

Keyline Care Supported Living Services Limited

Keyline Care Supported Living

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Keyline Care Supported Living is a supported living service providing personal care to one person in their own home.

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

Right Support

Staff supported the person to have the maximum possible choice, control and independence and they had control over their own lives. The person was supported by staff to pursue their interests. Staff supported the person to achieve their aspirations and goals.

The service worked with the person to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff followed best practice and guidance to avoid the use of unnecessary restraint. The service recorded when staff restrained the person, and staff learned from those incidents and how they might be avoided or reduced.

The person had a choice about their living environment and was able to personalise their home. Staff supported the person to take part in activities and pursue their interests in their local area. Staff supported the person to make decisions following best practice in decision-making. Staff communicated with the person in ways that met their needs.

Right Care

The person received kind and compassionate care. Staff protected and respected the person's privacy and dignity. They understood and responded to their individual needs. The service had enough appropriately skilled staff to meet the person's needs and keep them safe.

The person's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. The person could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

The person received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. The person could take part in activities and pursue interests that were tailored

to them. The service gave the person opportunities to try new activities that enhanced and enriched their life.

Right culture

The person led an inclusive and empowered life because of the ethos, values, attitudes and behaviours of the management and staff. The person received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

Staff knew and understood the person well and were responsive, supporting their aspirations to live a quality life of their choosing. The person and those important to them, were involved in planning their care. Staff ensured risks of a closed culture were minimised so that the person received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

The inspection was prompted in part due to concerns received about the high number of incidents that had resulted in some form of restraint being used by staff.

Additionally, we undertook this inspection to assess that the service was applying the principles of Right support, Right care, Right culture.

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.

Keyline Care Supported Living

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

One inspector carried out this inspection.

Service and service type

This service provides care and support to one person living in a 'supported living' setting, so that they can live as independently as possible. This person was under the age of 18. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at the person's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and the person was often out, so we wanted to be sure the person would be at home to have the opportunity to speak with us.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since their registration with the CQC. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited the person in their home and with spoke with them about their experience of the care provided. The person was able to verbally tell us about their experiences.

We spoke with nine members of staff including the care staff, representatives of the provider and the registered manager.

We spent time observing the person and the way staff interacted with them. The person showed us around their home.

We reviewed a range of records. This included the person's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person was safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person was kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. The person told us they felt safe when staff were with them.
- Staff had training on how to recognise and report abuse and they knew how to apply it. The registered manager ensured the required authorities were notified if a concern about the person's safety had been raised. These concerns were investigated thoroughly to help identify the cause and to reduce the risk of the incident happening again.
- The person and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. The person told us they knew who to speak to if they were unsafe, unhappy about their care or had concerns about staff. Easy-read safeguarding protocols were in place to aid the person's understanding of this process.

Assessing risk, safety monitoring and management

- The person was restrained only where evidence demonstrated it was necessary, lawfully justified, used for the minimum period of time, had a justifiable aim, and was in the person's best interest, and that it was used in a safe and proportionate way. A plan was in place to reduce restrictive intervention.
- After staff used restrictive practice, they took part in post incident reviews and considered what could be done to avoid the need for its use in similar circumstances. The person was involved with de-briefs about the use of restraint.
- The person's care records helped them get the support they needed because it was easy for staff to access and keep high quality care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. Staff told us they found the care planning documents detailed and helped to inform them how to reduce the risk to the person's safety.
- Staff managed the safety of the living environment well through checks and action to minimise risk. This included a plan to help make the person safe in an emergency, including how to leave the house urgently.
- Staff assessed the person's sensory needs and did their best to meet them. Staff understood when the person needed time alone or a reduced number of staff near them to support them should the person become anxious or upset. For example, when we visited the person's home, we saw the person had decided to have a lie down and had requested a specific member of staff to stay with them.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for the person to take part in activities and visits how and when they wanted. The person told us staff were always there to help them to go out to their favourite activity which was roller-skating.

- The numbers and skills of staff matched the needs of the person using the service. The person told us they were also able to choose the staff they wanted for specific activities. Staff told us they were willing to work flexibly to support the person to lead an active and fulfilling life.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. A core bank of agency staff was used to encourage consistency of care for the person.
- The person's care records contained a clear one-page profile with essential information and 'dos and don'ts' to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- The person was supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- The person told us they had one medicine. This was a cream which staff helped them to apply. Staff recorded this support on a medicine administration record (MAR). The records we looked at were appropriately completed and reviewed.
- The person received information about medicines in a way they could understand. Easy-read documentation had been used to keep the person informed.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep the person safe, and staff supported the person to follow them. The person told us they enjoyed keeping their house clean and showed us where the cleaning materials were stored. Staff helped them to keep their home clean and hygienic.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in the person and staff.
- The service's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The person received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting the person's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave the person and those important to them honest information and suitable support.
- The service recorded any use of restrictions on the person's freedom, and managers reviewed use of restrictions to look for ways to reduce them. The person was involved in debriefs. Their feedback was important to enable the registered manager to assess the actions taken by staff and whether the person wanted any changes made to the agreed restrictive practice.

