Scope

First Key Hereford

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Outstanding** ☆
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Good** ●
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

First Key is located in Hereford, Herefordshire. It is domiciliary care agency which provides support to people in their own homes. It supports people with learning disabilities, physical disabilities, people living with dementia and people with mental health conditions. On the day of our inspection, there were 30 people using the service. Due to people's complex needs, the majority of people using the service received 24 hour care from the provider and the average call length for people was eight hours.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People were encouraged to take responsibility for their own safety and keeping themselves safe. People were made aware of their rights and what was acceptable and unacceptable treatment of them.

People were only cared for by staff they felt safe and comfortable with, and they were involved in decisions about who would the provider employed.

People were supported by a skilled and well-trained staff team. Staff used ongoing training to reflect on their practice and ensure people's health and wellbeing needs were met.

People were supported with eating and drinking and to maintain a healthy weight. Where there were concerns over people's health, specialist input was sought from a range of health professionals.

People's communication needs were known by staff and different communication methods were used to ensure people were involved in decisions about their care.

People were supported by a respectful staff team who enjoyed working with people and helping them to achieve their goals.

People's changing health and wellbeing needs were responded to. People's individual preferences were taken into account and used to tailor people's care to meet their needs.

People knew how to complain or provide feedback and were confident that action would be taken.

The provider's emphasis was on inclusion and valuing diversity, both in terms of people and staff. The provider promoted a positive image of disability and focused on what people could achieve.

Staff felt supported by the registered manager and provider, and felt a sense of pride about working for the organisation and in its values.

People were involved in the running of the service and in the day-to-day running of the office.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding ☆

The service is very safe.

People were given the skills and knowledge they needed to keep themselves safe, as well as teaching staff how to safely care for people. People decided who would support them and were actively involved in the recruitment process of new staff.

People received their medicines safely and as prescribed by their GP.

Is the service effective?

Good

The service is effective.

Staff had the necessary skills and knowledge to care for people effectively. Where training was provided, this was specific to the needs of the people staff cared for. People were supported with eating and drinking and to maintain their overall health.

Is the service caring?

Good

The service is caring.

People's independence was promoted. People and relatives were involved in decisions about their care and how they wanted to be cared for. People's individual communication needs were known by staff. People were supported by a staff team who respected them as individuals.

Is the service responsive?

Good

The service is responsive.

People's needs were regularly reviewed. Where there were changes to people's health and wellbeing, these were responded to.

People were supported to maintain their individual hobbies and interests.

People and relatives knew how to complain and how to raise any

concerns or give feedback.

Is the service well-led?

Outstanding ☆

The service is very well-led.

The provider's focus was on inclusion, respecting diversity and raising awareness of disabilities and what people can achieve. There was a positive culture which aimed to help people achieve their goals.

People were involved in the running of the service.

Relatives and health professionals were consistently positive about the registered manager and the running of the service.

First Key Hereford

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 was planned to check 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.

The service was last inspected on 13 June 2013.

We made an announced inspection on 8 September 2016. The inspection team consisted of one Inspector. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available in the office.

Before 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. This information helped us to focus our inspection.

We looked at the information we held about the service and the provider. We asked the local authority if they had any information to share with us about the care provided by the service.

We spoke with four people who use the service and six relatives. We also spoke with an external training provider and a health professional. We spoke with the registered manager and four staff members. We looked at three care records, which included risk assessments, reviews of people's care and healthcare information. We looked at the provider's quality assurance systems, including feedback and the complaints procedure.

Outstanding ☆

Is the service safe?

Our findings

People who used the service live in their own homes, or shared houses. We looked at how staff encouraged and supported people to be responsible for their own safety in their homes, where possible. We found that staff training relating to keeping people safe was also available to people who used the service. We spoke with one person who had completed an online fire safety course and was due to complete a health and safety course. They told us, "The training taught me what to do if there's a fire. I did really well, I got 95%! Because of my training, I am now in charge of fire drills in the house. That involved writing memos for staff about how to carry out fire drills. I help keep myself safe, as well as my friends."

The registered manager told us that due to the popularity of the other training available to people, training was being arranged for people in respect of hate crimes. The aim of this training was so that people knew their rights in terms of what was acceptable and unacceptable behaviour towards them. They were also informed of how to report if they felt harassed or bullied, or if they had concerns about harassment and bullying of someone else. The registered manager told us, "It is important that people are not afraid to speak out if they are concerned. We all emphasise with people that speaking out is not wrong, it is their right." We saw this message was conveyed in people's 'service user guides', which set out their rights when using the service.

