

KPW Newkey Ltd New Key

Inspection report

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Tel: 01803863778 Website: www.newkey.org.uk Date of inspection visit: 08 November 2017 10 November 2017

Date of publication: 11 January 2018

Good

Ratings

Overall rating for this service

Is the service safe?GoodIs the service effective?GoodIs the service caring?GoodIs the service responsive?GoodIs the service well-led?Outstanding

Summary of findings

Overall summary

New Key provides care and support to people living in a number of 'supported living' settings in Torquay, Totnes and Kingskerswell, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of the inspection New key was providing support to 33 people. Only 11 of these were receiving personal care therefore we only looked at the care and support received by those people.

Under the supported living arrangements people had exclusive access to their own bedrooms where they shared accommodation with other people. People who shared accommodation told us they had been able to choose who they lived with. We saw that people's homes were personalised to meet their needs and were comfortable and homely.

At the last inspection in August 2015 the service was rated Good and the key question 'Is the service well led' was rated as 'outstanding. At this inspection in November 2017 we found the service remained Good overall and the key question 'Is the service well led' remained 'outstanding'.

Why the service is rated Good.

The service has built on their previous success and maintained a good model of care and support provided to people. The registered provider, registered manager and support staff continued to find innovative ways to improve the service and remained driven by their passion for supporting 'people to live independently and assist them to live the lives they want'.

The service continued to demonstrate an outstanding commitment to providing high quality, well-led and inclusive support to each person receiving support from New Key. Staff continued to provide person centred care helping people live the life they chose and fulfil their dreams. Staff had a good understanding of people's needs and were imaginative in the way they provided person centred care which put people at the heart of the service. People were supported to use their budgets creatively and spend their money as they chose.

The service continued to have a strong emphasis on fostering ways to empower people to be involved in the running of the service. For example, people using the service were included in the interview process for new staff where they wished to. They told us their views were listened to as part of the process. A robust recruitment and selection process was in place. This ensured any prospective new staff had the right skills and were suitable to work with people.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. One person had decided they would like to raise money for charity and had approached the service about the idea. Staff had supported them to organise a coffee morning which was well supported by people from the local village. The person had raised several hundred pounds for their chosen charity.

Relatives confirmed they were happy with the way staff supported their relations. Following the inspection relatives emailed to tell us "They (staff) are accepting of my son as a person and individual in his own right and give him respect. I am extremely grateful for the value New Key puts in continuity of support. The support team listen to my suggestions and make valuable contributions to improving my son's ability to express himself" and "I am very happy with [person's name] care with New Key. Her health and wellbeing are important to her support workers and they always have her interests in mind when helping her plan her days."

We received many positive comments from visiting professionals about the openness and transparency of the service. One visiting professional told us "You get what it says on the package." They told us the service was very transparent and all care plans, risk assessments and other documentation was always available to them when they visited.

The registered provider and registered manager worked in partnership with other organisations and had taken part in several good practice initiatives designed to further develop the service. These included working with local commissioning teams to share good practice. The service had also worked closely with the Down's Syndrome Association to produce a training package for staff and people on Sex and relationships. The package was a seven week course and included information on consent, safe sex and sexuality and gender.

Staff had a good understanding of systems in place to manage medicines, safeguard people and ways to minimise risks to people. People's medicines were managed so that they received them safely and on time.

There were sufficient staff available to ensure people's wellbeing, safety and security was protected. All staff including the registered manager provided support to people to ensure everyone was known to all the staff.

Staff were compassionate, kind and caring and had developed positive relationships with the people they supported. People were comfortable in the presence of staff. Relatives confirmed the staff were caring and looked after people very well. People were provided with the support, technology and equipment they needed to increase their independence. For example, One person who was living with a hearing impairment had a vibrating pillow to alert them to any problems within their home.

The service identified people's communication needs at their initial contact with the person, while determining if the service could meet people's needs. Each person's support plan contained details of how they communicated and how staff should communicate with them.

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 remains Good	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Outstanding.	Outstanding 🛱





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 8 and 10 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one social care inspector. The registered manager was available for both days of the inspection.

