

KPW Newkey Limited

New Key

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?

Outstanding 

Overall summary

New Key provides a supported living service to people with a learning disability. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. At the time of our inspection, although the service provided support to 26 people living in their own homes, only eight required support to meet their personal care needs. Therefore we only looked at the care and support received by those people. The support provided by New Key was dependent upon each person's needs and could be up to 24 hours a day.

We carried out this announced inspection on 11, 13 and 14 August 2015 in response to information we had received regarding risk management and people's safety. The last inspection took place in January 2014 during which we found no breaches in the regulations.

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.

The registered provider, registered manager and the management team demonstrated their commitment to providing high quality, well-led and inclusive support to each person receiving a service from New Key. They had effective systems in place to assess people’s needs, recruit and train dedicated staff and to monitor the quality of the support services they provided.

People either told us directly, or indicated through sign language, they felt safe, were happy and the staff were caring. We saw people approaching staff with confidence and accepting appropriate prompts from the staff indicating they felt safe in their presence. We saw staff treating people with respect, kindness and patience.

People received support from New Key to live as independently as possible in their own homes. Support was developed with the person’s abilities, needs and goals in the forefront of planning and decision making. Great emphasis was placed on people’s rights as citizens and in developing the staff team to deliver high quality, person-centred support. The service promoted improving people’s independent living skills to become less dependent upon staff and to become more involved in leisure and educational activities enabling people to enjoy a more fulfilling life. For example, people were supported to prepare meals for themselves, use public transport and attend community leisure and educational events. This was supported by the relatives we spoke with who praised the support provided by the staff. One relative said “they provide excellent emotional and physical care for (relation). He is exceptionally well cared for and supported.” Health and social care professionals told us the service was “outstanding” in their support of people and had provided professional support to people with very complex care needs. They described the service as being committed to providing person-centred support and championing the rights of people with disabilities.

Support plans were developed with the person and people who knew them well. They were personalised and contained a range of formats including symbols, pictures and words to help the person understand their plan. The plans described in detail the support people needed to manage their day to day needs. They included who and

what was important to the person, how to keep them safe, their individual preferences, their interests as well as their future ambitions. Staff said they supported people to be as independent as possible. They recognised that being able to do something, such as making a drink or a meal, gave the person a sense of achievement and self-worth.

The service recognised the “Circles of Support” already established in the person’s life. A Circle of Support is the group of people known to the person, including family and friends as well as staff, who meet together on a regular basis to help the person accomplish their goals in life. Where a person did not have a Circle of Support prior to commencing a service from New Key, the service endeavoured to develop one to provide the person with support other than from staff.

People were supported to have a presence in their local community and to develop relationships with people outside of their staff team. Families and friends were invited to work with staff in Community Mapping, that is, identifying community resources that would be of interest and benefit to people.

The service supported people to use innovative assistive technology, such as training videos on a handheld computer, to help them become more independent and not rely as much on staff support.

Risks to people’s safety and well-being were clearly identified and management plans had been developed to ensure staff knew how to support people safely and in a way that was personal to that person. Some of the people supported by New Key could at times display behaviours that may place either themselves or others at risk of harm. Support plans were detailed about these behaviours and staff were guided on how to reduce the risk of a situation escalating. Health and social care professional spoke positively about the service’s ability to meet the needs of people who had very complex support needs. They confirmed the service did not use sedative medicines or physical restraint if at all possible. Accident and behavioural incidents that may place someone at harm were reviewed and management plans were updated to mitigate risks. Medicines were managed safely. Health and social care professionals told us the service managed risks well. We saw no evidence people’s safety was compromised due to poor risk management.

Summary of findings

Staff were safely recruited, well trained and knew the people they support well. The registered provider and registered manager said they placed great emphasis on providing training and support for staff. Staff were supported to develop “career pathways” and their skills and interests were recognised by the service. Staff told us they were proud to work for New Key as it was an organisation that was “passionate about the care we provide and what we do.”