People were involved in staff training to ensure staff were able to support people safely. For example, people helped train staff with hoist training. We spoke with a person who was involved with staff training. They told us that they enjoyed being part of the training and that they volunteered to be the person staff had to hoist. This training took place in people's homes, with their agreement, and using their own equipment so that staff learnt how to use it properly, as well as the best way to support people so that they felt safe. We found that recently, staff had worked alongside an occupational therapist regarding a person's mobility needs and the fact the person now needed staff to use a hoist when supporting them. As a result, the occupational therapist had trained staff in the safe use of a person's hoist in the person's home, with their consent.

People were involved in the recruitment process for new staff. Specifically, people could sit on the interview panel and interview people who would potentially be one of their carers. We spoke with a person who was involved in this. They told us, "I ask them lots of different questions. I am asked at the end by (registered manager) 'do you like them? Would you feel comfortable with them as your carer? It is our decision. If I say the person is no good, then that is that." The registered manager told us it was essential that the people they cared for were supported by people they felt safe with and that by involving people in the recruitment process, the registered manager could observe how prospective staff members interacted with people. They told us that as the majority of the people they cared for needed 24 hour care in their homes, it was important to ensure people were by supported by staff with the right attitude and behaviours, and who people felt relaxed and safe with. This also applied to agency staff members. Although all shifts and calls were currently covered by the existing staff team and registered manager, agency staff had been used previously, when necessary. The registered manager told us that where people had expressed reluctance to be supported by agency staff, they had ensured these shifts were covered by familiar staff.

All shifts were determined according to the needs of individuals and as such, shift patterns varied. People and relatives told us they were given copies of the rotas and that they appreciated the fact they knew in advance who would be supporting people each day. People and relatives told us that calls were always covered by staff and there had been no instances where staff did not turn up, or were excessively late.

Staff we spoke with were knowledgeable about how to recognise signs of abuse or harm, and how to report those. One member of staff told us, "We would all be able to tell if something wasn't quite right for a person and they felt unsafe. It would play on my mind as I would want to make it right for them." Other staff members told us that they were encouraged by the registered manager and provider to report any concerns, no matter how insignificant there could be an underlying wider issue. Staff told us that staff meetings were used as an opportunity to discuss any concerns about people and to share information with other staff members and decide what action to take. The provider had made appropriate referrals to the local authority and the Care Quality Commission where there were concerns about people being at risk of harm or abuse.

We looked at how the provider assessed and managed people's individual support needs and risks associated with these. Individual risk assessments were in place in respect of areas such as finances, lone travelling and mobility. Where risks were identified, action was taken to help keep people safe. For example, one person received help with managing their money and shopping as there was a risk of financial abuse without this support. Where people needed two members of staff to assist with their mobility needs, this was in place.

Accidents, incidents and 'near misses' were recorded by staff and reviewed by the registered manager and provider on a monthly basis. This was used to identify any patterns of risk for people and ensure necessary action was taken. For example, one person had experienced an increase in falls. We saw that the registered manager had contacted the pharmacist and doctor about the falls as staff had reported the falls had started after an increase to the person's medication. The person's medication was subsequently changed back to the original dose and the falls had reduced.

People told us they received their medicines when they should. One person told us, "They (staff) know exactly what medication I need." Another person told us, "I have my tablets with water. They (staff) make sure I swallow them." Staff told us they had received training in medication and that their ongoing competency was regularly assessed by the registered manager to ensure people received their medicines safely. The registered manager told us, "The medication observations are important as when you have supported people for a long time, it is possible to become unintentionally complacent."

Good

Is the service effective?

Our findings

People and relatives told us staff knew how to meet their needs. One relative we spoke with told us, "They are very good at what they do. They are ideal for the job." Another relative told us, "The staff are very skilled. They often discuss training they have done." Relatives and staff told us that before new staff members could care for people, they had to work alongside experienced members of staff first. This was so they could get to know people and how they needed to be supported.

