

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

The inspection took place on 4 and 6 July 2017 and was an announced inspection. We gave 48 hours notice of our inspection because the provider supports people in their own homes and we needed to make sure there would be somebody available in the office to support our inspection.

New Key Bristol provides supported living for people with learning disabilities and autism. At the time of our inspection, three people using the service received support in line with the regulated activity 'personal care'.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

New Key Bristol provided an effective service that fully recognised people's rights in line with the Mental Capacity Act 2005 (MCA). Staff fully explored people's ability to make decisions themselves and used creative ways to ensure people could engage in the process. This ensured people were kept at the centre of decision making and that their human rights were protected.

Staff had excellent working relationships with healthcare professionals. In one case, we were told New Key were working effectively with community health professionals to ensure a person's care could be delivered at home rather than in hospital. This meant that the person was receiving care in a familiar environment in the least restrictive way possible.

Staff were very caring and patient with the people they supported and there were occasions when they went above and beyond the expectations of their role. This included for one person, a member of staff staying with them during an emergency admission to hospital until the early hours of the morning. This person experienced high levels of anxiety and so having a familiar member of staff by their side was important to their wellbeing.

The service ensured that people's views were taken in to account in the running of the service. People were actively encouraged to attend 'review evenings', where their views and opinions were listened to. Attendance at this evening was encouraged through providing refreshments and a film showing following the meeting. People using the service were also involved in the recruitment of new staff.

People received safe support with their medicines. Checks were carried out to ensure staff were completing administration records accurately. There was clear information in people's plans about the support they required with their medicines. There were sufficient staff to ensure people's needs were met and that they had a stable team of staff supporting them. There were systems in place to ensure new staff were safe and

suitable for their role.

The service was well-led. Staff were all enthusiastic and motivated in their work and spoke positively about the support they received. The service worked with partnership organisations in the adult social care sector.

## 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.

People received safe support with their medicines.

Risk assessments were in place to ensure people received safe care.

There were sufficient numbers of staff to ensure people's needs were met.

Staff were confident and able to safeguard people from abuse.

### Is the service effective?

Good ●

The service was effective.

People's rights were fully upheld in line with the MCA.

Staff had excellent working relationships with healthcare professionals.

Where required staff supported people with their nutritional needs.

Staff received training and supervision to support them in their roles.

### Is the service caring?

Good ●

The service was caring.

Staff went above and beyond the expectations of their role to ensure people's wellbeing.

People's views were fully considered in care planning and how they wished the service to be run.

### Is the service responsive?

Good ●

The service was responsive.

Staff understood people as individuals with unique needs.

There were processes in place to respond to people's complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

Staff were enthusiastic and motivated and talked positively about the support they received.

There were systems in place to monitor the service and this included gathering feedback from people.

# New Key Bristol

## **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 checked 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 4 and 6 July and was announced.

The inspection was carried out by one inspector of adult social care. Prior to the inspection we viewed the Provider Information Return (PIR). The PIR is a form completed by the provider to describe what they are doing well and any aspects of the service they wish to improve. As part of our preparations for the inspection a survey was issued to staff working for the service. We also looked at notifications. Notifications are information about specific events the provider is required to send us by law.

We met with all three people receiving support in line with the regulated activity of personal care. We also met with one person who received assistance from the provider but not personal care, along with their family.

We spoke with three care staff, the assistant manager, registered manager and one of the directors of the company. We spoke with one friend of a person receiving support, one healthcare professional and a social worker. We reviewed each person's care plan as well as other documentation relating to the running of the service, including medicines records, meeting minutes and complaints.

# Is the service safe?

## Our findings

People received a safe service. At our last inspection, we found that not all practices in relation to administering medicines was safe and a breach of regulation had been found. At this inspection we found that action had been taken to ensure medicine administration was safe. There was information in people's support plans about how the person should be supported with their medicines and, information and a list of medicines they were prescribed. For one person, we read that they required a long time to take all their medicines and often declined some of them. We observed this person being supported by staff. We saw that the staff member was patient and encouraging and respected the person's decision when they declined a particular tablet. There was guidance in place about what to do when the person declined their medicines and practical steps were in place to ensure they were encouraged to take the most important medicines for their health first.

Following our last inspection, the registered manager told us they had increased checks on Medicine Administration Charts (MAR) when they were returned to the office from people's homes. We saw evidence of these checks and the registered manager told us this had reduced the number of medicines errors occurring.

