

KPW Newkey Ltd

New Key Bristol

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

New Key provides support to people in their own home. People using the service have learning disabilities and/or autism, or physical disabilities. 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 the inspection, four people were receiving support with personal care.

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

People received good, person centred support that met their needs. People were encouraged to be part of planning their own support and setting their goals. Care was reviewed regularly to ensure it continued to meet people's needs.

People were safe and had built positive relationships with staff who supported them. There were sufficient numbers of staff to cover people's care needs. Arrangements were in place to cover shifts in the event of unplanned absence. People received safe support with their medicines where this was required.

Staff understood people's needs well and worked hard to support people towards their goals and aspirations. We heard many positive examples of how people had been supported in an inclusive and empowering way. Staff incorporated the advice and guidance of other health and social care professionals in to their support.

Staff were well supported and trained. They told us they felt valued and listened to and free to raise any issues or concerns.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The service was well led. A strong person centred culture had been established within the service. The provider was working at a national level to promote ways of funding care that empowered and provided choice for people receiving care.

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 10 August 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?

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 caring 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 well-Led findings below.

New Key Bristol

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 houses and flats.

Notice of inspection

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

What we did before the inspection

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 reviewed any other information we held about the service, such as feedback from people using the service and notifications. Notifications are information about specific events and incidents, the provider is required to tell us about by law.

During the inspection

During the inspection we visited two people in their own homes and spoke with four members of staff as

well as the registered manager and director of the company. We reviewed two people's care records and looked at other records relating to the service such as recruitment records and complaints.

After the inspection

We spoke with one relative of a person receiving support and also received email feedback from a person being supported.



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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were all trained in and understood the importance of safeguarding adults. All felt confident in recognising and reporting concerns to senior staff in the organisation.
- People and their representatives told us they felt safe with staff. Through observations it was clear that people and staff had positive relationships. In one person's home for example, we saw that they sought comfort from staff by holding their hand. One person told us, 'All staff (office and support workers) are polite with good communication skills and work in a person centred way'.
- Staff were trained in safe techniques for managing people's behaviours. Where any form of restraint was used, this was logged so that it could easily be monitored and ensure that it was being used appropriately, safely and only when necessary.

Assessing risk, safety monitoring and management

- There were clear and person centred risk assessments in place which were reviewed regularly to ensure they were up to date. This included for example, reference to people's mobility and the measures required to keep them safe.
- People had individual evacuation plans in place for people so that staff would know the support they required to evacuate their home in the event of emergency.

Staffing and recruitment

- There were sufficient numbers of staff to ensure people's care needs were met.
- In the event of unplanned staff absences arrangements were made to cover shifts. One person told us that if this ever happened, communication was good and they were told about any changes in expected staffing.
- There were appropriate arrangements in place to check the suitability of staff prior to them commencing employment. This included a Disclosure and Barring Service (DBS) check and collecting references from previous employers.

Using medicines safely

- Some people required support with their medicines and where this was the case, there were clear instructions in place for staff to follow. This included PRN protocols and guidance on where to apply topical

creams.

- Medicine administration was recorded on Medicine Administration Record (MAR) charts. We saw an example of these in a person's home.
- We saw from meeting minutes, that any errors relating to medicine administration were discussed with the staff team and addressed to prevent reoccurrence.

Preventing and controlling infection

- People lived in their own homes with their own tenancies. Staff gave support as necessary and in accordance with people's needs in relation to keeping their home clean.

Learning lessons when things go wrong

- Prior to the inspection, the registered manager notified us of a serious situation regarding a member of staff, which is currently being investigated by the police.
- We saw that the provider took swift action to investigate the issue and identify any risks to people using the service. Steps were taken to ensure the situation would not happen again.



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 needs were fully assessed before receiving support from the service. The care planning process fully involved people and their representatives. Assessment was an ongoing process so that care plans were adapted as necessary in line with people's needs and wishes.

Staff support: induction, training, skills and experience

- One person commented, 'support staff use their training well coming over as knowledgeable, thoughtful and willing to think outside the box. Support staff know what I expect and how I need them to support me without me having to constantly repeat myself'.
- Staff were happy with the training and support they received and felt happy in their roles. We received comments such as "the best company I've worked for". One member of staff told us about a difficult situation they'd encountered and said the registered manager had spent time with them after this supporting them and making sure they were ok.
- Newly recruited staff were able to spend time shadowing established members of staff to help induct them in to their role.
- Staff had regular 1:1 meetings with their line manager to discuss their performance and development needs. However, staff felt able to talk about and discuss issues at any time.

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

- Care records contained information about people's nutritional needs. For one person, we saw there had been concerns about their weight. Records showed that this was monitored carefully and staff were following the advice of health professionals. There were strategies in place to encourage this person to finish their meals and help prevent weight loss.

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

- Staff worked with health and social care professionals to ensure people's needs were met and they got

good support. For example, we saw in one person's records, staff had been following the guidance of the dietician. Staff were also following professional guidance in relation to managing this person's anxiety.