The registered manager told us the provider was committed to ensuring staff had the necessary knowledge and skills to do their jobs effectively. They told us that the provider gave them full autonomy with staff training as they recognised the need for bespoke training, in addition to more general training. The registered manager told us they would not work with new people until specialist training had been provided for all staff, if such training was needed to meet the person's needs effectively. Staff we spoke with were positive about the ongoing training they received. One member of staff told us the registered manager was supportive in respect of a health and social care qualification they were studying for and gave them time to study for this. Staff were given the opportunity to take a 'Train the Trainer' qualification, which meant they were then able to deliver in-house training for staff members. At the time of our inspection, there were in-house trainers for topics such as medication, moving and handling and safeguarding. The trainers took a lead role in these areas and made sure staff were kept informed of what was current best practice.

We spoke with an independent training provider who delivered bespoke training to staff working at First Key. They told us they were impressed by the commitment of the provider, registered manager and staff in ensuring all staff had the training, skills and knowledge required to be effective in their roles. The training provider told us that after an epilepsy course, staff members reflected on what they had learnt and symptoms shown by a person they cared for. Staff felt that the person showed signs of having epilepsy, and this resulted in seeking medical attention for that person and a subsequent diagnosis of epilepsy. This was reflected in what staff told us and the person's health records. Other recent training staff had been given was in relation to nutrition and diabetes care.

People told us that staff supported them with their health needs. One person told us, "I had really bad earache. I told staff and they took me to the doctor. I found out I had an infection. If staff hadn't reacted so quickly, I'd have been in a much worse position." Other people we spoke with told us staff ensured they saw doctors, nurses and dentists when required. Staff told us that it was especially important to help people with their health needs where they were unable to tell staff if they felt unwell. One member of staff told us, "Their (people's) health is so important, particularly routine health checks for people who cannot tell us if they have health concerns."

We saw that people were supported to access a range of health professionals, including chiropodists, specialist nurses, psychologists and occupational therapists. A health professional we spoke with told us that staff were quick to contact them if they had any concerns about people's health, and that medical and professional guidance and follow-up treatment was always acted upon. Staff told us about the importance of working alongside other health professionals and following medical and professional advice and

guidance. One member of staff told us, "The guidance the psychologist wrote recently about a person and their behaviours really made me look at my practice and the best way to support them."

People told us that staff ensured they ate and drank enough and that their choices were respected. One person told us, "I like hot chocolate and sardines on toast best, so that is what they make me." A relative we spoke with told us staff supported their relative to make healthier food choices as there were concerns about their weight. They told us their relative had lost weight as a result. Where people needed additional support with eating and drinking, referrals had been made to the Speech and Language Therapy Team (SaLT). We saw that a recent referral had been made in respect of difficulties a person was experiencing with drinking. Staff we spoke with were aware of the SaLT guidance in place and how this was followed.

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.

We checked whether the service was working within the principles of the MCA. The registered manager and staff demonstrated a clear understanding of the MCA and how this fed into their practice. A best interest decision meeting had recently been arranged for a person, health professionals and their relatives regarding a medical procedure the person was advised to have. Staff were able to explain to us when a best interest decision meeting should be considered and the purpose of these. Staff also demonstrated a general understanding of the Act. One member of staff told us, "It's about not making assumptions. Just because someone is non-verbal, that doesn't mean they automatically lack capacity." Another member of staff told us, "You have to ask people's permission. If they haven't made their bed, for example, you should ask them whether they would like the bed making. You shouldn't just make it for them without checking first." A relative we spoke with told us that staff always obtained people's consent without assisting them. They told us, "They always ask and say 'would you like me to?' That sort of thing makes a huge difference to people."

Good

Is the service caring?

Our findings

People told us staff were caring and that they enjoyed positive relationships with them. One person told us, "The staff are very, very nice. One member of staff in particular makes my house look lovely for me." One relative we spoke with told us, "I feel the support workers enjoy going to work. They really do care about the people they support." Another relative told us, "I am amazed by the service and the time and effort that all the staff give. I am absolutely thrilled that this service exists."

People told us that staff respected their independence. One person told us, "Staff cut my food up for me, but I like to feed myself." A relative we spoke with told us that staff and the registered manager were in the process of arranging a self- propelling wheelchair for a person so that they would not require staff to push their wheelchair for them. The relative told us, "Their biggest asset as a service is that they push for people to be as independent as possible." Staff told us how they promoted people's independence. One member of staff told us, "It is about giving people control. One person needs us to cook their food and feed them, but we always ask them what they want to eat, how they want it cut up and how it is to be served."

