

## Keiron Starns Care Agency Limited

# Keiron Starns Care Agency

### 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 

### Overall summary

Keiron Starns Care Agency provides personal care for two people with learning disabilities who live in their own home.

This inspection took place on 29 October 2015. We gave short notice of the inspection, to ensure someone was available to assist us with the inspection.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who use the service and visiting professionals were positive about the care provided. Comments included, "All staff work in a caring and supportive manner....respecting their needs and choices" and "care received seems really good". People received support to take their medicines and risks people faced were managed safely.

# Summary of findings

There were systems in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of people they were supporting.

Staff received training suitable to their role and an induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service.

People were supported to develop clear support plans, setting out their needs and how they would like staff to support them. The plans were regularly reviewed with people to ensure they were kept up to date.

There was strong management in the service and the registered manager was clear about how they expected staff to support people. The registered manager assessed and monitored the quality of care and took action to address any shortfalls that were identified.

# Summary of findings

## 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.

Plans to manage risks people faced provided up to date information and guidance to staff on the support that people needed.

Medicines were managed safely. Staff treated people well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse.

Good



### Is the service effective?

The service was effective.

Staff received training to ensure they could meet the needs of the people they supported. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to care packages.

People's health needs were assessed and staff supported people to stay healthy.

Good



### Is the service caring?

The service was caring.

Staff demonstrated respect for people who use the service in the way they interacted with, and spoke about, people.

Staff took account of people's individual needs and supported them to maximise their independence.

Staff provided support in ways that protected people's privacy.

Good



### Is the service responsive?

The service was responsive.

People were supported to make their views known about their support and were involved in planning and reviewing their support.

Staff had a good understanding of how to put person-centred values into practice in their day to day work. They provided examples of how they enabled people to maintain their skills.

People knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Good



### Is the service well-led?

The service was well-led.

There was a registered manager in place who demonstrated strong leadership and values, which were person focused. There were clear reporting lines through the organisation.

Systems were in place to review incidents and audit performance, to help ensure shortfalls were being addressed.

Good



# Keiron Starns Care Agency

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 October 2015 and was announced. We gave the provider short notice of the inspection the day before the visit to ensure someone was available to help us with the inspection.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we met both of the people who use the service, the registered manager and one support worker. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for both people. We also looked at records about the management of the service. Following the visit we received feedback from two social care professionals who had contact with the service.

# Is the service safe?

## Our findings

One person told us they felt safe, and were very happy receiving support from the service. The other person was unable to tell us whether they felt safe, but we observed they appeared comfortable in the presence of staff.

Throughout our visit both people who use the service interacted socially with staff. Staff demonstrated a strong and respectful relationship with people.

People were supported to take the medicines they had been prescribed and to store their medicines safely. Medicine administration records had been fully completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines people received and if any were returned to the pharmacist.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding procedures to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. The support worker we spoke with said they would report abuse if they were concerned and were confident the provider would act on their concerns. This support worker said they did not have any concerns about the safety of people using the service.

Risk assessments were in place to support people to be as independent as possible and balanced protecting people with supporting people to maintain their freedom. People and their representatives had been involved throughout the process to assess and plan management of risks. The staff we spoke with demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Sufficient staff were available to support people. There was always at least one member of staff to support two people, with each person having four hours one to one time each week. Staff told us this enabled them to provide the support that people needed. One person told us staff were available to provide support when needed.

At the time of the inspection the provider was a financial appointee for both people who used the service. The registered manager reported that they recognised this practice was no longer appropriate and applications had been made to the court of protection to manage people's finances. The registered manager had systems in place to manage people's money safely until the applications to the court of protection were completed.

# Is the service effective?

## Our findings

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People's support plans included mental capacity assessments specific to the decision being made. Where people were assessed to lack capacity to make certain decisions, the service had followed the principles of the Mental Capacity Act to make decisions in the person's best interest. For example, we saw assessments relating to people's capacity to manage their finances. The process had included input from the person, their family, health and social care professionals and staff at the service.

Staff received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. The registered manager had systems in place to identify training that was required and ensure it was completed. Records demonstrated staff had completed training that was specific to people's needs. A social worker we spoke with said they had identified the need for staff to receive training

relating to dementia due to the emerging needs of one person. We saw that training in dementia had been completed by staff and staff had worked with the specialist nurses to support people to complete dementia assessments.

