

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Key Care & Support Limited

3rd Floor, Citibase, 40 Princess Street,
Manchester, M1 6DE

Tel: 01612340147

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Key Care and Support Limited
Registered Manager	Mr. Ian Finch
Overview of the service	<p>Key Care and Support Limited is a domiciliary and nursing care agency. The head office is situated in the centre of Manchester city. The service provides care assistants and qualified nurses to work in different settings including peoples own homes, hospitals and care homes. The facilities at the head office included a training suite. There is limited access to this office because the entrance is via a lift and stairs. This will need to be taken into consideration if visiting the head office.</p>
Type of service	Domiciliary care service
Regulated activities	Personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 July 2013 and 3 July 2013, checked how people were cared for at each stage of their treatment and care and talked with carers and / or family members. We talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

What people told us and what we found

At the time of the inspection visit we found that Key Care was mainly providing trained nurses and care assistants to care homes and hospitals on a short term basis. They did provide staff directly into people homes but at the time of this inspection this was for a very small number of people.

People we talked with who used Key Care and Support staff agency, had a high regard for the organisation and felt that staff were supported to be effective and safe workers. They told us: "Key Care are very receptive and accommodating to the needs of the clients."

And:

"From what I've experienced I've had no problems whatsoever. There is really good communication and they work with us well."

People who worked for the agency told us: "They have a good reputation amongst workers and the hospitals."

And:

"We have all the training we need, everything you can think of, first aid, moving and handling, how to give injections or take bloods...everything."

We found there were effective systems in place to ensure people were involved in planning their care and support.

People were protected because staff understood about infection control and preventing cross infection.

We found that a robust recruitment and selection process was used which meant the employment of good quality staff was promoted.

We found that when staff were supplied directly into people's homes, systems to check that assessments and care plans were up to date needed to be improved but quality monitoring that took place was effective because the provider listened to people and improvements made in response to what was said.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The service mainly provided trained nurses and care assistants to care homes and hospitals on a short term basis. They did provide staff directly into people's homes but at the time of this inspection this was for a very small number of people who used the service.

We visited Key Care and Support Limited office base in Manchester city centre. We talked with the management team, looked through the services policies and procedures, we interviewed a new member of staff in person and an established member of staff by telephone. We talked with a member of an NHS Trust who used the agency to supply staff for their wards. This information was useful because Key Care used the same systems to manage and the same staff to work in hospitals as they did in people's own homes. We also talked with the representative of a person who received support from the service in their own home.

We found that staff understood the importance of gaining consent while providing care, support or treatment. Staff told us: "You always ask people what they want. You can't force things onto people. At the hand-over we're told about people and what they need. If you offer it and they don't want it you try again or tell the nurse in charge."

A relative said:

"(My relative) can verbalise (their) own needs and staff listen. They never do anything without asking if (my relative) is ready."

The NHS Trust representative told us:

"We have our own systems of consent to treatment and I've not heard of agency staff overriding the patient's opinion."

We saw that the agency had clear and detailed policies and procedures for staff to follow in relation to consent issues and keeping professional boundaries. This meant staff were provided with information about how to ensure they respected the wishes of people who

used the service.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The service provided staff mainly to care homes and hospitals and only to a very small number of people who lived in their own homes. We visited Key Care and Support Limited office base in Manchester city centre. We talked with the management team.

We were told that the agency gave staff enough time to attend handovers at whatever establishment they were working. We were told that staff were able to feed back any problems relating to information provided by the hospital or care home in relation to meeting people's needs. This meant people were protected because systems were in place to ensure staff received good information about meeting people's needs and there was a way for staff to raise concerns if there were shortfalls.

We talked with staff who worked for the agency, they told us the service allocated sufficient time for them to do the tasks required. Comments included: "We work for a whole shift including the handover. The clients themselves are good. They check if you know what to do, and we always have a handover with the regular staff."

A relative who supported someone with complex physical needs told us: "Staff had training (about how to meet the assessed needs) right at the beginning. And when new staff come they work in two's, one regular staff alongside the new."

We were informed that staff respected people's equality and diversity needs and choices. Comments included: "(My relative) dictates what happens and staff respect those choices and the two main ones (staff) are non-judgemental."

We looked at the care plans and assessment record for a person who arranged their own home support with the agency. We saw that the assessment of care was detailed and had been developed with input from the person, their representative and other health and social care professionals. We saw that the care plan provided staff with information about how to effectively meet the person's needs. We noted that the assessment and care plan had not been reviewed for a significant period of time. The provider may want to ensure that assessments and care plans are checked regularly to make sure the information and instructions to staff continue to promote the wellbeing and safety of people who use the service.

