

KPW Newkey Ltd

New Key

Inspection report

10A Dart Marine Park
Steamer Quay Road
Totnes
Devon
TQ9 5AL

Tel: 07717313016
Website: www.newkey.org.uk

Date of inspection visit:
10 March 2023

Date of publication:
07 June 2023

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

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

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.

The service is registered to provide support to people with a learning disability and/or autistic and who may have care needs around their physical disability or sensory impairment. At the time of the inspection 64 people were using the service

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

Right Support: People received exceptional care because staff and the management team were passionate about providing people with high quality person centred care that placed people's goals and aspirations at the very heart of the service they provided. Staff worked with people continuously to improve the quality of their life and promote their well-being.

The provider, registered manager and staff were extremely passionate and committed to making a positive difference to people's lives. People received support from a dedicated team of staff who had been specifically recruited and trained to work with individuals, staff had worked in the service for many years and had built relationships and a level of trust with people which was extraordinary. Staff continuously looked for ways to enhance the quality of people's lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff demonstrated they understood people's diverse needs and respected their equality such as age, disability and gender.

Right Care: The provider, registered manager and staff team were passionate about people's well-being and went above and beyond to help people achieve their goals and aspirations by building their confidence and breaking down barriers to increase independence. Relatives and professionals described how people received excellent personalised care and support that was tailored to people's needs and preferences.

People were supported to express their views and opinions in various ways. People had different ways of communicating and staff understood how best to share information for people to make their own choices and decisions. The service had facilitated people to participate in numerous activities and interests which enhanced their quality of life.

Right Culture: The registered manager and provider were visible and exceptionally supportive to both people and staff. They were instrumental in continually developing the service to meet people's needs. The culture of the service was extremely friendly, open and transparent where people's and staff voices were listened to in order to continually improve the quality of care. Auditing systems were in place that enabled the registered manager to have effective and responsive oversight of the service and the care delivery which enabled them to identify any improvements needed.

Lessons were learnt when things did not go well and any complaints, incidents, accidents and safeguarding's were investigated and responded to and shared to continually improve the service provided and prevent reoccurrence.

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

Rating at last inspection

The last rating for this service was good (published 11 January 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We undertook a focused inspection to review the key questions of safe and well-led only. However, we identified exceptional practices in relation to the providers approach to person centred care, so a decision was made to include the key question of responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to outstanding. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for New Key on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

New Key

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 29 'supported living' settings, so that they can live 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 9 March and ended on 14 March. We visited the location's office on 10 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 4 people who used the service as well as visiting people and observing care. We spoke with the registered manager, provider and 5 staff. We reviewed a range of records. This included 10 people's care records, medicine records and a variety of records relating to the management of the service including audits, meetings, policies and procedures. We also looked at 4 recruitment and supervision files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had robust systems in place to oversee, monitor and effectively manage any safeguarding concerns. The providers safeguarding policy set out staff's responsibilities to respond to abuse.
- Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm. One member of staff said, "I would report any concerns straight to (registered manager) or contact social services directly".
- Information was analysed on an individual level following any episodes of safeguarding, the registered manager adopted this practice to identify the root cause for concern at the earliest opportunity to prevent reoccurrence of harm.

Assessing risk, safety monitoring and management

- The registered manager and staff team were extremely knowledgeable about people's known risks and were able to anticipate and identify concerns swiftly such as signs that might show a person was becoming unwell. This enabled staff to respond quickly and where required consult with healthcare professionals.
- People were fully aware of their individual risks and were involved in developing and creating their care plan with staff. This meant people were informed of any actions staff might take to mitigate risks to ensure they remained safe.
- Risks relating to people's care, daily routines and activities were thoroughly assessed, monitored and managed. People were fully supported to take positive risks to maximise their independence and choice. We saw evidence of this in relation to activities undertaken by people.

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 MCA 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 Mental Capacity Act (MCA).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to have maximum choice and control of their lives.
- Where the service supported some people to make decisions about different aspects of their care there were mental capacity assessments to show these decisions had been made in a person's best interests or with appropriate consent.
- People's records consistently showed that best interests processes had been followed. This indicated the service was working in line with the principles of the MCA.

Staffing and recruitment

- We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. A staff member we spoke with told us, "Shifts are always covered, I feel we have enough staff".
- We reviewed staffing records for people who required commissioned daily support from two members of staff and found people were receiving their commissioned staffing levels.
- People were protected against the employment of unsuitable staff because the provider followed safe recruitment practices.

Using medicines safely

- Staff were trained to administer medicines and received regular checks by the registered manager to ensure they followed correct procedures. One staff member told us, "We have regular checks and we also discuss things in meetings".
- People received their medicines as prescribed. There were systems in place to ensure this was done safely.
- People with occasional use medicines, such as 'when required' medicines, had guidance within their care records to support staff to safely administer the medicine or refer to the GP when necessary.