People and relatives told us they were involved in decisions about how they would be cared for. Relatives told us they had been involved in their relatives' care plans and reviews. One relative told us, "We made an ideas book for when (relative) moved in. It helped staff learn about (relative) and in particular, how they communicate and how staff can communicate with them." Another relative told us, "They've made it their business to find out exactly what (relative) likes and how they want to be cared for." We saw that people's care plans contained information such as 'how best to support me' and 'what's important to me.' Staff we spoke with were knowledgeable about people's care plans and how people wanted to be cared for.

We spoke with relatives about how staff communicated with people who were unable to express themselves verbally. Relatives we spoke with told us they were impressed with staff's approach. On relative told us, "They understand the importance of offering visual choices and trying other communication methods. They realise that just because (relative) doesn't speak, it doesn't mean they do not understand what is being said to them." Another relative told us, "There is so much inclusion. Staff go out of their way to make sure (relative's) voice is heard. They contact me if they have any queries or concerns about (relative's) body language or facial expressions."

Relatives we spoke with told us that people's privacy was maintained and they were treated with dignity. They told us that where people lived in shared houses, any personal care or discussions around personal care took place in private. One relative told us that their relative needed encouragement with personal care, but that staff had those conversations with the person discreetly and in private.

We asked staff how they upheld people's dignity. They told us, and we saw that, they did not wear uniforms. One member of staff told us, "It means there isn't a 'them and us' divide. Most importantly, it means that when we are out and about with people in town, it isn't obvious that people are with their carer." Another member of staff told us, "It's about putting yourself in their position and thinking about how you would feel if the situation were reversed." There were two appointed dignity champions for the service. Their role

included educating and informing staff about dignity and respect, and acting as a point of contact for people or staff if they had any concerns about people not being treated with dignity and respect.

Staff we spoke with demonstrated a respectful approach towards the people they cared for. One member of staff told us, "I feel very lucky to work with them (people), it has changed my outlook on life. I have the utmost respect for them because they face all these difficulties in life and yet, their outlook and positivity is amazing." Another member of staff told us, "The best thing about my job is the people we support. They are incredible."

Good

Is the service responsive?

Our findings

We spoke with a relative of a person who had recently started to use the service. They told us the registered manager and staff showed an understanding of the person's needs and that the service would need to be introduced gradually. The relative told us, "I am impressed with everything. There was a gradual process of moving into the house and meeting staff. They did it slowly so that (relative) could feel at ease. (Relative) has grown as a person since using First Key."

Relatives told us that staff were quick to respond to any changes to people's health and wellbeing, One relative told us how their relative had become very unwell and staff had ensured the person got the medical attention they needed. They told us that staff stayed with the person in hospital and made sure there was a member of staff there to reassure them and communicate with medical staff on their behalf. One relative told us, "They are very attentive to (relative's) needs. They always ask what (relative) wants and needs, and they are guided by what they say they need doing."

People told us that staff kept each other informed about any changes in people's needs, or any concerns about their health and wellbeing. One person told us, "The staff have ten minute handover meetings at the start of each new shift. I think that is a really good idea as it means they all know what is going on." A handover is a brief meeting between staff members at the end of one shift and the start of the next. We saw that people's individual needs and preferences were known by staff, and that these were kept under regular review. Reviews took place monthly with people and relatives, and areas looked at included any changes in needs and any health concerns. Staff told us that before they started to work with people, they were introduced to them and had the opportunity to read their support plans. This was so people were supported by staff who knew them well, both in terms of their needs and their interests, likes, dislikes and preferences.

People and relatives told us that staff were flexible in their approach and adapted to what the person needed assistance with on any particular day. One person told us, "They will pretty much do what I say needs doing." One person told us that they had always wanted their own car and the freedom that would bring them, but were unable to drive. They told us that staff supported them to complete the paperwork required for a new car and that when they wanted to go anywhere in the car, staff drove the car for them. They told us that they let staff know in advance where they wanted to go that month, and the rotas were created so that a staff member who could drive would be available. The person told us, "I love my car, it's my pride and joy. I can go anywhere I want. Staff could have just said there was no point me buying a car as I couldn't drive it, but they didn't. They said what a great idea, let's get it sorted."

