

Keiron Starns Care Agency Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Keiron Starns Care Agency provides care and support to three people with learning disabilities living in the community.

This service provides care and support to people living in one 'supported living' setting, 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 our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People said they felt safe. Staff knew how to keep people safe. Risk assessments were in place and we saw examples of positive risk taking. These enabled people to be as independent as possible whilst maintaining their safety. Safe recruitment processes were undertaken. Medicines were managed safely.

Staff had been trained to carry out their roles. They had regular supervision sessions with the registered manager and all said they felt well supported. 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 relative said, "[Person's name] has developed a great deal more independence and confidence since he has opted for independent living."

We observed many positive interactions between staff and people using the service. One person said, "Staff are nice. They make me laugh." Staff we spoke with spoke passionately about the support they provided.

Support plans were person centred and clearly detailed people's preferences and choices about how they wanted to be supported. People were involved in writing and reviewing their plans. There was a complaints procedure in place. No complaints had been received since our last inspection.

The registered manager was a visible presence. Their values were clearly embedded in the service. Staff told us the registered manager was "very, very good" and "brilliant." One relative said, "[Registered manager] has ensured that my son is able to develop his skills through enrolling him in college and finding him employment in the community." There were quality assurance processes in place.

Further information is in the detailed findings below.

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 Good	Good ●

Keiron Starns Care Agency

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.

This was a comprehensive inspection. The inspection took place on 13 June and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services. The registered manager is often out supporting staff or people. We wanted to make sure the registered manager would be available to support our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the 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.

During the inspection we spoke with three people using the service, two members of staff and the registered manager. After the inspection we spoke to another member of staff. We also received written feedback from one relative, and one professional. We reviewed three people's care and support records and two staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

People were protected from harm. Staff had been trained and demonstrated a good knowledge of how to keep people safe. One member of staff said, "I'd report any worries about abuse. I've done it before in my previous job." Staff also knew how to raise concerns about poor care. One said, "I wouldn't put up with it. I'd report it straight away." Another member of staff said, "I'd go straight to CQC. It has to be about looking out for the people we support."

People using the service told us they felt safe. Comments included, "Yes, I feel safe living here" and "If I had any worries, I'd tell [registered manager]."

Risk assessments were in place. These focussed on keeping people safe whilst also promoting their independence. For example, we saw risk assessments for shaving, using a kettle, getting lost when outside and travelling. Risks of financial abuse had also been assessed. When risks had been identified care plans guided staff on how to reduce the risk. For example, to prevent injury when using a kettle it was documented that staff should supervise one person. We observed this person making a hot drink. The registered manager was supervising them and prompted them when to stop pouring the boiling water into a cup. This meant the person was able to make themselves a hot drink independently.

Safe recruitment procedures were followed. These included inviting potential staff for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people.

There was enough staff on duty to meet people's needs. The registered manager told us they would bring staff on duty depending on people's activity plans for the week. One member of staff slept at the service overnight.

Medicines were managed safely. Medicines were stored safely and records had been signed by staff to indicate people received their medicines as prescribed. Regular stock balance checks were undertaken. When people refused their medicines or they were no longer required, the disposal process was safe.

The environment was clean and tidy. Staff had been trained on infection control. People were supported by staff to keep their personal spaces clean. We observed staff on several occasions reminding people to wash their hands before preparing food.

Incidents and accidents were reported. The registered manager told us, "We're a small family business. I know people living here are safe and protected. I get the staff to be open and honest. That way we can learn and share from each other."

Is the service effective?

Our findings

People's needs and choices were assessed and regularly reviewed. The registered manager said they placed a high importance on ensuring the team of staff could meet people's needs alongside assessing whether the mix of people living together worked. Before people moved to the service, they were invited to meet the people living there, they spent a day with them and stayed at the service overnight. This meant the registered manager could observe how people interacted with each other and ask people if they were happy for a new person to live there. One person had moved to the service earlier in the year. Another person who had lived there for many years said about the new person, "He's lovely" and "He's alright."