A support worker told us they had regular meetings with the registered manager to receive support and guidance about their work and to discuss training and development needs. Staff also had an annual appraisal meeting with the registered manager, during which they received feedback about their performance and were supported to set goals to aid their development. Staff said they received good support and were able to raise concerns outside of the formal supervision process.

We observed people being supported to eat and drink during the visit. Staff supported people to make choices about their food and to prepare the meals chosen. Staff said they supported people to plan out their meals and to shop for the food.

People were able to see health professionals where necessary, such as their GP or community nurse. People's support plans described the support they needed to manage their health needs. The registered manager said they had a very good relationship with the GP practice that people used, who were responsive to people's specific needs.

# Is the service caring?

## Our findings

We observed staff interacting with people in a way that was friendly and respectful. For example, we saw staff respecting people's choices and privacy and responding to requests for support. Staff supported people to make choices about activities they took part in and the food and drink they had. Staff demonstrated a strong relationship with people in their interactions and in the way they spoke about people with us.

Staff had recorded important information about people including personal history and important relationships. Support was provided for people to maintain these relationships, including support to keep in contact with family and friends.

People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This included people's preferences for the way staff supported them with their personal care and the activities they liked to participate in. We saw that people and those close to them had been involved in

developing their support plans, telling staff how and when they wanted support with their personal care. This information was used to ensure people received support in their preferred way.

We received positive feedback about the care provided from the social care professionals we spoke with. A social worker told us the registered manager had a good relationship with people and the "care received seems really good". The manager of a day service people used told us, "All staff work in a caring and supportive manner....respecting their needs and choices".

We observed staff supporting people in ways that maintained their privacy and dignity. For example staff were discreet when discussing people's personal care needs with them and ensured that support was provided in private. Staff described how they would ensure people had privacy when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. Staff told us there was a strong culture amongst the team that care and support needed to be provided in the right way, that was dignified and ensured people's privacy.

# Is the service responsive?

## Our findings

Staff supported people to keep in contact with friends and relatives and take part in activities they enjoyed. During the visit we observed people taking part in a range of activities both in and out of their home. These included attending a skittles session in a local pub, being supported to complete household tasks and preparing meals. People told us they enjoyed taking a regular holiday together, attending a day opportunity centre and singing.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines and support they needed with personal care. The support plans set out what their needs were and how they wanted them to be met. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people and their relatives. Changes had been made following people's feedback from these reviews. The registered manager met with people each week to discuss how things were going and to plan out the support they needed for the following week.

Each person had a 'hospital passport' which the person or staff would give to hospital staff if medical treatment was needed in an emergency. They contained information about the person's medical history along with the medicines they took. The 'passport' described people's communication needs and how medical staff could understand if someone was distressed or upset.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. One person told us they would speak with any of the staff if they had any concerns. The registered manager told us the service had a complaints procedure, which was provided to people when they moved in and was displayed in the service. Any concerns and complaints would be collated and reported in regular quality monitoring checks. Staff were aware of the complaints procedure and how they would address any issues people raised in line with them. We saw there had been no complaints in the last year.

# Is the service well-led?

## Our findings

The service had a registered manager who was also a director of the company. The registered manager had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. Staff valued the people they supported and were motivated to provide people with a high quality service. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff. The social care professionals we spoke with were positive about the way the service was managed, with comments including, "The team appear to be well led and work to the high standard of (the registered manager)", and "The service is open to suggestions for improvements".

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction. Comments from staff included, "The service is well-led. The registered manager aims to give people the best quality of life they can have. There is a very strong team and no-one is above question".

The registered manager completed regular audits of the service. These reviews included assessments of incidents, accidents, complaints, training, staff supervision and the environment. The audits were used to address any shortfalls and plan improvements to the service.

Satisfaction questionnaires were sent out regularly asking people, their relatives, staff and professionals their views of the service. The results of the 2015 survey had been received and collated by the registered manager. Where people had provided feedback about concerns or suggestions for improvements, we saw the registered manager had followed these up individually. Comments received during this feedback included, staff are "always calm, kind and reassuring", "Staff are always friendly and approachable. They have the best interests of service users and always treat them with dignity and respect".

In addition to the audits, the registered manager completed regular observations of staff practice. These were used to support individual members of staff to identify areas for development as well as provide feedback on how the service as a whole was operating.

There were regular staff meetings, which were used to keep them up to date and to reinforce the values of the organisation and how they should be applied in their work. Staff told us these meetings were useful and they were able to contribute ideas about improvements and the development of the service. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.