Is the service effective?

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person'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

- Staff completed a comprehensive assessment of the person's physical and mental health prior to starting with the service. This included a detailed transition programme for the person.
- Care plans reflected a good understanding of the person's needs, including relevant assessments of people's communication support and sensory needs. We observed staff using a variety of different tools to help the person plan the activities they wanted to do that week. This included the agreed activities being written on a large whiteboard which the person could see each day.

Staff support: induction, training, skills and experience

- The person was supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have. This included training to reduce the number of times the person was restrained, positive behaviour support, human rights and all restrictive interventions.
- Professionals involved with the person's care told us they felt staff had the right skills and experience to provide the person with the care they needed.
- One professional told us they had seen continued improvement in the way staff cared for the person, which had also seen the number of behavioural incidents reduce. We observed staff supporting the person and they showed a good understanding of the person's needs.
- Staff could describe how their training and personal development related to the person they supported.
- The service checked staff's competency to ensure they understood and applied training and best practice. Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- The person received support to eat and drink enough to maintain a balanced diet.
- The person told us they were involved in choosing their food, shopping, and planning their meals. They told us they were going to make meatballs for their dinner.
- The person could have a drink or snack at any time, and they were given guidance from staff about healthy eating. Staff encouraged the person to eat a healthy and varied diet to help them to stay at a healthy weight. A staff member told us they had been talking with the person about serving appropriate portion sizes and the effects on the person's weight if they ate too much. They told us the person had responded positively to this.

Supporting people to live healthier lives, access healthcare services and support

- The person had health action plans and a health passport in place which were used by health and social

care professionals to support them in the way they needed. These records contained individualised guidance and information about the person which were used to ensure they received timely and appropriate care and treatment.

- The person played an active role in maintaining their own health and wellbeing. They told us they enjoyed exercising and this largely focused on roller-skating and visits to the park. Swimming lessons were also discussed with the person and plans were being made to ensure this could be done safely and effectively for the person.
- Multi-disciplinary team professionals were involved in support plans to improve the person's care. All of the professionals spoken with praised the registered manager and the staff and the positive impact they had on the person.

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. We found they were.

- Staff empowered the person to make their own decisions about their care and support. Staff knew about the person's capacity to make decisions through verbal or non-verbal means and this was well documented
- When decisions were made for this person multi-disciplinary meetings were held with all relevant people consulted to ensure decisions made were always in the person's best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person was 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

- Staff saw the person people as their equal and created a warm and inclusive atmosphere.
- Due to the person being under the age of 18, staff adapted their approach to care and support accordingly. Policies and procedures were in place to ensure the person's age was considered when care was planned.
- The person told us they liked the staff and they were nice to them. We observed the person and staff talking to each other and planning activities. There was a calm, friendly approach which we observed put the person at ease in their company.
- The registered manager told us a lot of work had been done to ensure that staff had the right skills and personality to support the person. We could see the person was well matched with their staff and as a result, the person was at ease, happy, engaged and stimulated.
- We observed staff were calm, focused and attentive to the person's emotions and support needs such as sensory sensitivities.

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

- Staff were patient and used age appropriate styles of interaction with the person.
- When we visited the person at first, they appeared reluctant to talk with us. Staff took their time to explain why we were there and used supportive words to encourage the person to talk with us. This approach was successful, and the person enjoyed telling us about their home and the things that were important them.
- The person told us they spoke with the staff regularly about the things that were important to them, and staff listened to their views. Records showed easy-read materials were used to help the person to understand certain decisions about their care and to help them to make informed choices.

Respecting and promoting people's privacy, dignity and independence

- The person had the opportunity to try new experiences, develop new skills and gain independence.
- The person's records showed extensive work had been completed to assess the person's ability to carry out tasks independently of staff. Cooking and cleaning were key tasks that the person enjoyed, and this helped them to develop independence from staff.
- There were on-going assessments about the number of staff required to support the person within and outside of their home. The registered manager told us the aim was to reduce the staff numbers where appropriate, increasing the person's independence, but always ensuring their safety.
- Staff knew when the person needed their space and privacy and respected this. We observed staff respect the person's wish to go to their bedroom and their request for certain staff to be close by if needed.
- The provider followed best practice standards which ensured the person received privacy, dignity, choice

and independence in their tenancy. For example, the person told us about the support they wanted from staff when they had a shower. They told us staff always respected their wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person'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