Staff were trained to carry out their roles. Records showed the registered manager monitored which training staff had completed and when refresher training was due. Staff said they felt trained and competent. One member of staff said, "We do lots of training and we can access more if we need it." Another member of staff was new in post. They said their induction had been "extensive". They also said, "[Registered manager] has been brilliant and has told me to let him know if I don't feel confident or if I want to go over something again. That's been really helpful."

Staff had regular supervisions; however, the supervision records we saw did not show that staff were given an opportunity to discuss any training or support needs. Instead, the records were of observations of the support they provided to people. We discussed this with the registered manager during the inspection. They said training and support needs were discussed informally although they said they would amend the form in use to reflect this for future supervision sessions. Despite this, one member of staff said, "[Registered manager] is very good and very hands on. He checks we [the staff] are all ok." And, "The beauty of this being such a small team is that we all know each other so well. If I was ever unhappy, it would get picked up straight away."

People using the service were supported to shop for their own food and to plan their menus. People's care plans detailed their food and drink preferences. One person said, "I choose what I want. We'll get a selection of food in and then choose it on the day." When people had specific needs in relation to eating or drinking, these were documented. For example, in one plan staff had documented the person was at risk of choking and so should be offered soft food options. Staff were also informed to observe the person when they were eating in order to make sure they ate slowly and didn't choke. Another person had specific dietary needs and these were documented in the care plan. Staff knew this and supported the person to choose what to eat and drink based on this. For example, we observed a member of staff discussing buying some specific drinks for them. People were supported to prepare their meals. One person was asked if they wanted to help prepare vegetables and when they replied "Yes", they were included in the activity.

People had access to ongoing healthcare. Hospital Passports and Health Action Plans were in place. People attended yearly health checks with the GP. When staff supported people to attend appointments these were documented along with the outcome. One person had lost weight and so staff had raised this with the GP. The person's weight was being monitored, and their weight had stabilised.

Staff remained knowledgeable about the principles of the Mental Capacity Act. We observed people offering people choices throughout the inspection. For example, we saw staff ask one person to look at meals in the fridge and chose which one they wanted for lunch. Another member of staff said, "I get choices every day, so I make sure I give people choices. I know one person will always choose cake over yoghurt for example, but I'll still offer the choice of both." People were asked by the registered manager if they wanted to speak to us about their experience of the service and where they wanted to do this. One person said, "I get lots of choices. I choose a [fast food] drive through sometimes."

When people lacked capacity to consent to aspects of their support, best interest decisions were taken in line with legislation. For example, one person was having their finances managed and a best interest meeting had taken place in conjunction with a social worker. People had access to independent mental capacity advocacy services.

Is the service caring?

Our findings

We consistently saw staff treat people with kindness and respect. People were relaxed around staff and the atmosphere was friendly and homely.

People spoke positively about the staff. One person said, "All the staff are nice. They make me laugh and take me out to activities." Another person said, "All of the staff are kind. They look after me here."

Relatives also gave positive feedback about the staff. One said, "The staff are very good. I have no problems at all." Another told us, "When we visit, [person's name] is relaxed and at home with his carers" and, "Our experience of the staff is that they are dedicated carers and have a great rapport with their clients. [Person's name] gets on well with all the staff and they treat him with dignity and respect. We've met all the staff and are happy that they meet his needs."

A manager from one of the day centres people attended said, "From my observations and experience, [registered manager] and his team are very caring and supportive of people."

The registered manager emphasised that staff were working in people's home and that they should respect this. There was a policy in place that staff did not have a key to the house, and that they should ring the doorbell on arrival. Staff on duty were not to answer the door but to wait for people living there to answer it and to let them in. We observed this in practise on our arrival. We also saw that staff respected people's decisions if they wanted to be in their rooms on their own or if they wanted to sit in communal areas. One member of staff said, "If I take [person's name] to a café, he usually wants to sit on his own. So I'll sit a few tables away. That way, I'm there, but also allowing him his own time."

All of the people were due to go on holiday the week after our inspection. We heard the registered manager with one person making a list of what they wanted to pack and what they wanted to do when they were away. The registered manager asked them what they wanted to do as group activities and what they wanted to do on their own. They said, "What would you like to do that's just for you?"