Staff told us the vision and values of the service were to “respect people”, “uphold dignity” and “promote independence.” They said these values were discussed at every opportunity. A Culture for Care toolkit for developing a positive workplace culture from Skills for Care was used to assess the service’s performance and to share the service’s commitment to developing and improving the support provided.

A number of staff had taken on the role of “I Care Ambassadors”, visiting schools, colleges and job centres to inspire others to work in adult social care. New Key’s training and support of staff’s development had been accredited with Investors in People, a nationally recognised organisation which helps services develop their staff and recognises their good practice in doing so. Relatives described the staff as “first class” and “excellent”.

Staff had received training in, and had an awareness, of the Mental Capacity Act 2005. People were supported to make decisions about where and how they wished to be supported. Where people were not able to make decisions about certain aspects of their care and support, best interest meetings had been held with them and the people who knew them well to decide on the most appropriate support.

People were involved in developing the service and were supported and encouraged to share their views about the support they receive. The registered provider told us they monitored the quality of the service provided in a variety of ways including meeting with people individually as well as management, staff and relative meetings. Surveys were also used to gain people’s views and “Quality Checkers”, an independent quality checking service run by people with a learning disability, were invited to meet with people who used the service and to review the outcome of the surveys.

People had access to the complaints procedure. People told us they met with the managers and office staff and confirmed if they were unhappy they would tell the staff. The service had made arrangements with other local service providers to support each other in investigating complaints. This ensured people could be confident their complaint was dealt with openly and objectively. No complaints had been received over the past twelve months.

Health and social care professionals told us they had a very good relationship with the management team and the registered provider. They were described as an “honest” and a “listening and learning” organisation. They said they were open and transparent in their communication and weren’t afraid to challenge others, such as social workers and families, if it was in the person’s best interests. Equally so they were not afraid to admit when things had not gone well and to learn from this.

The registered provider had signed up to Department of Health’s initiative, “The Social Care Commitment”. This is the adult social care sector’s promise to provide people who need care and support with high quality services.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Risks to people's safety and well-being were identified and management plans provided clear guidance for staff in reducing these risks. These management plans were used to enable people to undertake new activities to live a more fulfilling life.

Medicines were managed safely.

Recruitment practices were thorough.

Good



Is the service effective?

The service was effective.

People made decisions about where, how and by whom they wished to be supported.

People's legal rights under the Mental Capacity Act 2005 were protected and decisions made were in people's best interests.

Staff were well trained and knowledgeable about people's support needs. They were supported to develop "career pathways" and their skills and interests were recognised by the service.

Behaviours that placed people at risk of harm were well managed.

People were supported to maintain good health and had access to healthcare or other specialist services, such as an occupational therapist, where required.

Good



Is the service caring?

The service was caring.

People either told us directly, or indicated through sign language, they were happy and the staff were caring. Staff treated people with respect, kindness and patience.

Support plans were personalised and contained a range of formats including symbols, pictures and words to help the person understand their plan. Staff said they supported to people to be as independent as possible.

Good



Is the service responsive?

The service was responsive.

People received the support and guidance they needed to live successfully in their own home. Health and social care professionals told us the service was "outstanding" with their support of people.

The service was committed to providing person-centred support and championing the rights of people with disabilities.

People were supported to have a presence in their local community and to develop relationships with people outside of their paid support team.

Good



Summary of findings

Families and friends were invited to work with staff in Community Mapping, that is, identifying community resources that would be of interest and benefit to people.

The service supported people to use innovative assistive technology to help them become more independent and not rely as much on paid support.

Is the service well-led?

The service was well led.

New Key's mission statement said, "New Key will work with you to build the life you want." The registered provider said they were committed to ensuring this was possible for every person they supported.

Clear visions and values of respect and promoting dignity and independence were demonstrated throughout the staff team.

Health and social care professionals described the service as an "honest" and a "listening and learning" organisation.

People were involved in developing the service and were supported and encouraged to share their views about the support they receive.

"Quality Checkers", an independent quality checking service run by people with a learning disability, were invited to meet with people who use the service and to review the outcome of the surveys.