There was clear guidance in place to ensure that people were supported in a safe way. Any risks associated with people's care were clearly identified and measures in place to manage those risks. For example, one person had a risk assessment in place with regards to a particular exercise activity. Advice from the person's GP was included in the assessment and the clothing required for the activity was described. People also had personal evacuation plans to refer to in the event of having to leave the building in an emergency. For one person this included ensuring the fire service were aware that the person may refuse to leave the building.

There were sufficient numbers of staff to ensure people were safe and their needs were met. Staff told us they worked well together to cover any unplanned staff absences. This was important for the group of people supported by the service as they benefitted from a stable staff team who understood their needs well. Senior staff also helped to cover shifts when necessary. When new staff were recruited, procedures were followed to ensure that they were safe and suitable for their role. This included carrying out disclosure and barring service (DBS) checks. A DBS check provides information about whether the person has any convictions and whether they are barred from working with vulnerable adults. References were also sought from previous employers as an additional check. There was photographic ID on staff files as required by law.

People using the service were protected because staff were trained in and, understood how to safeguard vulnerable adults from abuse. Staff were aware of where to find policies and procedures if they needed to refer to them and understood the term 'whistleblowing'. Whistleblowing is the term used to describe the action staff can take to report concerning practice in the work place. Staff all felt that their concerns would be responded to within the organisation but were aware of the other agencies they could report to if they needed to.

# Is the service effective?

## Our findings

The service was effective. People using the service had their rights protected because staff were confident in their knowledge about the Mental Capacity Act 2005. Keeping people at the centre of decision making was embedded into practice and staff put in significant effort to ensure people's capacity to make decisions was fully explored.

We saw examples of 'social stories' that had been developed to support people understand and make decisions. These stories used personalised photographs and simple language to explore what a particular decision meant for the person concerned. In one example, we saw that a person was being asked whether they should buy a new DVD player. The 'social story' that staff had developed helped the person understand the consequences of buying a new DVD player. With this support the person had demonstrated they understood some aspects of the decision making process. Records of the decision reflected that the person had been fully engaged by making their own notes on the social story record. There was also an accompanying written detailed account of how the decision was made and the person concerned supported to take part in the decision. This was a decision that could have been viewed by others as a relatively minor decision; however the approach that staff took to empowering the person to participate demonstrated that they recognised the importance of the outcome to the individual and fully upheld the principles of the MCA.

In another example, we saw that a decision around the use of CCTV to keep a person safe was explored with a person. This person was described as having a 'moderate learning difficulty' but through the use of a social story, they demonstrated they were able to understand the decision and consent to having the CCTV installed. This ensured the person's rights were fully upheld and empowered them to make an important decision about their life. Any possible restrictions on people's freedoms were acknowledged and the person supported to understand them. In one example of this, the use of a stairgate was explored with a person and a social story helped them understand this was to keep them safe. This was a highly effective approach to delivering the principles of the MCA.

Staff had excellent working relationships with other health professionals and this led to people receiving highly effective care. We spoke to one community health professional who told us that communication was very good with the agency and that they worked well together to meet one particular person's needs. The professional told us how the agency had agreed to take on a particular aspect of the person's support and had been trained to meet this particular need. The professional commented that it was unusual to find an agency willing to do this. We were told that this person had complex needs and the effective working of the agency and other professionals had ensured this person could remain at home with support rather than in hospital. This meant that the person was receiving support in the least restrictive way possible in an environment where they felt comfortable. A social worker for one person receiving support told us that communication with the service had been excellent.

The organisation worked with partnership organisations to establish best practice and improve the way they engaged with the people they supported. One member of staff we spoke with was working on a project with



'Skills for Care'. Skills for Care is an organisation that develops skills and training in the care workforce. The project was looking at ways to support care staff to talk to the people they support about sexuality and relationships. The staff member concerned told us this was often a difficult subject for staff to discuss and approach and, the project they were working on would support staff to have those conversations with people and ensure they got the right support in this area of their lives. This was a project in progress but that would eventually be rolled out nationally.

Staff were all very positive about the training opportunities they received. Staff told us they were being supported to achieve NVQ level qualifications as well as other specific topics relevant to their work. This included safeguarding vulnerable adults, autism, medicines, first aid and infection control. Staff were supported both through formal supervision and on an informal basis. Formal supervision, involves regular 1:1 meetings between a member of staff and their line manager to discuss performance and development needs. Staff also felt very confident about raising any concerns or issues they had at any time on an informal basis. Staff mentioned how they were supported through difficult personal situations though being able to take leave if they needed. This approach to supporting and training staff helped create a motivated staff team who wanted to perform well and took pride in the work they carried out. New staff joining the service undertook the Care Certificate. The Care Certificate represents the minimum standards that all care workers should meet.

