KeyRing - Living Support Networks

KeyRing London and South East Office

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

This inspection took place on 25 November 2014 and was announced. We gave the provider 48 hours' notice of the inspection because the service is a small domiciliary agency and we needed to be sure that someone would be available. This was the first inspection to the service since it was registered with the Care Quality Commission.

Key Ring London and South East Office provides a domiciliary care service to people in their own homes. It is part of a wider organisation that provides a service to maintain support to people who needed low level support to maintain their tenancies. The agency was providing a registered service that supported two people with personal care at the time of our inspection.

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

Summary of findings

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.

Risks to individuals were carefully assessed and managed. Staff had in-depth knowledge of these risks and how best to manage these so that people were kept safe. Staff were proactive and used creative ways to find solutions to the risks identified to people in challenging situations. Good care planning and delivery of care significantly reduced risks to people, ensuring their needs were met.

There were enough staff to meet people's needs during our inspection. Medicines were managed appropriately to ensure people received their medicines safely.

The service was committed to the training and developing of their staff to ensure they put their learning into practice to deliver high quality care that met individual needs.

The provider had used their procedures appropriately in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to protect the safety and wellbeing of people.

There was a strong emphasis on the importance of people eating and drinking well.

People received on-going healthcare support and the agency worked well in partnership with other professionals to effectively support the people who used the service. We received positive feedback from professionals who had contact with the service.

Staff provided a service in a way that was kind, caring and supportive and with an ethos of respecting the individuality, dignity and privacy of people.

Staff communicated with people in a way they could understand and maximised their ability to make decisions and to have choice in their lives. People and their relatives were consulted and involved in decisions about all aspects of their care.

People experienced personalised care that was effective in meeting their needs and individual aspirations.

Care plans and risk assessments were detailed, informative about the lives, needs and ways to support people who used the service and care was highly person centred.

People using the service were actively supported to remain independent. The support they received enabled them to pursue their preferred interests and activities and to integrate into the community.

There were no complaints, however a complaints procedure was in place and staff worked with people and relatives to promptly respond to and address any issues.

Staff told us that they really enjoyed working at the service and that there was very good management in place. They told us the management valued and improved the outcomes to people who used the service.

The service was well led and there were systems in place to effectively monitor the quality of the service. Shortfalls had been addressed where these had been identified and the registered manager was in the process of taking steps to further improve the service.

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?

Good

The service was safe. Staff had completed training in safeguarding adults and they knew how to identify and report any concerns.

Risks to individuals were assessed and managed. Staff were aware of these risks and how best to manage these so that people were safe. Care planning and delivery of care significantly reduced risks to people, ensuring their needs were met.

There were enough staff to meet people's needs during our inspection and effective recruitment procedures in place.

Medicines were managed appropriately to ensure people received their medicines safely.

Is the service effective?

Good

The service was effective. The provider was committed to the learning and development of staff to ensure they put their learning into practice to deliver high quality care that met individual needs.

The provider had used **t**heir procedures appropriately in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to provide legal protection to people who lacked the capacity to consent to specific issues.

There was a strong emphasis on the importance of people eating drinking well.

People received on-going healthcare support and the agency worked well in partnership with other professionals to effectively support the people who used the service.

Is the service caring?

Good

The service was caring. Staff provided a service in a way that was kind, caring and supportive and that respected the individuality, dignity and privacy of people.

Staff communicated with people in a way they could understand and maximised their ability to make decisions and to have choice in their lives.

Staff consulted and involved people and their relatives in all aspects of their care.

Is the service responsive?

Good

The service was responsive. People experienced personalised care that was effective in meeting their needs and individual aspirations.

Care plans and risk assessments were detailed, informative about the lives, needs and ways to support people who used the service and care was person centred.

There were no complaints, however a complaints procedure was in place and staff worked with people and relatives to address any issues they might have.

Is the service well-led?