Before the inspection we gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider. We also sent out survey forms to staff members and received responses from 12 staff. Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Not everyone being supported by New Key was able to tell us about their experiences. However, we did not use our Short Observational Framework for Inspection (SOFI) as the people we met were living in their own homes. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

On the first day of the inspection we visited the service's office to review documentation relating to 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 and spoke with five staff. During the second day of our inspection we visited four people living in their own home and spoke with another two staff. We again spoke with the registered manager. We looked at the care and support plans for the three people and reviewed how their medicines were managed. We also looked at three staff recruitment and training files, the service's quality audits and their policies and records relating to the management of the service.

Following the inspection we contacted the local authority's quality assurance team. We also contacted four relatives and four health and social care professionals. We received responses from two relatives and two health and social care professionals.

People were protected from abuse because there were systems and processes in place to identify and report issues of concern. Staff had received training in recognising and reporting abuse. They were able to tell us about different types of abuse and to whom they would report any suspicions. People had a copy of an 'easy read' booklet on how to keep themselves safe. The booklet included information on 'hate crime or mate crime' and how to report any concerns they may have. There was a safe recruitment procedure in place that ensured, as far as possible, that only suitable staff were employed at the service. We looked at three staff files. All contained the required pre-employment documentation including disclosure and barring (police) checks, photo identity and references. They also contained an application form with a full work history and detailed interview notes. People were able to help select the staff that would be supporting them.

Records were well maintained and available when we asked for them. Copies of people's care plans were available at the office and in people's homes.

Risks to people's health, safety and well-being had been assessed and plans were in place to help minimise the risks. Risks identified included the risk of self-harm and falls. There were detailed instructions for staff on how to minimise the risks to people. Staff told us the service had a positive approach to risk taking and they encouraged people to be as independent as possible while keeping people safe. One staff member told us they were supporting a person who was a wheelchair user to achieve their dream of sky-diving. Staff were identifying the risks involved with this in order to help the person safely fulfil their wish.

People were supported by sufficient numbers of staff at all times. Each person had a dedicated team of staff to support them. Staffing rotas were adapted around what people were doing during the day and to ensure they were kept safe. All members of the workforce including the registered manager and provider supported people when staff were unwell or attending training. This ensured people were supported at all times by staff who were familiar with them. There was an on call system to provide support to staff to access senior staff advice whenever needed.

Prior to the inspection we sent out surveys and received some anonymous comments from staff that were not positive. One staff member wrote they enjoyed their work but had had their hours reduced and wrote "Just a shame it's all zero hour contracts." We discussed this with the registered manager who told us they could not understand why the comment had been made as no staff were or ever had been issued with zero hour contracts.

People were supported to receive their medicines safely and on time. This was because there were policies and procedures in place to ensure this. All staff had received training on the safe administration of medicines. We saw records in people's homes that indicated they received their medicines as prescribed by their GP. One person required medicine at specific times and records showed they had received this. No-one receiving personal care was managing their own medicines.

People were protected from the risks associated with infection. Staff had received training in infection control and food hygiene. When we visited people's homes we saw that they were clean and tidy. One relative emailed following the inspection and told us "On my visits to her home it is always clean and tidy. The house maintenance is managed well."

The registered manager was keen to ensure lessons were learned when things went wrong. They told us about one person who they felt had been encouraged by staff to attend a work placement before they were quite ready. They said they felt they had "set the person up to fail." They had put systems in place to ensure this did not occur again. Accidents and incidents were recorded and reviewed by the registered manager. This helped them ensure that action to mitigate further risks was taken and to help identify people's changing needs.

People's physical and social needs and wishes were considered to be central when completing their support plans. Families, friends and staff also had an input into the plans. New Key provided a holistic package of care to people, helping them use the budgets allocated to them by the local commissioners for their support needs, in creative ways. For example, use was made of groups and volunteers from the local area as well as family and friends to provide support to people.

There was a policy on Equality and Diversity which stated "Everyone is equal and different." We found this was reflected throughout New Key. People's differences were celebrated and seen as strengths. Staff spoke positively about the differences in abilities within the team. One staff member told us "We are able to say, I'm not so good at this, but I can do that."