- We saw records to show how one person had been supported at their psychiatry review.

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.

- There was a clear understanding of the principles of the MCA. Capacity assessments took place when there was doubt about a person's capacity to make decision. Staff supported people with information in formats such as social stories and easy read information, to help them understand the decision to be made. If it was found that the person did not have capacity, then a decision was made in their best interests, involving relatives and professionals.



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

- We observed and were told that people were treated well and with respect. One person told us, 'All staff (office and support workers) are polite with good communication skills and work in a person centred way' and 'Support staff are prompt, reliable, respectful, kind, caring and open to being directed by me in the way I need on any given day, as well as being able to work on their own initiatives'. In the homes of people being supported, we saw that people were evidently settled and content with the staff supporting them.
- Staff spoke with people in a kind and respectful tone. We saw staff and people sharing good humour together.
- The service was delivered, in full respect of equality and diversity and people's human rights. The registered manager told us for example how they had previously supported a person through difficulties in a same sex relationship.

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

- People and their representatives were fully involved in planning and reviewing their own care. Regular review meetings were held where people were able to provide their views and opinions.

Respecting and promoting people's privacy, dignity and independence

- Staff told us about the ways in which they encouraged people's independence. One member of staff for example told us, the person they were supporting could be encouraged to take part in preparing food with 'hand over hand' support. Another person could be encouraged with verbal prompts.
- Staff were aware of ensuring people's privacy and dignity. One member of staff told us for example how they would ensure they would find somewhere suitably private if a person required support with personal care whilst out.



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 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

- Care planning was fully person centred and involved people and their representatives in the process. Care plans were printed with colour coded text, so that you could easily see when new information was added and how the plan had developed over time.
- For those people who did not communicate verbally, staff told us how they would observe their reactions and behaviours to help decide how best to support the person.

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 service was fully inclusive of people's communication needs. Documentation was produced with pictures for example, to ensure it was easily understood.
- One person told us that staff used Makaton as required when supporting their relative.
- From discussions with the registered manager and provider, it was clear they fully understood the importance of ensuring documentation was accessible to people using the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a wide range of activities suited to their age and background. One person told us about how their relative had made new friends through staff supporting them to meet with other people using the service.
- The service had a secure social media page where the registered manager told us people often made arrangements to socialise. This was an example of how the service added value to people's lives outside of their immediate care and support needs.
- Support fully took account of people's cultural needs. One person for example was supported to prepare

and cook meals in accordance with their Caribbean heritage. This person was also supported in making the arrangement for a trip abroad to see family.

- A member of staff told us about how proud they were of their work with one person who was taking part in hydrotherapy. This was a huge achievement for the person and the staff supporting them.
- People's goals and aspirations were discussed with people and outlined in their care documentation. It was clear that staff worked hard to support people in achieving their goals.

Improving care quality in response to complaints or concerns

- There was a process in place for recording and responding to complaints. People told us they felt able to raise issues informally and they were dealt with promptly. One person told us 'Management is very active, which means I have someone I can go to if there are issues'
- We saw that formal complaints were responded to in a timely way.

End of life care and support

- In their PIR, the registered manager told us how they would be carrying out some work with an older person using the service in relation to their end of life needs and wishes.



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; Working in partnership with others

- There was a strong person centred and empowering culture running through the service. One person told us, 'when I have needed extra support either because I need to go somewhere or, if I am ill, everyone tries to meet those additional needs and usually succeeds'
- The provider was working at a national level to promote the adoption of ISFs (Individual Service Funds). This is a way of funding people's care and support needs in a way that gives maximum choice and control to people. The director of the service was working with local authorities to implement ISFs.
- The provider had also been working with Skills for Care to devise training materials in relation to ISFs.
- Materials in a format that were accessible to people using the service were being created and used with people to help them understand and plan their support needs. For example, an easy read guide had been produced to explain the eligibility criteria for receiving support under the care act. The director told us how they hoped these materials would be adopted and used by local authorities nationally.

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; Continuous learning and improving care

- There was an open and transparent culture within the service. Staff and people using the service all felt able to raise issues and concerns and felt confident they would be addressed.
- We saw that where concerns about the service were identified, the registered manager and provider took prompt action to investigate and ensure people were safe.

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

- The registered manager had a clear understanding of regulatory requirements. We saw for example that notifications were submitted as necessary.

- Responsibility for managing care packages was shared with coordinators so that people knew who to contact if they had any queries or concerns to discuss.

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

- People's views and feedback about the service they received was valued and the registered manager found positive ways to engage people in this process. We saw that some people for example enjoyed being asked about their experiences on video. One person had mentioned in their feedback that they didn't want support from a particular member of staff and so the registered manager told us this was addressed.
- One member of staff told us how a person they supported was non verbal but expressed their views through their behaviour and they used this to plan activities for them.