Good

The service was well-led. Staff told us that they really enjoyed working at the

Summary of findings

service and that the it was very well led and managed. They told us the management valued and had a positive impact on people who used the service.

Regular audits were carried out to assess the quality of care provided and address any shortfalls.

KeyRing London and South East Office

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 25 November 2014 and was announced. The inspection was carried out by a single inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service and safeguarding alerts raised. We also reviewed the Provider Information Return (PIR) for the service which is a report that providers send to us giving information about the service, how they met people's needs and any improvements they are planning to make.

People who used the service were not able to communicate with us verbally and we were unable to speak with them. We spoke with one relative who had two family members using the service. We spoke with the registered manager and three staff members. We looked at records including both care records of the individuals who used the service, staff training and supervision records, medicines records, audits and complaints. We also spoke with a social worker, a manager of a community health team and a service commissioner.

Good

Is the service safe?

Our findings

Risks to people's safety were assessed, managed and reviewed to ensure they were kept safe. The provider had effective procedures for ensuring that any concerns about a person's safety were appropriately reported.

Staff could clearly explain how they would recognise and report abuse. Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safety concerns. Staff knew how to recognise the importance of reporting any concerns.

The provider had promptly responded to a whistleblowing concern reported by a member of staff. They followed safeguarding procedures to ensure the safety of the person who used the service and took appropriate action. The registered manager stressed the importance of taking immediate action to protect people who used the service and to reduce any risks to their safety and welfare.

There were detailed risk assessments in place which gave comprehensive information about the risks to people themselves and to others. Assessments included why an issue was deemed to be a risk and how staff could support people in managing the risk. The assessments were thorough in identifying actions needed to prevent and further reduce risks when incidents occurred. Risks to people were monitored and kept under regular review.

Staff were knowledgeable about risks to individuals and these were appropriately assessed and managed. For example, the different areas and levels of support when going out into the community and the number of staff needed to support them, if required. Staff had supported one person to pursue their preferred leisure interest by taking action to minimise the risks and seeking a range of solutions. Other examples included, the risks associated with medicines, finance and healthy eating. This helped to ensure that people were supported to take responsible risks as part of their daily lifestyle, to promote choice and independence.

All staff kept records of any financial transactions, the reason for the transaction, date and balance of monies. These were signed by two people and checked when audited. This helped to ensure that people were protected from the risk of financial abuse.

Staffing levels were determined by individual needs, for example, providing extra staff overnight where required to keep people safe or to enable them to go out. The registered manager explained that there was a consistent team of seven staff members who worked with people. Managers were available on call out of hours throughout the night and at weekends in case of an emergency. We saw records logged when staff contacted managers out of hours when they needed support to discuss urgent issues.

We were unable to view the recruitment records for staff who used the service which were held centrally, however staff advised us they had provided the necessary documents and undergone essential recruitment checks prior to being employed, including references, proof of identification, right to work in the UK and criminal record checks.

Medicines were prescribed and given to people appropriately. Medicines for each person were listed in their care plans. Each person had a medicines profile in their files. This included known allergies, their condition, contact details of their GP and pharmacist. This listed their prescribed medicines and was current including any updated changes. Also noted were 'as required' PRN medicines, the medicines disposal procedure and identification of any controlled drugs. People who used the service had their medicines reviewed by their GP and this arrangement was noted in their files. The provider had a system in place to manage the safe administration of medicines in line with people's care plans. We looked at staff training records and saw that staff had recently received medicines training. We checked a sample of medicines administration records (MAR) for each individual. These were all complete and signed by staff.

People who used the service received support to take their medicines according to their assessed needs. The manager said they prompted and encouraged people to take their medicines, however where they refused to take medicines, staff would consult the individual's GP to discuss their needs.

Good

Is the service effective?

Our findings

People were by supported by staff who received regular relevant and specialised training to equip them with the skills and knowledge to meet their needs. All staff underwent a 12 week Skills for Care induction where they completed a workbook to show they had reached the required level of knowledge and skills to carry out their roles. These were signed off and used as evidence for staff to complete their six month probationary period.