Technology was used to promote independence for people while keeping them safe. One flat we visited had a 'video entry system'. People living there had been given a photograph of the inspector and checked the 'face at the door' with the photograph before letting the inspector in. One person who was living with a hearing impairment had a vibrating pillow to alert them to any problems within their home. The fire alarm was fitted with a flashing light to alert the person to the alarm being sounded. This meant the person did not have to rely on staff to alert them to the danger of fire. People's homes were furnished and decorated in accordance with their preferences.

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's support plans showed they were involved in making as many decisions as possible. People were supported by staff to do this on a day to day basis. One person explained how staff supported them to decide on their menu for the upcoming week. However, not everyone was able to make particular decisions about their health and welfare. When people had been assessed as not having the capacity to make a decision we saw decisions had been made on their behalf. We saw that a decision had been made by relatives, hospital staff and staff from New Key to proceed with medical treatment for one person. Attempts had been made to explain procedures to the person, but they had been unable to fully understand the procedure. The decision had been made that it was in their best interests for them to receive treatment. The person had received full support from the staff team during their treatment.

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. Applications to deprive people living in their own homes of their liberty have to be made by the local authority to the court of protection. No applications had been made for anyone supported by New Key.

People were supported by staff who were appropriately trained and supervised for their roles. Staff told us, and records showed, staff had received training in topics relating to people's needs, such as autism and

epilepsy, as well as health and safety topics including moving and transferring and infection control. Specialist training for staff supporting individuals was also available. For example, training had been specifically arranged for staff supporting one person who needed additional support to address issues from their past. The training was delivered by a clinical psychologist and was attended by the person's social worker as well as staff from New Key. Staff told us and records confirmed they received regular supervision and appraisals.

People were supported to eat and drink enough to maintain a healthy balanced diet. One person told us how they were supported to plan their weekly menu and then shop and cook their chosen meals. They told us how they also had treats from a local takeaway each week.

People were able to see health and social care professionals when needed. People received annual health checks to ensure they remained well. They were supported to visit their GP, dentists and hospital as needed. Relatives told us they were happy with the support their relation got to visit healthcare services. One staff member told us how they encouraged people to stay active. They told us they supported one person to go on shopping trips which encouraged them to walk and keep fit while doing something they enjoyed.

At our inspection in 2015 people indicated verbally or though signs they thought staff were kind and caring. At this inspection in 2017 the people we visited expressed similar satisfaction verbally and through their body language. People were treated with respect, kindness and dignity. We saw people interacting with staff in a comfortable and friendly manner. There were many smiles and hugs and much laughter in people's homes. Relatives confirmed they were happy with the way staff supported their relations. We saw that staff promoted people's dignity by helping them make choices about how they lived their lives and by speaking to people respectfully and listening to what they had to say. People's privacy was respected. Those people who shared accommodation had their own bedrooms where they could be in private or have privacy if they chose. Staff were aware of the need for confidentiality and only shared information with us when they had checked it was appropriate to do this.

Following the inspection relatives emailed to tell us "They (staff) are accepting of my son as a person and individual in his own right and give him respect. I am extremely grateful for the value New Key puts in continuity of support. The support team listen to my suggestions and make valuable contributions to improving my son's ability to express himself" and "I am very happy with [person's name] care with New Key. Her health and wellbeing are important to her support workers and they always have her interests in mind when helping her plan her days."

Staff gently encouraged people to tell us about the support they received. We saw that people had been involved in completing and reviewing their support plans. We saw details of support team meetings for people where the person's view of their care was central. People and their relatives were also able to help choose the staff team that was going to support them. One relative emailed to tell us "As his parent I was involved in interviewing support staff. This gave a personal interest in finding the right people and showing the potential workers how involved his family is in helping to promote my son's wellbeing."

People, staff and relatives were keen to tell us how people's confidence and independence had grown since being supported by New Key. One person who had an impairment of their sight, was now able to visit the local pub on their own following support from staff. One relative emailed to tell us "His confidence has grown and the trust the team has built with him is paying off shown by him being able to make many of his own decisions again. He is able to shop for himself, complete personal care with prompting and voice his likes and dislikes."