- Staff supported the person through recognised models of care and treatment for people with a learning disability or autistic people. Staff told us they felt confident in providing the person with the care they needed. We observed staff supporting the person in a confident and experienced way.
- Support focused on the person's quality of life outcomes and the person's outcomes were regularly monitored and adapted as the person went through their life. Plans to reduce the number of staff supporting the person were in place with specific targets to support this process.
- Staff used person-centred planning tools and approaches to discuss and plan with the person how to reach their goals and aspirations.
- Records showed extensive work had been carried out with the person to understand what was important to them and how staff could support them in living their life to the full. This included regular reviews regarding independence, encouragement to meet others through preferred activities and support with education and future employment opportunities.
- A wide-range of easy-read materials were used to help educate and inform the person about the choices they wanted to make, the possibility of success and the potential barriers they could face. Swimming was a key aim for this person and staff had worked hard to ensure the person was able to do this safely. Progress towards this goal was documented and reviewed regularly with 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.

- Staff ensured the person had access to information in formats they could understand.
- There were visual structures, including objects/photographs/use of symbols and other visual cues which helped the person to know what was likely to happen during the day and who would be supporting them.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when the person was trying to tell them something. A detailed communications care plan supported this.

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

- The person was supported to participate in their chosen social and leisure interests on a regular basis.
- The person told us they regularly were supported to do the things that were important to them. They told us staff were always available to help them leave their home to do these things.
- Staff ensured adjustments were made so that the person could participate in activities they wanted to. The person told us they wanted to do some work at a local radio station. We spoke to staff about this and they told us about the action they had taken to try to ensure this could happen. Progress towards this activity being realised was reviewed regularly.
- Staff were committed to encouraging the person to complete their education with the aim of seeking voluntary work and/or paid employment in the future.
- The person told us they were supported by staff to maintain contact with family members and also to meet friends they had made at their local roller-skating rink. This helped to reduce the risk of the person becoming socially isolated.

Improving care quality in response to complaints or concerns

- The person, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- Staff used easy-read material to explain to the person when and how their complaints would be addressed and resolved. The person could explain to us how they would make a complaint.
- Records showed complaints had been handled in accordance with the provider's complaints policy.

End of life care and support

- Due to the age of the person cared for, it was deemed not yet appropriate to discuss the subject of end of life care with them. Easy-read material was available to support staff with discussing the subject with the person when it was appropriate.

Is the service well-led?

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The provider and registered manager worked hard to instill a culture of care in which staff truly valued and promoted the person's individuality, protected their rights and enabled them to develop and flourish.
- The person told us they enjoyed living in their home and the staff helped them to lead a happy life.
- Management were visible in the service, approachable and took a genuine interest in what the person, staff, family and other professionals had to say. All staff spoken with praised the approach of the registered manager. They told us she was approachable and led by example. Our time spent with the registered manager supported this view.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- Staff felt able to raise concerns with the registered manager without fear of what might happen as a result. We did note the provider's whistleblowing policy needed to be amended to include the option of staff reporting concerns to relevant authorities without the provider being made aware. We were assured this would be done.
- The registered manager and provider set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. We noted when an incident or accident occurred, there was always a period of reflection that enabled all involved to give their views on things could be improved.

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

- The service apologised to the person, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The ethos, values, attitudes and behaviours of leaders and staff ensured that the person lead an inclusive and empowered life.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of the person's needs and oversight of the service they manage.
- The registered manager always had the person's best interests at heart. For example, they have put measures in place to ensure that a person who had recently left the service received a smooth transition to

their new service provider. We were informed by professionals involved with this person's care that this process helped the person settle into their new home.

- Governance processes were effective and helped to hold staff to account, to keep the person safe, protect the person's rights and provide good quality care and support. Regular reviews of the effectiveness of the care provided for the person were carried out. The registered manager was supported by the representatives of the provider to do so.
- Staff were able to explain their role in respect of the person without having to refer to documentation. Staff delivered good quality support consistently. It was clear they had a thorough understanding of the needs of the person and this resulted in positive outcomes.

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

- The person, and those important to them, worked with the staff and registered manager and staff to develop and improve the service.
- There were formal meetings for family and friends to share their views and discuss issues with staff and comments were actioned by the provider. We saw recorded evidence of family members and others being regularly consulted on their views about the quality of service provided and any issues that could be affecting the person.

Continuous learning and improving care

- The provider kept up to date with national policy to inform improvements to the service.
- The registered manager had a thorough understanding of all legislation and guidance to ensure the person received continued to receive the most relevant care.
- The provider invested sufficiently in the service, embracing change and delivering improvements. A representative of the provider told us the service was financially secure; they were increasing the number of people cared for slowly, to ensure any mistakes or areas for improvement were addressed before they affected the care people received.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to give the person a voice and improve their wellbeing.
- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- Professionals all spoke positively about the way the registered manager and staff engaged with them, contributing to the aim of providing the best possible outcome for the person.