One support coordinator we spoke with explained their role. They told us they spent a shift with staff during their induction period in people's homes to ensure staff were familiar with the policies and procedures. In addition they re-visited staff to follow up progress and respond to any issues with training.

The support coordinator told us that all staff were able to log on to a Cloud account during visits, so they could access all the policies and procedures and training information remotely on a laptop if they needed. These included a range of policies on health and safety such as food hygiene awareness and infection control; moving and handling people; risk assessments and medicines administration.

We looked at the staff training schedule and training attended. Training had been completed in areas including medicines awareness, first aid, moving and handling, autism awareness, mental capacity and deprivation of liberty, reflective learning, role familiarisation and diversity awareness. We noted that staff had received Makaton training and guidelines from a Speech and Language Therapy service to develop their knowledge and skills in how to communicate more effectively with people who used the service using visual aids and signing. Staff had also received training around how to meet individual people's needs including how to manage behaviour that challenged the service. The registered manager had attended training to develop their management skills and participated in a leadership development programme.

Staff said they received good training and support. One staff member was highly motivated to have additional training to help individuals to progress on to their next stage of personal development. Another staff member said, "The training is very good and it is extremely relevant to the work we do, including maintaining dignity for people who cannot express their choices clearly."

One staff member told us they shadowed more experienced staff when they started work and began working with people for the first time. For example, they went out in pairs and were gradually introduced to working with people. This helped staff become familiar with people's needs and allowed people to get to know staff. Staff told us they had a lot of information and support in advance so they felt quite prepared to work with people who used the service.

Staff supervision sessions took place regularly, every one to two months and these were recorded in staff files. Appraisals took place yearly and were intended to assess performance, promote and develop staff. Staff had the opportunity to discuss their performance over the previous year, their agreed targets and whether they had been achieved. Training requirements for the upcoming year were discussed in one to one and team meetings, including other targets related to their performance at work.

We received positive feedback from healthcare professionals about the staff at Key Ring and were told that staff were caring, skilled, motivated and knew people using the service well. There was evidence of regular contact and consultation with healthcare professionals, including individual GPs and a psychologist to maintain the health and wellbeing of people who used the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provide protection for people who lack capacity to make specific decisions affecting them. One DoLS application had been made asking the court to consider a restriction of liberty for one individual to protect them from harm as they would be at risk if they left their house unaccompanied. Staff had followed a 'best interests' decision making process including social care professionals involved in their care. As part of this process the service followed an agreed action plan to ensure the safety and welfare of the individual whilst waiting for the authorisation to be granted.

Good

Is the service effective?

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We saw evidence that the provider had made appropriate referrals to assess people's capacity to make decisions and to take appropriate action to protect the best interests of people.

Staff consulted and followed advice from healthcare professionals in relation to people's dietary needs. Staff encouraged people who used the service to eat as healthily as possibly in line with their health needs and worked together with their relative to achieve this. Staff respected individual wishes in relation to their cultural preferences and prepared meals from their cultural background. Staff were in the process of developing a magnetic menu board, with images of foods to allow people to choose their preferences and make their menu choices known to staff. People had regular medical checks to monitor any changes caused by their diet or other lifestyle factors.

Good

Is the service caring?

Our findings

People who used the service benefitted from person-centred care. People who used the service used non-verbal means of communicating their needs and choices. Staff facilitated communication enabling people to express their views through accessible methods of communication tailored to the individuals, using of a range of visual aids and objects of reference. These maximised the opportunities given to people to communicate their needs and wishes.

Care plans were written in an accessible format, with visual references in a way that people could understand. These were written from the point of view of the person, detailed, clearly outlining their individual likes, dislikes and interests. The organisation had developed a tool which was a large key ring with a range of laminated pictures to enable people to communicate their needs and express views wherever they went. This had been given to all staff to enable people to communicate their specific needs to staff, whenever and wherever they were.