The service had made arrangements with other local service providers to support each other in investigating complaints. This ensured people could be confident their complaint was dealt with openly and objectively.

Outstanding



New Key

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 was 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 visit took place on 11, 13 and 14 August 2015 and was announced. The provider was given 48 hours notice because the location provided a supported living service for younger adults who are often out during the day; we needed to be sure that someone would be in. One social care inspector carried out this inspection.

Before the inspection we reviewed all the information we held about the service, including incident notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

On the first day of the inspection we visited the service's office to review documentation relating to people's care and support needs, staff recruitment and training and how the service ensured the safety and quality of the support provided to people. We also met with the registered provider and the registered manager. During the second and third days of our inspection we visited three people living in their own home, spoke to six members of staff and two relatives. We again spoke with the registered provider and registered manager as well as other senior staff with the responsibility for planning people's support and supervising and training staff. Following the inspection we received feedback from another relative as well as health and social care professionals who were involved in commissioning services for people from New Key.

We looked at the care and support plans for the three people we visited and reviewed how their medicines were managed. We also looked at four staff recruitment and training files, the service's quality audits and their policies and records relating to the management of the service.

Is the service safe?

Our findings

A recent incident had been reported to the local safeguarding team and police. This was being investigated at the time of our inspection. Action has been taken to investigate the incident and to check that policies and procedures are robust.

People told us they liked their homes and where they lived and felt safe there. We saw people approaching staff with confidence and accepting appropriate prompts from the staff indicating they felt safe in their presence. Those relatives we spoke with said their relation was safe.

Prior to people receiving a service from New Key, they, their relatives and other people who were important to them, met with staff to discuss their support needs and how they wished these to be met. Risks associated with these needs, such as epilepsy or behaviours that may be challenging to others, were identified and management plans developed to ensure once someone started to receive a service, their support staff knew how to support them safely.

Guidance was clear about how to deal with more urgent situations such as when someone suffered an epileptic seizure or if they became anxious which could lead to behaviour that challenged others. The circumstances and triggers which may lead people to display behaviours that may place themselves or others at risk were described to enable staff, where possible, to prevent these triggers from occurring. For example, one person's support plan identified noisy situations caused them to become very anxious. Staff were guided to avoid busy shopping areas or to leave if noise levels started to rise.

Staff were given very clear information about their responsibilities to protect people from avoidable harm, such as when bathing and when eating. For example, one person's risk management plan said, "never leave me alone when I am in my shower chair" and another person's said, "never leave me alone when I am eating as I am at risk of choking." One person's risk assessment for preparing meals stated the person must "not be left alone in the kitchen when cooking. The hob must be turned off and the pans removed from the stove top."

These risk assessments and management plans were used to support people to develop their independent living skills and become involved in leisure and educational activities to enable them to enjoy a more fulfilling life. For example,

people were supported to prepare meals for themselves, use public transport and attend community events. One person told us they had recently been to the theatre and another person said they had attended evening classes.

Should someone have an accident or display potentially harmful behaviours, these were clearly recorded. Records showed these events were reviewed to identify how the accident or behavioural incident came about and whether it could have been avoided. Risk assessments were reviewed at the time of the accident/incident and changes made, if necessary, to reduce the risk of a repeat. Health and social care professional told us the service managed risks well. They said they were very prompt in notifying specialist support services, such as crisis intervention teams, of changes to someone's behaviour and well-being. This enabled early specialist support and intervention to be put in place to reduce the risk of further deterioration in the person's situation.

The registered provider had safe staff recruitment procedures in place. Staff files showed the relevant checks had been completed including obtaining references from previous employers and Disclosure and Barring checks to ensure as far as possible only suitable staff were recruited.

Staff had received training in safeguarding people and told us what they would do if they suspected anyone was at risk of abuse. Staff understood the signs of abuse, and how to report concerns within the service and to other agencies. Safeguarding policies and procedures were in place and staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. During leisure and social activities and support review meetings people were involved in discussions about what might place them at risk and how to avoid these, such as not inviting strangers back to their home. One health and social care professional told us the service had worked very proactively with someone who was at risk of financial exploitation from others.