Two people using the service had passed away during 2017. The registered manager told us, "When [person's name] died, we made sure to talk about it with the person left behind. We took them to the funeral and we continue to encourage them to share memories and talk about it. We've got pictures up around the house."

Is the service responsive?

Our findings

Care plans were person centred and detailed people's choices and preferences in relation to how they wanted to be supported. People's preferences for personal care and what, if any support they needed was documented. This included details such as when people liked to have a bath, and whether they needed assistance with shaving.

Plans in relation to people's emotional needs were detailed and provided staff with clear guidance on how to support people when they were upset or anxious.

One page profiles were in place. These specified what was most important to people and informed staff how to support them. For example, in one person's profile staff had documented the person's preferred radio station and which programmes they especially liked to listen to.

Staff spoke to us about people's support needs and demonstrated they knew people well. One member of staff said they had supported one person using the service when they worked elsewhere. They said, "When I came here to work [person's name] moved in. That meant he got continuity of care and I was able to inform the team about his preferences and choices."

There was a focus on promoting independence. One relative said, "[Person's name] is quite independent and pro-active and the staff respect this." Another relative said, "[Person's name] can do some things for themselves and needs help with other things. He has become a bit more independent." One member of staff said, "My greatest achievement with [person's name] is that they talk a bit more and they're more confident speaking to people. He's more outgoing and does a lot of new things now." Another said, "We encourage people to do as much as possible for themselves. For example, they might not understand the value of money, but they can still pay for things they buy and get a receipt."

People were supported to maintain relationships with friends and family. One person regularly used technology to contact their family. One relative told us that although they couldn't get to visit very often, staff sometimes took their relative to see them.

People were supported to take part in activities of their choice. Some people attended college and staff supported them to do this and went to classes with them. Other activities included attending day centres, the gym, local discos and film nights at the village hall. One relative said, "[Person's name] has a full diary and the staff take great pride in ensuring that all their clients' needs are met. My relative likes to play pool and so they take him to the pub once a week which he loves." One person told us, "The staff take me to college, gym, swimming and the pub for skittles. I do the scoring."

There was a complaints procedure in place and this was available in easy read format. No complaints had been received since our last inspection. People knew how to complain. One person said, "If I have any problems, I go to the staff, they always help." One relative said, "I've never had to complain."

Advanced plans were not in place. These are plans that describe people's preferences about how they want to be cared for at the end of their lives. We discussed this with the registered manager during the inspection. They said they would discuss with the team how to implement these.

Is the service well-led?

Our findings

There was a registered manager in post who was also a director of the company. 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 manager's values for the service was to provide a safe place for people to live, to provide person centred care with plenty of choices and to maximise independence. These values were embedded in the service. Staff we spoke with displayed pride in their roles, and gave the impression they genuinely cared for the people they were supporting. The registered manager said, "I have great staff and we make a great team. We all love what we do and that makes a difference." And, "We're very focused on the people who live here. It's their home, their lives and their choices." One member of staff said, "[Registered manager] is very good. His number one priority is the people living here. As long as they're happy, he is."

The registered manager monitored the quality of the service provided. This included checks of medicines, maintenance of the environment and monitoring staff training and performance. We saw monthly 'bedroom checks' were carried out. These included checks that all lights were working for example. The registered manager told us they did these with people using the service so that they were involved.

Feedback was sought from people, their relatives and stakeholders. Satisfaction surveys had recently been sent out and the service was waiting for these to be returned. Feedback from a previous survey was overwhelmingly positive. Comments included, "All people are treated as family – happy and well cared for", "You are doing a fantastic job; keep going as you are" and "Staff provide the highest standard of care nurturing a safe and loving environment for their clients."

Relatives told us the registered manager was approachable and communicated well with them. Comments included, "[Registered manager] is ever so good. He's supported my son for a long time" and "[Registered manager] has ensured that [person's name] is able to develop his skills through enrolling him in college and finding him employment in the community."

Regular staff meetings took place. We saw minutes from these. All of the staff we spoke with said they felt well supported in their role and were encouraged to suggest improvements that could be made.

The registered manager worked closely with the local authority and with other stakeholders, such as social workers and the local safeguarding team. The provider had good links with the local community. People were supported to go on holidays, and attend activities of their choice.