Learning lessons when things go wrong

- Incidents were escalated promptly and documented to the registered manager and provider or other relevant agencies to ensure people continually received safe and effective care.
- The management and staff team were keen to continuously improve, develop and learn from any events that may occur. Where incidents had taken place, the registered manager had reviewed these events to ensure learning took place to prevent any re-occurrence.
- Learning from accidents and incidents was shared with all staff on an individual basis and as a team.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- New Key ensured people received a tailored service which was matched to their individual needs and preferences, people were at the core of everything they did.
- The registered manager and provider worked hard to identify and implement innovative approaches to support people and their individual diagnosis. This included integrated person-centred pathways of care that involved other service providers and partner agencies. For example, we saw how the service had worked in partnership with 3 local authorities, to ensure care pathways were identified at the earliest opportunity. This meant people's individual needs and preferences were central to the start of service delivery.
- People were placed at the centre of the service and were given exceptional person-centred support which was both flexible and responsive to people's individual needs. People confirmed they were encouraged to establish their own goals and aspirations that previously they might have believed were beyond achievement, or outside their capability. For example, one person decided they wanted to start traveling independently to work in a different city, rather than be transported by family. The person with the support of New Key staff identified the best way for this person to travel to work, which was by taxi. New Key supported the person to contact local taxi providers to gather costs. The person was then supported to meet with specific taxi firms and drivers to see who they felt comfortable and safe with. The person now travels independently and liaises directly with their taxi driver.
- Another person wished to live in a supported living setting run by New Key and had expressed a desire to have experience of the supported living setting before they made a final decision. However due to the pandemic this was not possible.
- Being innovative and using technology, the people currently living in the supported living setting with the support of New Key staff, designed and made a video of the home and its settings. This was then shared with the person so they could start to familiarise themselves with their potential new home.
- New Key staff then helped people to set up regular meetings online to meet and get to know each other. This continued through the pandemic with the introduction of new online elements such as cooking meals together and setting themselves weekly tasks with a view to sharing their outcomes with each other when they met again online. Throughout this, key relationships were introduced for example family members and social workers, were invited to join in with the online activities to develop relationships. By the time pandemic restrictions were eased and the person moved in, the person had built strong bonds with their new housemates and established friendships as well as being confident and settled with each other's company. This demonstrated the provider understood and worked with people to achieve their aspirations and goals.

- The provider placed people at the centre of their service and worked with people individually to develop a tool that enabled them to create and visualise their weekly support and understand and take control of their own personal budgets. This meant people's independence was maximised as they were empowered to negotiate and have control of their own activities and monies.
- We saw many examples of where people over time had maximised their outcomes in relation to personally tailored activities whilst making savings. For example, one person had increased the time spent horse-riding, whilst making a saving to their personal budget. This meant people were empowered to take control of their care, express their views whilst being supported to increase their independence.
- The provider and staff were committed to providing exceptional care. One person had experienced an accident within the community. Staff were quick to pick up on the person's wellbeing and recognise there was something wrong with the person. Staff acted quickly to get the person to a local emergency department, and as a result they were admitted to hospital. As a consequence, this person received treatment for their injury.
- Staff stayed with the person continuously throughout their hospital stay to ensure the person had their needs met effectively because barriers to communication were reduced as staff stayed with the person whilst they were in hospital, staff were also able to act as the person's advocate. This approach and practice was fully endorsed and encouraged by the provider who placed people at the centre of everything they did.
- This person's relative told us, "(Person) had an accident (within the community) and it was awful but New Key carers spent days and nights at the hospital with (them) until (they) was better. I feel they go above and beyond".
- We saw remarkable outcomes because of the exceptional care provided to people. People and staff kept goals under constant review and monitored, recorded and celebrated progress. For example, one person's dream was to go on a Safari in Africa and get up close to the Lions and Giraffes. New Key supported the person to break down this goal to match the person's expected outcomes. Due to environmental factors and the person's expectations in relating to petting animals, in partnership the person and New Key identified that a visit to Africa would not align totally to the person's needs, wishes and wants. Therefore, the person with the support of New Key staff researched different places where they could get up close to animals in a safari type experience. Once they identified the ideal location, they worked in partnership with the venue to put together a bespoke package for the person. This meant there was a proactive approach to understanding the needs and preferences of the person in order to deliver care that was truly person centred, which was accessible and promoted equality.
- Staff had outstanding skills and were knowledgeable and intuitive to people's needs. Staff received ongoing specialised training that was tailored to the unique individual needs of the people they supported. People worked with the same group of staff for exceptionally long periods of time. This was evident within our observations that meaningful and productive bonds had been created and maintained.
- Care records were exceptionally personalised to the individual, not just containing important information about a person's life but specific details that would ensure people experienced outstanding care that they had control of.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service empowered people to communicate their views and opinions and explored ways to ensure everyone's voice was heard.