Some of the people supported by New Key required staff support 24 hours a day. We discussed with the registered manager how they ensured people were appropriately supported should a member of their team not be able to work due to sickness. They said as the organisation remained small, they, the registered provider and other

Is the service safe?

members of the management team knew people well and, as such, they or other available staff, were able to support people at these times. The service did not use agency staff who would not know the person.

People told us how their medicines were managed. They were protected against the risks associated with medicines because appropriate arrangements were in place to manage medicine ordering, storage and administration. Support plans described each person's medicine and the reason it was prescribed. Clear instructions identified important information about the medicine's administration, such as whether the medicine had to be given at a certain time. Where able, and risk assessed as safe, people were involved in administering their own medicines. For example, one person was able to manage their own medicines once they had told staff which medicines they wished to take and staff had removed these from the packaging into a pot. Records of medicines

administered confirmed people had received their medicines as they had been prescribed. Staff had received training in safe medicine practice and were knowledgeable about people's medicines. Records showed senior managers had assessed staff's competency to administer medicines.

People were supported to ensure their rights as tenants were upheld. Staff ensured people understood how to contact the landlord, or contacted them on their behalf if they needed to. Some people would not be able to inform the landlord if there were problems with utilities such as gas, electrical safety or fire risks. The service ensured this was carried out on their behalf and if needed, issues report to the landlord. People's homes were well maintained and people had the adaptations and equipment they needed. People were clearly proud of their homes. One person said "it is important to me staff help me look after my home."

Is the service effective?

Our findings

People received support from staff who knew them well. Many of the staff had supported the same person for several years and they described each other as friends. People said “I like (name), they are my friend” and “yes, I like them.” Relatives described the staff as “first class” and “excellent”.

The registered provider and registered manager said they placed great emphasis on providing training and support for staff, not only to enable them to support people well but to develop their own skills and achieve their ambitions. If necessary staff were provided with support to develop their numeracy and literacy skills and other skills which enabled them to support people well, such as menu planning and cooking meals.

Each member of staff was invited to share their own “career pathway”, identifying their skills and interests and how they would like to develop their career. Staff were supported to take on roles within the service which included these skills and interests. For example, developing training videos with and for people who were receiving support, using creative skills to develop support plans in more accessible forms such as pictorial, or taking on management responsibilities. Staff told us they received “really good training” and the service “invest in you. They pick up on your skills and develop these”.

A comprehensive staff induction programme included several days of “classroom” based training prior to working with experienced staff in someone’s home. People who used the service were involved in this training and relatives were also invited to attend and share their experiences. Staff were provided with a handbook which detailed the service’s values of choice, respect, dignity and independence as well as information about their employment. Newly employed staff were enrolled to undertake the Care Certificate, a recognised induction training plan for staff new to care. The first six months of staff’s employment was considered probationary, to ensure the person they were supporting was comfortable with them and the staff member was competent. Records confirmed staff received regular supervision and appraisal of their work performance, both during their induction and probationary periods as well as once their employment had been confirmed.

Regular training updates in areas relating to care practice, people’s needs, and health and safety were provided online and face to face. The service employed a training co-ordinator who ensured staff were provided with training personalised to the needs of the people they supported, for example the administration of epilepsy rescue medicine. Certificates of completed training were seen in staff files. Staff were encouraged to undertake apprenticeships and diplomas in health and social care, or management. One member of staff said they were nearing completion of a level 3 Diploma in management and leadership and were being supported to undertake level 4. One healthcare professional who had been involved in providing training to staff, told us they found the staff to be “very keen to learn”.