Information was provided in a format that helped people understand. We saw that one person had a series of photographs of themselves using the washing machine. The photographs helped prompt the person through the steps needed to use the machine.

People were encouraged to have a say about how the service was run. Regular meetings were held with the registered manager and other senior staff where people could raise any issues they had and plan future events. People also had an opportunity through their regular reviews to raise anything they wished. People had been involved in setting up a newsletter that was to go 'live' in January 2018.

People were supported to use local advocacy services. The registered manager told us if people wanted an advocate, they provided them with information on the services available so they could make a choice about who to use.

One person had decided they would like to raise money for charity and had approached the service about the idea. Staff had supported them to organise a coffee morning which was well supported by people from the local village. The person had raised several hundred pounds for their chosen charity.

New Key's stated vision is "To embed the involvement of people we support at all levels of consultation, planning and decision-making. We aim to ensure that involvement is conducted in a consistent, robust and genuinely meaningful fashion and has become a part of our culture, part of the 'way we always do things'." This was because New Key felt the person is the 'expert' when it came to planning their support.

We saw this evidenced in the way people received support which was responsive to their needs and respected their choices and preferences. Each person had a support plan that described their individual needs and guided staff about how to promote their independence and when and how to offer support. For example, one person's support plan stated "I need to have someone with me, but do not always want you interacting with me. Sometimes it is important to just 'sit and be'." The person's plan also contained details of how to support the person when the 'clocks changed'. This was because the person's mood was affected by daylight when they were out and about. In order to minimise any anxiety the person's car had tinted windows to reduce the glare from the sun. The property the person lived in had been selected because of the way it faced in relation to the sun rising and setting.

Support plans contained details of people's dreams and aspirations. Staff knew people's needs and goals well. They were able to tell us how they supported people. One person's goal was to visit a relative and we saw this goal had been achieved. People were supported to attend various activities in the local area. Some people also had jobs in the local area. People told us they enjoyed crafts and music sessions and working in a nearby charity shop. One relative emailed to tell us "My son's team are very supportive of him and his interests. They work hard to help him regain his skills which he lost during the period of severe distress he experienced at his previous placement. They are sensitive to his needs, treat him as an individual and involve him in decision making. He has made huge progress over the six years he has been with New Key."

People were supported to plan and use their budgets allocated to them by the local commissioners for their support needs creatively. They could use a computer programme provided by the service to plan how to spend their budget on items such as food, activities and staff support. We saw that by regularly spending time overnight with their family one person had reduced the money spent on staff support, which they could spend on other things.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017.

The service identified people's communication needs at their initial contact with the person, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them. For example, one person's plan explained they could understand basic things said to them in 'the now' and could only process 2 main pieces of information in a sentence. This meant they would understand questions such as "Do you want tea or

coffee?" There was also information on how the person communicated if they were happy or sad. People were supported to receive information in a format that met their needs. For example, one staff member was working with a person to provide information for them in a 'comic book' style. The information would show the person as the 'super hero' safely performing tasks such as opening the door to strangers. This was because the person had a particular interest in 'super-heroes'.

Staff told us there was good communication between staff in order to ensure people received consistency of care. Each person had a diary in which staff wrote information with the person on how they had spent their day.

Each person supported by New Key received information on how to make a complaint. The information was in an 'easy read' format. There was also information in people's support plans on people's ability to make a complaint. One person's plan stated "I do not complain about things, so you may need to check that I am well."

The service was not providing end of life care to anyone.

Is the service well-led?

Our findings

At the previous comprehensive inspection in August 2015 this key question 'well led' was rated as 'outstanding'. At this inspection in November 2017 we found the rating remained 'outstanding'.

The registered manager had been in post for over seven years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider, registered manager and the staff team continued to demonstrate their commitment to providing high quality, well-led and inclusive support to each person receiving a service from New Key. The vision and values were imaginative and people were at the heart of the service. Staff continued to provide person centred care helping people live the life they chose and fulfil their dreams.

People and their relatives told us that the way the service was led was exceptional and distinctive. Everyone knew the registered manager and provider well, and we saw the registered manager being greeted affectionately by the people we met. One person told us they had been unhappy with the service they had been receiving from another provider and had seen the way staff from New Key had worked with people. They had decided they wanted to be supported by New Key and had asked a social care professional to arrange for this to happen.