Staff involved relatives and professionals when working with people to meet their needs and people were offered advocacy support.

We found that staff had built positive relationships with people who used the service and their relatives.

Staff had in-depth knowledge about what people liked doing, the type of things that upset them or made them happy. They also gave people choice and control in their lives. One member of staff said, “We work to give people as much choice as possible, given their level of disability.”

The service recognised the individuality of the people who used the service in all aspects of their care. This was reflected, for example, in goal setting which identified people’s abilities and finding ways to support people to learn new skills where they were able. Most of the staff came from the same cultural background of people who used the service and took into account the cultural needs of people who used the service. Staff gave examples of how they respected the views of the family of people in respecting their cultural influences when providing support.

Staff offered care that was kind and compassionate so that people were valued as individuals and treated with respect. One staff member said, “You can go home and on reflection say sometimes, even in a small way, I know I have made a difference for somebody and that means a lot to me.” Another staff member told us, “All the staff are dedicated and treat people with respect. We value all people and we talk to them as adults not as children.”

Staff ensured the privacy and dignity of people who used the service. One support worker said, “When we are doing their personal care, we give them room to do it themselves and step in when we need to supervise.” They told us that if a person needed care when they went out with a member of staff that this was done discreetly away from the gaze of the public.

The relative we spoke with was positive about the care provided for their family members. We saw there was regular contact between them, staff and the registered manager. The service worked closely with the relative to ensure they were always informed and involved in decisions about all aspects of care provided to their family members. A social care professional gave examples of how the service worked with the relative to help promote their family members’ independence.

Healthcare professionals told us that people were supported to get the most out of life and that people had made significant progress in their ability to live independently since using the service.

Good

Is the service responsive?

Our findings

People received a service that was person-centred with support that was tailored to them. Individuals were supported in a variety of ways to explore their support needs and aspirations, planning the most effective support to achieve their goals.

Care plans and risk assessments were detailed, informative about the lives, needs and ways to support people who used the service. Each person's file contained relevant essential information in a visual format. Their personalised support plans included their background history, preferences including enjoyment of foods from their cultural background, making decisions and how staff could help. They were written comprehensively for example, noting what was going well and what was not going so well, giving indications of possible indicators that could lead to or explain behaviours which challenged others and how to manage these.

A further detailed assessment entitled 'What is Really Important To Me, included information such as, 'My Ideal Life', for example, to develop independent living skills and to become more self-reliant. The section, 'How Will I Stay In Control' recognised that the person's level of independence was determined by the way staff supported the person and how this was dependent on their ability to communicate with staff.

Each person's file contained detailed accounts of how people communicated, for example, in a group, when they were distracted, words they understood, use of body language and known signs. Also included was how the person showed enjoyment and dissatisfaction. This was followed by detailed communication guidelines for staff, including analysis of each person's facial expressions, body language and behaviour and included times when communication was most effective.

The agency assessed and regularly reviewed the service people received and provided flexible care in response to their needs. The registered manager told us how they found that the recommended hours and type of support that was specified in initial assessments from referring authorities were not always sufficient to meet people's needs. The agency responded by reassessing their needs which had led to an increase in the resources provided to care for people and keep them safe.

Staff were encouraging and pro-active, providing effective care and support in line with individual plans. For example, the support one person received had helped to settle their behaviour, stabilise their mood and increase their sense of wellbeing. In past months, records showed the person's behaviour was agitated and disruptive, whereas in recent months, they were more frequently observed as being cheerful, rested and relaxed. Staff had worked closely with the person, helping them to engage positively with staff to achieve their stated goal. One staff member said, "You can really see the difference now compared with when they first started using the service. They have really calmed down and can do much more for themselves now." One social care professional we spoke with said that the service was focused on providing person-centred care and had achieved exceptional results with the people who had used the service.