Staff had received training in, and had an awareness, of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We saw a best interest meeting had been arranged for one person to support them with managing their finances. There were policies and procedures in place providing guidance for staff with regard to people’s involvement in developing their support service, decision making and the service’s values. The involvement policy stated, “the people we support have the opportunity to be able to have a say in and make informed choices about the individual support they receive” and “to be listened to by staff.” We saw people’s involvement in decisions about how and from whom they wished to be supported documented in their support files. For example, a section entitled, “how will I stay in control of my life?” detailed the decisions each person had made about where they wished to live and who they wished to support them.

Some of the people supported by New Key could at times display behaviours that may place either themselves or others at risk of harm. Support plans were detailed about these behaviours and staff were guided on how to reduce the risk of a situation escalating. The service had an in-house trainer in non-abusive physical intervention techniques which focused on positive behavioural approaches, using a physical intervention to keep people safe as a last resort. Having their own trainer allowed the service to respond promptly to changes in people’s behaviour and to personalise support to each person and

Is the service effective?

their support team. This member of staff received annual updates in their training to ensure they remained accredited with the national training provider and the British Institute of Learning Disabilities. Staff were guided to recognise early signs of people's anxiety or frustration and how to support people to express these feelings. Care files contained information entitled "I will show you I am sad by" and "I will show you I am frustrated by" and gave indications of what signs staff should be observant for and how to offer support to resolve the issue. For example, staff were guided about whether it was safe to leave the person alone but within sight or whether distraction techniques to topics the person was interested in could resolve the situation. Best interest meetings were used to agree the most appropriate intervention to keep people safe. Health and social care professionals spoke positively about the service's ability to meet the needs of people who had very complex support needs. They said the service worked with people to understand the risks and consequences involved in their behaviour. They confirmed the service did not use sedative medicines or physical restraint if at all possible. One health and social care professional said in relation to someone who presented behaviours that challenge, "they (the service) never let him down even when his behaviour was at its most challenging."

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GP for an annual health check. Other visits included the dentist, optician, chiropodist and occupational therapist. One person's mobility needs required extensive adaptations to their accommodation and an occupational therapist had provided advice on these adaptations as well as training on how to best support the person.

People were supported to maintain a balanced diet. Staff knew people's food preferences and encouraged people to make their own choices for drinks and meals. Support plans were in place to identify assistance required in this area. People were involved in menu planning and they chose what they wanted to eat and drink. People wrote a shopping list, or used a pictorial list of food items, and went food shopping at the supermarket of their choice. During our inspection, one person prepared their lunch with support from staff who encouraged the person to do as much as they could for themselves.

Is the service caring?

Our findings

People either told us directly, or indicated through sign language, they were happy and the staff were caring. One person said, “I am happy, my staff are nice” and another person indicated with a sign for “good” and saying “yes” that they were happy. We observed the way staff spoke with and interacted with people. We saw staff treating people with respect, kindness and patience. They talked with people and listened to what people were saying. People were freely approaching staff, taking their hand or sitting next to them, which indicated they were happy with the relationship they had with the staff. Staff told us they were proud to work for New Key as it was an organisation that was “passionate about the care we provide and what we do.” One member of staff said, “I really care about and enjoy working with the people I support.”

Staff demonstrated they knew the people they supported, some of whom they had supported for many years. People had invited those who knew them well and with whom they wished to share information to talk to staff about their past history and their preferences. People expressed their views and were involved in making decisions about their care.

Support plans were personalised and contained a range of formats including symbols, pictures and words to help the person understand their plan. People confirmed they had been involved in their plan and showed us the copies they had at their home. Staff told us how they enabled people to make these decisions. For example, one person was

supported through the use of picture cards to make choices. Staff said they supported people to be as independent as possible. They recognised that being able to do something, such as making a drink or a meal, gave the person a sense of achievement and self-worth.

Staff maintained people's privacy and dignity. Care and support plans contained information about how to respect privacy. For example, one person's support plan identified only when the person had given their consent could new staff members assist them with their personal care. They told us until that time only staff who had developed a relationship with the person would assist them. The service had a policy regarding respecting privacy which stated, “the working environment should at all times be supportive of the dignity and respect of individuals.” Staff confirmed they were reminded throughout their induction and during supervisions and meetings, that they had access to private and sensitive information and as such, had a duty to maintain this confidentially.