A relative we spoke with told us, "They (staff) are willing to adapt. I can always ask for something different to be done during the call rather than what was planned." Staff told us the importance of responding to people's needs. One member of staff told us, "Things change for people. It is important to ask people what they want to do today, rather than just presume things will be the same as yesterday." Another member of staff told us that whilst staff knew the people they cared for well, it was still important never to make assumptions in terms of how people want to be supported, or what they like or dislike.

An external training provider told us that the registered manager and provider were responsive to people's changing needs and ensured they were able to meet these. For example, concerns had been identified about a person's oral health needs and the best way to support them. As a result, the registered manager had arranged bespoke training for staff which was based on the person's needs.

The registered manager spoke with us about what they referred to as the "added value" people got from First Key. Due to the nature of the service provided and the fact the majority of calls were eight hours long, this meant that staff supported people with their individual hobbies, interests and social and leisure opportunities, as well as supporting people in their homes. We found that people were supported with a range of interests including swimming, fitness classes, going to the theatre and attending Slimming World classes. One member of staff told us, "People do anything they want to do."

People and their relatives knew how to complain about the service if they were dissatisfied, and how to raise any concerns or make suggestions. One person told us, "I would tell any member of staff if I was unhappy and they would sort it out as they wouldn't want me to be unhappy." A relative we spoke with told us it was reassuring to know that if they did have a complaint or concern, they could contact any member of staff in the office and that "action would definitely be taken."

Outstanding ☆

Is the service well-led?

Our findings

We saw the registered manager and provider promoted a positive and an inclusive culture for people and staff. Two people volunteered in the office on a weekly basis, where they answered the telephone and helped with administration tasks. On the day of our inspection, we spoke with a person who was working in the office. They told us, "I love being in the office and helping out. I like being around the staff." We saw that this person had a good relationship with staff and that they enjoyed working alongside them . We spoke with another person who helped out in the office. They told us they enjoyed helping with the rotas and spending time with staff and the registered manager. They told us, "I usually work on Fridays, but it is up to me when I go in or if I want the day off."

People, staff, relatives and health professionals we spoke with were consistently positive about the provider and the registered manager and how the service was run. One person told us, "[Registered manager] makes sure everything runs smoothly. They are really on the ball, I like that." A relative we spoke with told us, "(First Key) goes from strength to strength. I cannot praise them highly enough." Another relative we spoke with told us, "I have total trust in the registered manager and in all their staff." An external training provider told us, "The registered manager's attitude is so positive, it rubs off on all the staff."

We found that there was an emphasis by the provider and registered manager regarding people living the lives they choose. One member of staff told us, "The starting point is always what does the person want to do and how can we make this happen?", rather than just, "What are the risks and is there an alternative?" The provider had employed an ambassador. The ambassador was someone with physical disabilities who mentored other people with disabilities and worked to increase their confidence and find ways of helping them to remove barriers and restrictions. Recently, the ambassador had been approached by First Key in regard to supporting someone to achieve their wish to take part in a skydive.

The provider had initiated a national campaign called "End the Awkward." The purpose of the campaign was to change and challenge views and perceptions of disability. This was in response to research into attitudes the general public had about disabilities and the experiences of people living with these. The registered manager told us that the provider had adapted in recognition of the most up-to-date definition of disabilities and to raise awareness of the full range of conditions which may now be defined as such.

The provider had recently been awarded Investors in People award for achieving accreditation for the last 15 years. As part of the annual process, Investors in People spoke with staff, people and relatives about their experiences of how the service was managed. A summary of the recent award stated that people and relatives felt that inclusion was the strength of the service and that they felt involved in the how the service was run. Staff had stated that they felt engaged and valued in their roles and that there was a commitment to learning and development. This was reflected in what people, relatives and staff told us.

We looked at how the provider and registered manager made sure the service worked in accordance with current best practice. The provider was a member of the Voluntary Organisations Disability Group (VODG), who the provider worked with to keep up to date with upcoming changes within their field. An example of

this was a report from VODG identifying that disabled people do not always have their communication needs assessed. As a result, the provider's Personalisation Manager worked with teams to set up baseline communication assessments for all people who use the service. To enable this to happen, the provider set up a self-directed support group. The group was made up of people, advocates, and members of staff. The provider had a Clinical Advisory Group for Excellence (CAGE) to ensure that the delivery of all their services were underpinned by clinical excellence. Recently, CAGE worked with a medical nutrition company to develop an update the provider's policy on nutrition and hydration for people in order to support best practice.