We talked with the representative of the person whose assessment and plan of care had not been reviewed. They were aware that the assessment and plans of care had not been updated but felt that all needs were being met because support was from a stable staff team. They told us this team adapted naturally to what was needed. They felt the staff team responded to what they were told and also to what they observed for themselves. This meant staff continued to meet people's needs because the culture of the service was to ensure care and support provided was flexible and person centred.

We discussed this oversight with the management team at the time of the inspection visit. We were provided with evidence confirming that an assessment and plan of care review had been completed before the publication of this report. This meant people's wellbeing was protected because the service was responsive to the findings of the inspection and had systems in place to act quickly when required.

We looked at the daily records completed by care staff about the support, care or treatment that had been provided. We saw that information was written in a respectful manner and described the actions taken by staff. This information also included the choices made by people who used the service. This meant care and support was individualised because staff reported how a person responded to and influenced the service provided.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

Staff told us they had received up to date infection control training. We were told: "We did a practical infection control course when I started to work for the agency and we have to follow the rules of the hospital or care home we go into."

Other comments included: "Staff are trained do everything properly, I've never had a problem with infection or anything like that."

We looked at the policy, procedures and training concerned with infection control. We saw that staff were provided with detailed information about how to prevent the spread of infection. This information included a description of how to wash their hands and use protective clothing such as aprons and gloves. Staff were told about the infections common to care homes and hospitals and the best ways to make sure they were clean following contact with these people who had these infections. Staff were also told about how to report infection control concerns. The policy also instructed staff about the importance of their own personal hygiene and dress code including wearing clean uniforms and good hair and nail care.

We saw that Key Care asked for feed back from the Trust, residential settings and individuals about the standard of personal hygiene shown by their staff. We looked at the results and found that no problems had been identified in this area. Those who returned the survey assessed staff appearance when on duty as either 'good' or 'very good'.

These actions meant people were protected from the spread of infection because the service took appropriate action to ensure staff worked in a safe and hygienic way.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We discussed staff recruitment with two members of staff. They told us that before they worked for the agency they had to provide proof of identity, confirmation about their eligibility to work in the United Kingdom and information to allow for a Criminal record disclosure which would indicate whether they were fit to work in the care sector.

Agency workers said:

"Key Care is very organised, they know what they are doing, I had to provide all the information, they were very thorough, you can't work for them unless you provide it."

We looked at four staff files. We saw that each contained a copy of the application form and response to questions asked. We noted that applications were complete and there were no unexplained gaps in the person's employment history. We saw that a photograph of each person was on file.

We saw that each person had references from their previous employer or character references confirming they were of good character and previous employers did not have concerns about their conduct with vulnerable people.

We saw a Criminal record disclosure report on each file.

We saw that staff employed as nurses provided evidence about their qualifications and registration with Nursing and Midwifery Council because their personal identification numbers were recorded. Evidence that they were currently registered with the NMC such as a copy of the information available on the NMC website or the registration card was also held on file.

We saw copies of certificates were also held to verify the training and qualifications people had completed.

These findings meant the recruitment practices of Key Care were robust and promoted the employment of staff who would give good quality support

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

There were sufficient checks made of the quality, effectiveness, and outcomes of service delivery.

Reasons for our judgement

We talked with people who used the service. We were told that the service requested an update about the quality of the service.

We were told: "Every six to twelve months I write a report- it's a scoring report and I get the chance to make comments. I'm happy with that because we are in charge. I make contact only when I need to, I phone in and that suits me. "

People also told us that changes were made in response to the feed back they gave. We were told: "Yes I've made suggestions such as staff showing more initiative and that has been acted on."

We discussed quality assurance with the management team.

We were provided with a copy of the customer satisfaction survey completed in January 2013. We saw that the management team highlighted what was said to be good about the service such as competency and punctuality of the staff. We also noted that a simple plan had been written in response to areas where improvements were suggested. The plan looked at employing a more diverse staff team and providing 'clients' with more regular updates about the service. This meant people who used the service were able to influence the development of the service provided.

We saw that staff completed quality assurance assessments four times a year and were provided with opportunities to comment on the quality of the service. We saw that staff were positive about working for the service. We saw that staff felt communication was good and that Key Care was a reputable company to work for.

We saw that suggestions from staff for improvements included more opportunities to complete professional training such as National Vocational Qualification (NVQ) in health and social care and more opportunities for staff to get together. We saw that the provider had paid attention to these suggestions and an action plan was in place to meet these requests.

This meant people who used the service, their representatives and staff were asked for

their views about management, care and treatment and the information they provided was acted on.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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