People were supported to plan their own care and used a computer programme to monitor their budgets and were able to use them flexibly.

The provider was passionate about ensuring people received high quality care that met their needs. They travelled the world when asked to share their model of care.

People, their relatives, staff and health professionals provided consistently positive feedback about the service and the leadership of the registered manager. One staff member told us the registered manager knew all the people receiving a service and said "They are not just numbers to them." We received many positive comments from visiting professionals about the openness and transparency of the service. One visiting professional told us "You get what it says on the package." They told us the service was very transparent and all care plans, risk assessments and other documentation was always available to them when they visited.

Staff continued to consistently speak about the service as being a good place to work. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. Comments included "Very efficient, very supportive, very caring and always there if you need them."

The service continued to have a strong emphasis on fostering ways to empower people to be involved in the running of the service. For example, people using the service were included in the interview process for new

staff where they wished to. They told us their views were listened to as part of the process.

The registered manager told us that by remaining a small organisation and investing in their staff team they could ensure they and their management team knew everyone who received a service. The registered manager also ensured they knew every member of staff and the way they supported people. They told us this helped them monitor the support people received and the quality of the service they provided.

In their completed Provider Information Return (PIR) the registered manager told us their plans to continue to improve the service. These included supporting people to produce a quarterly newsletter and to improve the information the service holds on people's wishes in relation to their end of life care.

Relatives praised the support their relations received. Comments included "I can't thank New Key enough for being there and being the right placement for my son. I trust that he will continue to develop his interests and increase in confidence with New Key" and "I am able to work well with the staff both at her home and in the office where the staff are welcoming and helpful. The staff help her to keep in contact with myself and her family and friends."

People, their relatives, visiting professionals and staff were invited to share their views about the service in an annual survey. We saw the results from the 2016 survey as the results from the 2017 survey were not yet available. Where recommendations had been made through the survey, action was taken by the service. For example, relatives had recommended that staff received 'face to face' training in safeguarding people and we saw that staff had received this training. Staff had recommended a better 'reward' system was put in place to better reflect the way the serviced valued its staff. We saw that a new system had been introduced that enabled staff to receive a variety of rewards varying from free coffees to discounts on their shopping. The service has signed up to the 'Time to Change Employer Pledge'. This is a commitment to staff to support them when they are facing mental health issues.

Prior to the inspection we sent out surveys to staff and received 12 responses. We received many positive comments which included "I have been an employee of New Key for a period of one year, and can totally and honestly not fault the service in any way shape or form, it has the needs and care of each individual supported uppermost in their approach to work on a daily and nightly basis," and "I am fortunate to work for New Key. I can talk to my team leader & managers regarding any concerns & the person I support always comes first."

The registered provider and registered manager worked in partnership with other organisations and had taken part in several good practice initiatives designed to further develop the service. These included working with local commissioning teams to share their good practice. The service had also worked closely with the Down's Syndrome Association to produce a training package for staff and people on sex and relationships. The package was a seven week course and included information on consent, safe sex and sexuality and gender.

The local authority's quality assurance and improvement team told us they had had no direct involvement in providing support to the service. However, they had worked with the service on a project about managing people's finances. They told us they found the service to be really helpful and were keen to share their good practice with everyone.

A number of staff continued to promote working in the care sector through 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. We saw the service had received feedback from one such event telling them how they had received good feedback on the talks given by staff from New key.

Systems were in place which continuously assessed and monitored the quality of the service. The views of people using the service were at the core of quality monitoring and assurance arrangements. Regular reviews of care plans were undertaken and the registered provider visited people in their home's to ensure they were happy with the support they were receiving.

The service continued to use innovative and creative ways to enable people to be empowered and voice their opinions. The service continued to use "Quality Checkers" to obtain an independent view of the quality of care being provided. Quality Checkers is an independent quality checking service run by people with a learning disability, and they 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. We saw that following the evaluation in January 2017 New Key was awarded a 'Gold Key' and rated the service as "Excellent" because the service was "Responsive to the needs of the people it supports."