The service was flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. There were appropriate education and work opportunities pursued and arranged to enable people to take part in their preferred activities and to meet their needs.

These were identified in their personalised plans. Detailed behaviour management plans allowed staff to support people with behaviours that challenged, helping them to be able to pursue their interests successfully. This included going to college, swimming, eating out, listening to music from the person's favourite music channel, going for walks and attending a day centre for people with similar needs.

It was evident, from discussions with staff and the registered manager that both individuals who used the service had made progress since using the service. Through working closely with the individuals' relative, staff and others, the registered manager devised a service package that was more responsive to meet the needs of people who used the service. The service sought and followed the advice and knowledge of other professionals in relation to care and improving communication with people who used the service to ensure their needs were met.

We looked at the records of significant incidents affecting the safety and welfare of people who used the service. There had been a dramatic reduction of such incidents and of behaviours that challenged others over the course of the

Good

Is the service responsive?

year. Records showed a reduction from daily incidents occurring throughout the year down to one incident involving people who used the service in the three month period prior to our inspection.

People who used the service were supported to express their views and act on any indications of dissatisfaction. Relatives of people who used the service were provided with information about how to make a complaint. Staff had worked closely with a relative regarding a difference of opinion in how care should be provided. This resulted in an agreement in the way care should be provided and avoided the need for a formal complaint. The registered manager explained that they wished to develop an accessible complaints procedure for the two people who used service, who could not read or communicate verbally and this was one of the development aims of the service.

Good

Is the service well-led?

Our findings

There was strong management and leadership of the service which delivered high quality care that improved the experiences of people who used the service. The registered manager actively sought and acted on the views of others to provide personalised care. They had developed and sustained a positive culture.

The registered manager was assisted by two support coordinators who had a role working across the services provided by the organisation. This included working with nine people who lived in supported housing who needed low level support to manage their tenancies, receive help with benefits for example and to access community services. However there were only two people who were receiving a registered domiciliary care service.

There were clearly defined roles and responsibilities for each staff member. Staff told us that the division of duties amongst them helped them to focus their attention on people using the service rather than spending time completing paperwork. Staff were clear where their responsibilities lay but also realised the importance of working together as a team to support people using the service. The managers participated in an on call system so they were available to staff whenever they needed, including out of hours.

The registered manager regularly made announced and unannounced visits and sometimes worked on shift with staff in people's homes to check the quality of care being provided. This provided them the opportunity to work with staff and see how they performed with people. They completed a system of regular audits to ensure staff performed to expected standards, checked they received the care they needed and the level of progress that people were making.

Staff meetings were held every month. Records of the last team meeting showed that staff shared and received information about the people who received care, their own training and support needs and spent time exploring the essential requirements of the Health and Social Care Act regulations. This was to ensure the expectations of their service were clear and that it met required standards.

The registered manager regularly met with the support coordinators to review staff approaches to people who used the service. One staff said, "In terms of management style, [the manager] is one of the best. They talk about the most positive ways that we can improve." They told us that they felt supported by the registered manager. Another staff member said, "[The manager] has been quite focused and despite the fact that it's been challenging and there have been barriers, we have done very well to promote the way we ideally would like to work with people."

There was good partnership working with health and social care professionals. This multi-agency approach had helped to reduce incidents of behaviours that challenged the service.

The registered manager was able to evidence that work was on-going to improve the service. For example, to introduce ABC charts to support behaviour management and introduce a magnetic notice board to improve communication with people who used the service.

The registered manager was able to demonstrate how they promoted the rights of people with learning disabilities. They worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. There was a strong emphasis on continual improvement.

The organisation had relevant policies and procedures in place and senior management were in the process of developing them further so that they were more specific to the registered part of the service provision. The senior management was responsible for oversight of the quality of service, including monitoring safeguarding reports, complaints, health and safety, complaints and key performance indicators for staff, identifying and implementing actions for improvement.