Staff we spoke with were clear about the provider's visions and values of the service. One member of staff told us, "I am really proud of our values. We stand for inclusion, diversity and individuality. And that's not just in respect of the people we support, but also relates to us as a staff team." We saw the provider had two appointed Access Champions within the staff team. Their roles were to support staff members with disabilities and promote disability awareness. One member of staff told us, "The whole approach of the organisation is a positive one. Because staff feel valued and positive, that means staff are able to pass that positivity to the people we support."

Recently, people had taken part in a 'flash mob' dance in the town centre to raise awareness of the provider and the work it does, as well as a positive image about what people with disabilities can achieve. We spoke with a person who had been involved in this, and they told us they had enjoyed the experience and learning the routine. Also, people and staff had recently entered a team for the provider at a national sporting event and completed this. We saw photographs of this event, and relatives told us what an incredible experience it had been for people. One relative told us, "I had never thought (relative) would be able to achieve something like this, but staff made it possible for them. They just never give up on people. They see their potential."

Staff told us they felt supported in their roles by the registered manager and the provider. Staff told us they had respect for the registered manager's knowledge and experience, and the fact that they had previously worked as a support worker. One member of staff told us, "I really take my hat off to (registered manager). They have so much to do, but they do it so well." Another member of staff told us, "(registered manager) knows our jobs inside out as they have done it themselves. I think that makes a huge difference." Staff told us there was high morale in the team and that they worked well together. One member of staff told us, " We support each other. We are all passionate about our jobs and the people we support."

The registered manager told us about the importance of working alongside other agencies to ensure that people received all the support they needed. For example, the registered manager had recently applied to a local community grant scheme as a person required alterations to be made to their home in order for them to carry on living independently. The grant had been awarded and the person was able to continue to live in their home. Additionally, the registered manager had established links with a local 'growing project', which promotes the benefits of gardening for health and wellbeing for people. Staff and the registered manager told us that this group was popular with people, and had recently expanded as a result.

Relatives praised the registered manager and staff for the way in which they kept them informed. One relative told us, "The registered manager keeps us up to date about any changes, and we can approach them or staff at any time if we want to discuss any aspect of (relative's) care." People and relatives were kept up to date about any developments in the service by means of a monthly newsletter. We saw the most recent newsletter, and it contained information about staff members of staff joining the service, people's forthcoming birthdays and celebrations, and information about planned social events, such as a tea party for people and relatives in aid of the local hospice.

We saw that the registered manager and provider carried out monthly quality assurance checks to ensure that people were receiving high-quality care but also, to see how the service could be further developed and improved. We saw that as part of the routine monthly quality assurance audits, the registered manager looked at whether people were being supported by staff to achieve their goals, and that they were in control of their care and able to make choices about how they were supported. The registered manager told us the ethos of the service was not just about whether people's basic needs were met, but whether they were given the opportunity to flourish. This approach was reflected in what relatives told us. One relative told us, "They allow people to develop. Since using First Key, (relative) now believes in themselves."

The registered manager worked alongside staff on a regular basis when covering calls, including evenings and weekends. They told us this helped them to maintain oversight of the care provided. They told us, "I'm the eyes and ears of the service." The registered manager used the opportunity when covering calls to speak with people who use the service and make sure they were happy with the care received. We saw the provider had a behaviour framework in place to ensure staff were working in line with the provider's values, and this was used by the registered manager to carry out observations on staff's practice. We saw that where issues were identified, appropriate action had been taken by the registered manager to ensure that all staff were working in accordance with the provider's values. Staff we spoke with were aware of the provider's whistleblowing policy and told us they would feel confident raising any issues about poor practice as they believed immediate action would be taken to protect people.

Where feedback and suggestions had been made by people and relatives, these had been acted on by the registered manager. For example, people had requested an annual party for people who use First Key, and for their relatives. The registered manager was in the process of arranging this with people, and people were taking the lead in respect of the type of party they wanted, and where. People had also requested a Christmas meal for relatives, staff and people. As a result, the registered manager had arranged for a meal for 70 people in a local hall.

The provider had, when appropriate, submitted notifications to the Care Quality Commission (CQC). The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services.