People were supported to access an advocate if they needed someone to speak to outside of their support team or family. An advocate is a person who represents and works with a person who may need support and encouragement to exercise their rights and to ensure that their rights are upheld. The registered manager told us no one currently required the support of an advocate, however, the service had links with a local advice service and people had used advocates in the past.

Is the service responsive?

Our findings

People told us they received the support and guidance they needed to live successfully in their own home. This was supported by the relatives we spoke with who praised the support provided by the staff. One relative explained their relation had settled very well into their new home and was finding it much better than living in a group home. Another said “they provide excellent emotional and physical care for (relation). He is exceptionally well cared for and supported.” Staff told us how pleased they were that one person they supported had shown an improvement in their behaviour now they were able to establish their own routine and were not competing with others for staff attention.

We spoke with health and social care professionals who were responsible for commissioning services for people supported by New Key. They said the service had provided professional support to people with very complex care needs. They described them as being committed to providing person-centred support and championing the rights of people with disabilities. They told us the service “empowered people to make choices and take control of their life” and were “outstanding” with their support of people.

Before a person started to use the service, they and the people who were important to them, such as their relatives, were invited to share information about their needs and how they wished to be supported. These meetings were responsive to people’s needs and abilities, allowing them to be involved and contribute at their own pace, such as holding several short meetings. Staff provided people with information about housing and support options and personal budgets. This information was provided in formats suitable for people to understand, including written and pictorial formats and DVDs. The information included details about to find suitable accommodation and how their personal budget enabled them to purchase the care and support to live independently in the community. Once the person had agreed New Key could meet their needs, a planning meeting was held to arrange the person’s move into their home and to develop their support team. The plan also considered what the person wished to achieve over the following 12 months and whether there would be any foreseeable changes, such as a reduction in funding, that could be planned for at an early

stage. Representatives of the local authority would be invited to this meeting if they were involved in supporting the person with funding for their service. The service recognised funding arrangements may change over time and it was important to identify if this occurred what arrangements would be needed to allow the person to continue to live in their own home.

During the planning period, staff obtained as much information as possible about the person to enable them to develop a comprehensive support plan. These plans described in detail the support people needed to manage their day to day needs. One section described “how my disability affects me” detailing what the person was able to do for themselves and explaining in detail how they required support from staff. Other sections included who and what was important to the person, how to keep them safe, their individual preferences, their interests as well as their future ambitions. For example, one person’s plan identified they would like to be able to cook a meal for their parents, and another to be able to shave without staff assistance. We saw goals and ambitions were reviewed and added to as people achieved their aims and developed new skills. One member of staff told us about how they had supported someone to use public transport and how this had enhanced their life as they had increased options and choices for leisure and social activities. Support plans were reviewed every month by the person and their support team to identify what was working well or whether the person wished to make any changes. The records of one person’s recent review in July 2015 identified their improved mobility and use of equipment and what activities they wished to be involved with.

Records of daily events were recorded either by the person, or with their involvement. We saw these records were detailed to allow staff and relatives, where appropriate, to know what each person had done during the day. One person’s support plan said “I want to be able to contribute to what is written about me” and staff confirmed they talked with them about what to put in the record each day.

People were supported to be part of the local community, and to make new friendships. Families and friends were invited to work with staff in Community Mapping, identifying community resources that would be of interest and benefit to people. One person said they enjoyed visiting and grooming the horses at a local stable and another attended a local community group for people with

Is the service responsive?

learning disabilities. People visited cafes, shops, and local places of interest, either with or without staff support. Other activities which people enjoyed included swimming, walking, using the computer, and meals out. People told us they attended local colleges and evening classes. We saw people had been supported to develop pictorial and written timetables of planned activities to show what they had done and what they planned to do in the future. People were supported to maintain contact and relationships with family and friends. People told us they visited their families, spending time with them at weekends, as well as having their family and friends visit them at their home.

