervision and appraisals meetings were used to discuss their daily work and professional development. During these meetings staff were able to reflect on their performance and identify any areas for their own personal development.

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

- Staff supported people to meet their individual nutritional needs and meet their meal preferences.
- Care records detailed meals people enjoyed and what support they needed to eat or prepare meals.
- People had access to sufficient food and drink to meet their preferences and nutritional needs when this was part of their care and support package.

Supporting people to live healthier lives, access healthcare services and support

- People's care records had a list of all medicines, medical conditions and a record of health care appointments where known. Staff were able to co-ordinate with the person to ensure care was provided taking to account any health appointments people needed to attend.
- People were encouraged to take part in things they wanted to do to be independent and live the way they choose. For example, one person said, "I want to live a happy and independent life being able to continue attending the [day centre] and spend time with my friend."
- The registered manager had recorded the details of health and social care professionals involved in people's care. Staff would make contact with them if they needed further advice or support to meet the person's needs.

Staff working with other agencies to provide consistent, effective, timely care

- People had health and social care professional support when required for additional support and advice.
- Staff knew they had to contact the office staff in an emergency or when people's needs changed or deteriorated. A member of staff said, "I know what to do, by following our emergency guideline at work. Inform my line manager, by following our work policy."
- People and relatives had the contact details of the service and they were welcomed to contact the office if they had any concerns.
- Staff spoke about people's individual needs confidently and how they would respond to people's specific health and social care needs. Staff understood their responsibility to share any concerns with the office staff and GP when needed to keep the person safe.

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 MCA 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.

- People's care records contained information about whether they could provide informed consent to receive care and support.
- Care records detailed people's communication needs and decision-making abilities. These specific individual needs were known and understood by staff.
- The registered manager understood that an application to the Court of Protection would be required if a person was not able to make specific decisions for themselves.
- Staff supported people to make decisions for themselves. Records showed and people told us that staff respected their choices and decisions they made about their care. One person said, "I am able to make a choice about what I want to eat and wear and where I would like to visit." A member of staff said, "I encourage [people] to make their own decisions about their life and care by creating a risk free environment."

# 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.

This is the first inspection of this newly registered service. We have rated this key question good.

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's care records contained details about their equality and diversity needs. If people had any specific needs for example related to their culture, these were recorded and guidance developed for staff to support people in a respectful way.
- The registered manager was aware of the Equality Act 2010 and their responsibilities to ensure people received their care and support in line with current legislation.
- Staff were kind and caring towards people and their relatives. Comments included, "Staff are very kind," and "My carer really understands what I need help with and does this in a caring way."

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

- People were involved in planning their care and support to meet their individual needs. People wanted support to continue to go to events and social occasions in their local communities. Staff supported people to do this.
- People had regular care workers who knew them well and provided the care required. If any changes were made staff ensured people were promptly informed of this.
- People and their relatives developed good relationships with staff. Comments included, "[Care worker] is fantastic and understands [my family member's] needs really well, I can't fault them" and "I always have a laugh and a chat with the carers, while they are helping me, it makes all the difference."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect during all care visits. People said staff remained at their home for the allotted care visit time and had conversations with them while staff were supporting them.
- Staff knew how to protect people's privacy and dignity. Staff commented, "For example when am supporting for personal care in the morning I will allow my resident her privacy by leaving the bathroom for her to change and for her to call me when she's ready" and "Providing them extra privacy in crowded space. Maintaining a personal space and boundary. Identify their pain and comforts. Maintaining service users' confidentiality."
- Staff supported people with their personal care needs in private, so their dignity was protected and maintained.

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

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

### Planning personalised care

- Care and support was planned for people in a personalised way. Before people began using the service, they had an initial assessment to identify their individual requirements and needs.
- People, their relatives and health and social care professionals contributed to the care assessment and helped to develop an appropriate plan of care.
- Care records contained the support people needed to meet their personal care needs. Staff also recorded what people enjoyed doing in their spare time. This included going to the day centre, listening to music and meeting friends in a social setting.
- People's care and support plans also included important information about them before they began using the service. For example, staff gathered information from people's life history. This information provided staff with more information to help them to get to know and understand people's needs fully.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The AIS was being met consistently.
- People's individual communication needs were recorded on their care records so new staff were aware of these.
- People had access to the care and support records in a format that they could understand. For example, we saw records where people were asked for their views about the quality of care and whether they had any particular issues or concerns. People were able to complete this form that used symbols to indicate their responses.

### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. People said they were confident to make a complaint to the office if they had any concerns about the care or service received. At the time of the inspection the provider had not received any complaints about the service.
- The registered manager ensured each person received service user guide when they began using the service. This guide contained information about how to make a complaint about the service and how complaints were handled and responded to.

#### End of life care and support

- At the time of the inspection people did not require end of life care.
- People, with the support of their relatives, were encouraged to discuss the care and support they wanted at the end of life or if they had a life limiting illness.
- Staff had completed training in end of life care and had developed skills and their knowledge to care for people.

# 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.

This is the first inspection of this newly registered service. We have rated this key question good.

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

- The provider had systems in place that promoted positive outcomes for people using the service. People and relatives gave positive feedback about the quality of care received. Care workers were kind and caring and supported people in the way they chose, in a timely and professional way.
- Staff were complimentary about the management of the service. Comments included, "The culture of the organisation is fair as all employees are valued. All employees are respectful. In terms of leadership, managers interact and listen well to employees" and "The culture of the organisation I'll say its inclusive and approachable and also making the needs of the service user their most priority, yes I belief it is fair and open because, the organisation listens to staff if a suggestion or advice is given and make use of it."
- The registered manager understood how to ensure government guidelines and best practice were followed in relation to COVID-19. Information was shared with staff to improve their understanding and responsibility protect people and help them to maintain their safety.

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 a process to follow to ensure the registered manager understood their responsibilities in relation to duty of candour.
- The registered manager told us that they operated in an open and transparent way and knew they had a legal responsibility to share information with the local authority and the CQC when things go wrong.

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

- The registered manager monitored the service on a routine basis and therefore they had oversight of the service. Staff completed home visits to assess the competencies of staff and to ensure care was delivered in a safe way.
- Regular checks and audits of the service took place. These included infection control, medicines records and care records. These checks ensured the service was performing best to meet people's needs and make improvements to the service as necessary.
- The registered manager understood their legal responsibilities to inform the Care Quality Commission of incidents and events that occurred at the service. They understood this information had to be shared so CQC can take appropriate action as required.

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

- Staff meetings took place with care workers to share information with them about any changes that occurred in the service.
- Staff told us they were provided with meeting minutes if they could not attend. Meetings were held online and in person to provide opportunities for staff to be able to contribute to staff meeting and share their ideas and views with their colleagues.
- People were asked for their feedback about the quality of the service. Feedback was received through telephone calls and in surveys of the service. People and their relatives reported that they were happy with the care and support received and of the care workers providing care and support.

Continuous learning and improving care

- The registered manager had a commitment to continuous learning and improvement at the service. There were established auditing systems in place to monitor and review medicines management, safeguarding incidents, accidents and incidents.
- The registered manager routinely monitored the quality of care provided to ensure this met the provider's standards.

Working in partnership with others

- Staff worked in partnership with colleagues from health and social care services so people could have access to consistent care and advice when required.
- Records showed that staff frequently contacted health and social care professionals for advice and support when people's needs had changed.