Where required, people received support with their nutritional needs. For one person, we noted that information from the dietician was referenced in their support plan. This described for example what they advised the person to have for their breakfast. One member of staff we spoke with described how they had supported a person who was eating very little but with staff support their nutritional intake had improved greatly.

# Is the service caring?

## Our findings

People received support from staff who were passionate and enthusiastic about their work. Staff went above and beyond the expectations of their role to ensure the wellbeing of people they supported. On one occasion, a member of staff arrived on shift to find a person had fallen. The member of staff stayed with the person on the way to hospital and, until the early hours of the morning to ensure they were settled and supported during this time. The person concerned experienced high levels of anxiety and so having a member of staff they knew well to support them through this experience made a significant difference to their wellbeing.

We visited two people receiving support in their homes. One person was being supported with their medicines and evidently needed encouragement and time to be able to manage all their medicines. The staff member supporting was patient and gave the person all the time they needed without making them feel rushed or pressured. This person declined to speak with us in detail but it was evident they felt at ease with the staff supporting them. We visited another person in their home and they answered positively to questions about staff and how well they were treated. The staff member supporting this person was kind and calm in their interactions and we noted how they held the person's hand for reassurance. When the member of staff had to leave the room briefly, they explained to the person what they were doing and when they would be back so that the person didn't become anxious.

We spoke with one person who was a friend and advocate for an individual receiving support. They told us the support was "very good" from the service and that staff supported their friend well. One family was attending the office for a review meeting with their social worker. The person receiving support told us they were happy with the service they received and their family were very happy with the support in place. They told us they were able to contact somebody from the service at any time to discuss any issues they had.

For another person, we saw that an occupational therapist had been involved in a person's support in relation to their sensory needs. Staff had noted this advice and were supporting the person to look at ways of creating a sensory garden in their home. In their communications with professionals we saw that a social worker had fed back to the manager, "I have found you and your team to be very professional and person centred in your work and you have played a significant part in enabling X to remain living in their own home".

The service was proactive and creative in ensuring the views of people were heard and taken into consideration about how the service was run and how their support was delivered. People using the service were involved in interviews for new staff to help ensure they were well matched. Some people were able to take part in the formal interview process, asking potential staff questions. One member of staff told us how a person they support had been involved in their job interview and asked questions about their interests. Other people were supported to be part of the process by being shown profiles of potential candidates and choosing the person they felt happiest with. The registered manager also told us how they invited people to the office on a regular basis to ask them their views and discuss important developments in the service. These meetings were held in the evening and people were encouraged to participate by making this a social

event including refreshments and film showing following the meeting. Invitations and minutes from these meetings were produced in a format that was easy for people to access. We saw that these meetings were used to ask people about their views about events they wanted to organise. They were also used as an opportunity to discuss other important aspects of people's lives such as ways of keeping people safe; we saw how at one meeting safety in relation to meeting people on line was discussed and a set of guidelines produced.

People's independence was encouraged and promoted. There was guidance in people's support plans about how this would be achieved. For example, it was described in one person's plan that with 'hand over hand' support they could participate in some aspects of preparation of meals. When visiting a person in their home, we saw that staff gave the person space to answer the door and carry on their daily routine as they wished but ensuring they were available to support the person if required.

## Is the service responsive?

### Our findings

The service was responsive. People received support that met their individual needs and preferences. There was clear information in people's support files to enable staff to understand people as individuals with their own unique needs. People's life histories were included, so that important aspects of their lives were described, including places people had lived and their family relationships. There was also information about people's aspirations in life and what they wanted to achieve.

It was evident from talking with staff that they understood the people they supported very well. For example, for one person who had limited verbal communication, staff told us about the person's different behaviours and what they indicated about the person's mood. For another individual, staff had noted how they had enjoyed listening to music and had supported them to purchase an electronic tablet. This person experienced high levels of anxiety and there was information in the person's support plan about how this could be supported. For example, by not giving the person too much information at once and by informing the person in advance of any appointments they had. When we visited this person in their home, staff explained what they were doing in a calm tone as they supported the person and it was evident the person was at ease with their presence.

Where people had behaviours that might be challenging for others, there were detailed plans in place to support staff in managing those behaviours. The information included things that might trigger challenging behaviours and what staff could do to support the person. It was evident that staff were aware of the information contained in these plans; one member of staff told us how they worked closely with one person and mentioned some things that might trigger challenging behaviours, these matched what was written in the person's behaviour support plan.

There were processes in place to record any compliments and complaints. Information about how to make a complaint was contained in people's files in a format suited to their needs. It was clear from the records we viewed that complaints were taken seriously and efforts made to ensure that it was discussed in full with the person raising concerns. In one example of this, a family had made a complaint about a complex situation involving their relative. The registered manager had made time to meet with the family at a time that suited them and discussed the situation in detail.