The service recognised the “Circles of Support” already established in the person’s life. A Circle of Support is the group of people known to the person, including family and friends as well as staff, who, with permission from the person, meet together on a regular basis to help somebody accomplish their personal goals in life. Where a person did not have a Circle of Support prior to commencing a service from New Key, the service endeavoured to develop one to provide the person with support other than from staff. For example, the registered provider explained how one person who regularly attended their local pub had developed friendships there. Staff recognised the importance of these friends in supporting the person to attend the pub at certain times without the need for staff to be with them.

Staff supported people to use innovative assistive technology, such as training videos on a handheld computer, to help them become more independent and

not rely as much on staff support. People who used the service were involved in supporting each other in developing this technology and they met regularly to test out new ideas. For example, one person had a personalised training video on how to prepare a meal. The video showed them what ingredients to buy at the shop and provided a step by step guide to preparing the meal. The video was personal to them as it showed them undertaking each step with staff support in their own kitchen. They were able to review the video as many times as they needed until they were able to undertake parts of and eventually the whole task unsupported. Another person was provided with an electronic staff duty rota, which showed pictures of staff cars as well as their names as they remembered staff primarily by the car they drove rather than their name. The registered provider confirmed they were working with the local authority to share and develop assistive technology support for other people living in the community.

People had access to the complaints procedure. This was also available in an accessible format with pictures and symbols to help people read it. Staff told us people would come and tell them if they were unhappy. People confirmed if they were unhappy they would tell the staff. The service had made arrangements with other local service providers to support each other in investigating complaints. This ensured people could be confident their complaint was dealt with openly and objectively. No complaints had been received over the past twelve months.



Is the service well-led?

Our findings

The registered provider, registered manager and the management team demonstrated their commitment to providing high quality, well-led and inclusive support to each person receiving a service from New Key. They had effective systems in place to assess people's needs, recruit and train dedicated staff and to monitor the quality of the support services they provided.

From the moment it was agreed New Key would provide a service, the person became the focus of all decision making. Relatives, health and social care professionals and staff were asked to include the person in every decision made and to ensure support was personalised to their needs and wishes. People had equal opportunities in relation to having a good quality of life and being empowered to believe in themselves and what they could achieve. People told us they had been able to say how and by whom they wished to be supported. For example, people had been involved in placing advertisements for their staff team, interviewing the candidates and being involved in their induction training. People told us they had interviewed their staff and we saw people's interview notes in staff files. One person said they were able to take their time to get to know their staff and make a decision about their suitability. Relatives knew the registered provider and the management team well. They said the service was "very well led" and communication was "excellent."

New Keys mission statement set out the overall aim of the service stating, "New Key will work with you to build the life you want." The registered provider, who had been in post since 2010, said they were committed to ensuring this was possible for every person they supported. They had a strong belief in the ethos of citizenship, saying they "believe passionately everyone should have their rights as a citizen respected and listened to." They said they were able to share this purpose by remaining a small organisation, never supporting more than 35 people, and investing in their staff team. They wanted to ensure they and their management team knew everyone who received a service as well as every member of staff and, as such, could measure their effectiveness in achieving their mission statement.

The registered provider strongly believed their investment in staff would benefit the people receiving a service. Staff received a welcome pack which stated, "New Key believes

its employees are its greatest assets and it recognises its responsibility to ensure they are afforded appropriate development throughout their employment." The registered provider placed a great deal of importance on providing thorough induction, training and supervision to staff which emphasised person-centred support that promoted choice, respect, dignity and independence. From their induction the vision and values of the service were emphasised and staff were informed these were the basis by which they were to support people to live their lives and to achieve their goals.