- Potential barriers to communication were addressed through staffs in depth understanding of people's communication styles and guidance within care records. Detailed information was also clearly documented in people's health care passports; this ensured external healthcare professionals had clear guidance on how to communicate effectively with people using their services.
- People had access to a range of technology to communicate. Information was made accessible to people so that they could see their goals and achievements along with information around decision-making.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People receiving a service from New Key had exceptionally full and busy lives. The provider and staff supported people to identify and carry out truly personalised activities which were wide-ranging.
- The service actively supported people to experience new things and to develop their confidence to believe in themselves and their abilities. This enabled them to become more independent and to achieve more. For example, one person had expressed a desire to have their own allotment and grow their own vegetables, staff broke this down into individual goals and empowered the person to meet these goals, as a result the person met their goal.
- The service and staff team went above and beyond to learn about people's interests and looked for innovative ways to remove barriers which would enable people to encounter different experiences. For example, care records demonstrated people were supported in areas such as Freedom, Life, Love, Purpose, Money, Home and how to access Help. This meant people were supported and empowered to live their lives to the maximum and to actively engage in aspect of their lives which most people take for granted.

Improving care quality in response to complaints or concerns

- Peoples relatives told us they had no reason to complain but if they did, they would not hesitate to raise any concerns and were confident they would be taken seriously.
- The service had an effective complaints policy and systems to ensure complaints would be documented, investigated and responded to within clear timeframes. People were provided copies of these in accessible formats which met their individual communication needs.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service was extremely person centred, inclusive and empowering. Personalised care based on equal rights for all, was pivotal to the services beliefs and operation. This was brought about through the exceptional and clear leadership and through the values and goals shared by all.
- The providers and registered manager had put into daily practice clear passion and strong commitment to ensure people received the best service. The provider's ethos was simple but effective, they told us, "It's the staff's job to make themselves redundant, (by maximising outcomes and independence for people) and it's my job to keep them all in jobs". It was clear that the provider's values and ethos of putting people at the heart of the service was embedded and was reflected in everything staff did.
- People were supported to reach their aspirations and live the life they wanted to, whilst achieving their individual goals they had set for themselves. People were encouraged to think beyond what might be considered by society as usual.
- The provider and management team were visible and led by example. For example, the provider and registered manager carried out home visits and continuously met with people as part of and outside of the care planning process. They then used the feedback they received to drive improvement with stakeholders such as social workers. During our observations we observed, the compassion and professionalism they asked of their staff was reflective of their own behaviours.
- It was clear through our observations and speaking with relatives and professionals, that staff were extremely friendly, caring and approachable. One professional told us, "Everyone, from right at the top to the staff who do the hard work, I've never come across such caring individuals, and I've been in this job a long time".
- We saw how the provider and registered manager drove continuous improvement within the service by working with people and staff to steer development in relation to staff practice and people's experiences. This is evidenced through the achievements of the people receiving care from New Key.
- Staff's attitudes, values and actions enabled people to be fully involved in making choices about their care and social lives. For example, staff spent time ensuring people and the professionals involved in their care, understood what people's expected outcomes were and how everyone could work together to ensure people had choice and control over their life and how they wanted to live it.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- The organisational structure was clear and well-established within the service. New Key was led by an

exceptional leadership team who had clearly defined roles. The registered manager said they felt extremely well supported by the provider and worked with them to continually develop the skills of staff and the quality of service provided to people.

- The service had an exceptionally comprehensive and effective quality assurance system which was well embedded into staff practice. All areas of the service were regularly assessed by staff, the registered manager and the provider to ensure excellent practice and support.

- Staff were actively encouraged to develop their careers within the service, and some had been promoted to more senior roles. Staff explained they felt motivated and valued, the support given by the registered manager and provider had assisted in their career development along with improving their skills and knowledge to continue to provide exceptional care to people.

- The provider and registered manager liaised with other organisations, explored best practice, engaged with the local authority and accessed learning materials to continuously improve their care practice. This was evidenced through the exceptional and continuous achievement of people's goals and aspirations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, working in partnership with others.

- The service continued to use innovative and creative ways to enable people to be empowered and voice their opinions. The service continued to use an external agency service run by people with a learning disability and or autism to obtain an independent view of the quality of care being provided. They were invited to meet with people who used the service and to review the outcome of the surveys. This demonstrated a high level of engagement for people to discuss concerns and improvements.

- One person used Makaton as a form of communication and had expressed a wish to support staff further develop in this area. Whilst exploring this the person and staff identified another area of need which included a business within the local community, in that the person faced communication barriers when accessing this important service. New Key made arrangements with the business and set up workshops on a specific day of the week where the person taught their staff some Makaton. The person would then return two days later to use the service but also test staff's competencies. This meant people were empowered and supported in a way that meet individual needs, was accessible and promoted equality.

- The service had a strong presence in the local community and nationally. They had established effective links across various sectors to share information, provide support and training on providing positive outcomes for people. For example, the provider and staff regularly worked with local authorities and service providers to share their approach to care planning and positive person-centred outcomes. This showed how the provider shared and implemented high-quality, outstanding practice.

- We saw examples of how the leadership team supported local authorities in ensuring people were in control of their own care and put people at the centre of delivering care services, they also supported and led local care forums. One professional told us, "There input and support is second to none".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood their responsibilities.