## Is the service well-led?

### Our findings

The service was well led. There was a registered manager in post who received regular support from a director of the company. The director was present during our inspection and visited the office on a weekly basis. The director had a vast amount of experience in the sector and had been involved in consultancy work for other organisations, particularly around empowering people financially to make decisions about the kind of support they wanted. The service had contributed to the development of Individual Service Funds (ISF) in conjunction with Dorset Council and were looking at ways of developing these ideas with Bristol Council. ISF's are a way of empowering people to purchase the kind of support they want, rather than have it commissioned on their behalf. The registered manager told us they had been involved in advising on easy read communications for people for whom ISF or direct payments were being considered. This was an example of how the service were contributing to developments within the care sector and reflected their values of empowering people who used the service.

The director had a clear vision about putting people at the centre of their work and this was reflected in the approach of staff throughout the organisation. We have highlighted several examples of this throughout the report; in particular under 'effective' we have described how people were empowered to make decisions using the principles of the MCA. Under 'caring' we have highlighted how people using the service were actively encouraged to bring their views and ideas forward. We also saw records of an individual service user review where the service had used photographs and a large sheet of paper to 'brainstorm' ideas about the kind of support they wanted and what they wanted to use their support to achieve. This was an example of the service tailoring their approach to suit the needs of the individual.

There was a clear structure in place in terms of senior staff. The registered manager was supported by an assistant manager. There were care coordinators and senior carers in post to manage the care and support for people assigned to them.

It was clear that the organisation placed great value on their staff and recognised the benefits of this for the people they supported. Work had been done with the staff team to discuss how their wellbeing could be supported. We saw from meeting minutes that issues such as pay, safety and supervision were discussed. It was recognised that staff satisfaction levels would directly impact on their performance, for example by empowering staff to be creative and productive and fully engaged in their work. This was reflected in the comments of one member of staff, recorded in meeting minutes who said that as a result of changes to their rota they were getting more done and feeling more productive in their role. Another staff member commented that they felt they could always talk to someone if needed and had been offered great advice. The views of staff were actively encouraged to be raised and responses to concerns explored. At one meeting, a member of staff raised an issue about finances for a person they supported. Options for staff to explore to resolve this issue were discussed amongst the team.

The registered manager told us that staff had suggested creating a health and safety champion within the staff team and this is something that would be acted on. They had also created a champion for female staff in the company. This reflected that equality was important to the organisation. Staff had also suggested

improvement in the way paperwork in people's homes was managed by splitting it in to two folders. This had made important information easier to access and complete for staff.

Staff spoke in very positive terms about working for New Key. Comments from the staff survey included; 'I feel that the support here is extremely person centred and is, in my opinion, one of the best service providers for the people it supports and the staff. Support the people that support the people is a clear motto in this service and the staff are given opportunities to be the best version of themselves to provide support that is customised to the individuals needs and preferences.'

Another staff member commented; 'I feel New Key has a very supportive atmosphere and that all levels of managers are approachable and encourage staff to raise any questions or concerns. I have been encouraged to discuss issues and problem solve with colleagues in the same team where appropriate and feedback ideas to team coordinators and managers. I feel the in house and external training which is mandatory is of a high standard. The organisation has attracted a good calibre of staff with a wide range of suitable skills and strengths so that I feel individuals get support from a consistent team.'

The service worked with partnership organisations to improve practice in the adult social care sector. We have described under effective how one member of staff was working with Skills for Care on a project to support staff to have discussions with people they support about sexuality and relationships. The registered manager told us this project also included input from other organisation such as the Down's Syndrome association. The service was working with Skills for Care on the 'I care ambassadors' scheme. This is a scheme promoting careers in the adult social care field. The registered manager told us how members of staff attended events with people they support to discuss and promote working in the care sector. On occasion, as part of this scheme, a member of staff and person receiving support attended a careers event with school leavers to talk about the kind of work carried out by the organisation. This was a further example, of people receiving support being actively involved in the organisation and how it was run.

We saw that a staff newsletter called 'New Key News' was produced that kept staff informed of developments in the service. This was used to introduce new staff, provide information about training opportunities and give feedback about the work being carried out with individual people using the service. This was an important way of keeping staff up to date and included as they wouldn't all attend the office on a regular basis.

There were systems in place to monitor the quality of the service provided. The service carried out surveys with the people they supported. It was clear from the last survey that satisfaction levels were high. Comments included 'I like my team', 'New Key do everything well' and 'my staff do well at keeping me healthy and fit'.