Staff told us the vision and values of the service were to "respect people", "uphold dignity" and "promote independence." They said these values promoted people taking more control over their lives, empowering them to become more involved in the community and undertaking leisure and educational activities for example. Staff said New Key's values of the were discussed at every opportunity including staff supervision sessions and meetings as well as support plan reviews to ensure they were embedded and became second nature to staff. A Culture for Care toolkit for developing a positive workplace culture from Skills for Care was used to assess the service's performance and to share the service's commitment to developing and improving the support provided. Staff demonstrated their understanding of the service's values in the way they described the people they supported and how their own learning and development had been supported. All the staff we spoke with said the service was "person-centred" and the people they supported were important to them: they were clearly proud to work for New Key. Staff said they had a good relationship with the management team and felt listened to and respected. They confirmed the registered manager had an "open door" policy and they and the registered provider led by example. One staff member said, "we have a great relationship with the other staff and the managers", another said, "the communication and support is excellent."

A number of staff who were keen to promote working in the care sector had taken on the role of "I Care Ambassadors". They were supported by the service to visit schools, colleges and job centres to inspire others to work in adult social care. New Key's training and support of staff's development had been accredited with Investors in People, a nationally recognised organisation which helps services develop their staff and recognises their good practice in doing so.



Is the service well-led?

The registered provider held a management role in Skills for Care, the employer-led workforce development body for adult social care in England. It provides learning and development support and shares best practice within the care profession. They had also signed up to the Department of Health's initiative, "The Social Care Commitment". This is the adult social care sector's promise to provide people who need care and support with high quality services. It asks services to make "promises" in topics such as having thorough induction training for new staff, ensuring a strong culture that values dignity and respect and having effective communication throughout the service. We saw the registered provider had brought these to the forefront of the service's objectives through discussions at management and staff meetings and in their day to day interaction with people, their relatives and the staff.

The registered provider said they believed in being "inclusive", and involved all those who were supported by the service and their relatives in sharing information and developing the service.

They monitored the quality of the service in a variety of ways. They listened to people's views, made changes where necessary and reviewed development and progress for each person they supported. Regular visits were made to meet with people at their home to ask their views about the support they received. Audits were also undertaken to ensure the safety of the home and maintenance of equipment. These audits included safe medicine practices, health and safety checks and receipts for people whom staff supported with their money. People met individually with their support team and a member of the management team to review the effectiveness of their support plan. Whole service staff meetings were also held regularly to allow staff to discuss their work, share good practice and identify any training needs. The registered provider and registered manager undertook support duties where appropriate to enable as many staff as possible to attend these meetings. Monthly management meetings allowed senior staff time to discuss issues regarding working practices, such as recruitment and duty rotas and to plan future service development.

Relative and carers meetings were held every six months. Topics from the most recent meeting in July 2015 included advocacy, legislation relevant to people they supported

and Community Mapping. Relatives were invited to add items to the next meeting's agenda: we saw they had asked for a solicitor, who could explain about trust funds, and a representative of the local authority to explain funding issues, to attend the next meeting. The registered provider confirmed requests had been made for these people to attend. The relatives we spoke with commented very favourably upon the relationship they had with the staff and management of New Key. One relative told us that as a result of these meetings, they had become involved in staff induction training.

Written surveys were used periodically to allow people, their relatives and staff time to consider their views and to respond formally. Surveys had recently been sent out and the service was awaiting their return. "Quality Checkers", an independent quality checking service run by people with a learning disability, were invited to meet with people who used the service and to review the outcome of the surveys. Feedback to the service was provided to the registered provider and the people supported by New Key at the same time to ensure people were confident in the objectivity of the outcomes.

Health and social care professionals told us they had a very good relationship with the management team and the registered provider. They were described as an "honest" and a "listening and learning" organisation who were not afraid to challenge others if they felt decisions were not being made in the person's best interests. Equally so, they were not afraid to admit when things had not gone well and to learn from this.

The service had a whistle blowing policy in place. Whistle blowing is when an employee reports suspected wrong doing at work. Staff said they knew of the policy, but felt they could freely share concerns with any member of the management team as well as the registered provider. One member of staff told us they had brought a concern to the attention of the registered manager and this had been resolved promptly.

The service provided "out of hours" management support. We saw people and staff had access to the contact details of the on-call manager, the registered manager and the registered provider. The registered manager said the registered provider was "always available" to support them or any member of the staff team.