

KPW Newkey Limited

# New Key

## Inspection Report

10A Dart Marine Park  
Steamer Quay Road  
Totnes  
Devon  
TQ9 5AL  
Tel: 01803 863778

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# Summary of findings

## Overall summary

New Key provides personal care to people living in their own homes in Torquay, Totnes and Kingskerswell. People who use the service include people with physical disabilities, autism and learning difficulties. At the time of our visit there were 11 people receiving personal care from the service.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has a legal responsibility for meeting the requirements of the law with the provider.

People we spoke with confirmed that they felt safe and supported by staff and had no concerns about the ability of staff to respond to safeguarding concerns. Comments included: "I like living here" and "The staff are nice."

Staff understood the Mental Capacity Act (2005) and how it applied to their practice. We found the service to be meeting the requirements of the Mental Capacity Act (2005).

Staffing was maintained at safe levels. Staff confirmed that people's needs were met promptly and felt there were sufficient staffing numbers.

Support plans, also known as care plans, were up-to-date, were written with clear instructions and demonstrated the involvement of other health and social care professionals.

Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible, such as the use of distraction techniques when a person was becoming distressed.

Staff showed commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. For example, supporting and encouraging people to recognise personal goals.

Staff had the skills and support to meet people's needs. Staff informed us that they received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open environment.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

People we spoke with told us they felt safe and supported by staff. Comments included: "I like living here" and "The staff are nice."

Staff demonstrated a comprehensive understanding of what might constitute abuse and knew where they should go to report any concerns they may have.

Staff understood the Mental Capacity Act (2005) and how it applied to their practice. We found the service to be meeting the requirements of the Mental Capacity Act (2005).

Risk assessments we saw showed that measures to manage risk were as least restrictive as possible, such as the use of distraction techniques when a person was becoming distressed.

Pre-employment checks were undertaken before staff began work in line with the organisation's policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

Staffing was maintained at safe levels. Staff confirmed that people's needs were met promptly and felt there were sufficient staffing numbers.

### **Are services effective?**

The service was effective because people received care and support specific to their needs. Support plans, also known as care plans, reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Staff ensured other health and social care professionals were involved in people's care to encourage health promotion and the prompt follow up of care and treatment needs.

Staff knew how to respond to specific health and social care needs and were observed to be competent. Staff were able to speak confidently about their roles and understood how they contributed to people's health and wellbeing.

Staff had the skills and support to meet people's needs. Staff informed us that they received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities.

# Summary of findings

## Are services caring?

The service was caring because staff adopted a positive approach in the way they involved people and respected their independence.

Staff had knowledge of privacy, dignity, independence and human rights. For example, how to maintain privacy and dignity when assisting with personal care and people's rights to privacy in their bedrooms.

Staff showed commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued.

Staff relationships with people were strong, caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate. We saw how staff were observant to people's changing moods and responded appropriately. We observed that staff communicated with people in a respectful way. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

## Are services responsive to people's needs?

One of the ways the service was responsive was because staff had an enabling attitude towards informed risk taking and confidently and appropriately made use of the Mental Capacity Act. For example, people were encouraged to access and make links with the local community. New Key recognised the associated risks which could be posed and produced guidance to minimise the risk in line with the legislation.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes.

People had 'Circles of Support' chosen by them. A Circle of Support is a group of family, friends and supportive workers who come together to give support and friendship to a person. The circle helps them do the things they would like to do and achieve new things in their life. The things that a Circle of Support will help with will depend on a person's situation and what they want to happen in their life. This showed that New Key recognised the importance of people having access to support to make decisions from independent parties.

Staff understood, recognised and responded to people's social and cultural diversity, values and beliefs and how they wanted to receive care, treatment and support.

Activities and community involvement were encouraged by staff.

# Summary of findings

People were actively involved in the running of the service, including the recruitment of staff and influencing management decisions. For example, people using the service and where appropriate, their relatives interviewed job candidates to ensure their suitability to work with them and respond to their needs.

There were regular opportunities for people and people that mattered to them to raise issues, concerns and compliments and these were appropriately followed up by the service.

## **Are services well-led?**

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open environment.

Staff commented that communication between the organisation and other health and social care professionals was good and enabled people's needs to be met.

The organisation took account of people's views and suggestions. Where issues had been identified they had been followed up by the registered manager and organisation.

We saw that house checks were carried out. These were conducted on an on-going basis to monitor the quality and safety of the service provided. This showed that the organisation recognised the importance of ensuring that people receiving a service were safe and cared for in a safe and supportive environment.

We saw that in 2013 New Key received a quality check from Cornwall People First and achieved a gold standard award. Cornwall People First is a user-led charity for adults with learning disabilities who support people to speak up for themselves and work closely with the services they receive to improve things, helping people to achieve the life they want. Cornwall People First go out and check the services that people with learning disabilities receive and find out what is good and what could be better.

The registered manager believed in the importance of creating an open environment to enable the quality and safe delivery of care and support.

# Summary of findings

## What people who use the service and those that matter to them say

People we spoke with told us they felt safe and supported by staff. Comments included: “I like living here” and “The staff are nice.”

We visited people in their homes and saw staff involving people in their care and supporting them to make decisions. We spent time talking with people and observing the interactions between them and staff. Comments included: “The staff are nice and “I went out for a birthday meal, I had steak. I put my make-up on before going out.”

Three relatives told us: “X is well cared for and supported. New Key keep me in the loop. Staff do involve X in making decisions, risk taking. X has a lot of say in what he does”; “New Key are great, they set things up from the outset. They are person centred and are responsive to X’s needs. If any issues are raised, they are taken seriously. We were involved in the recruitment process to ensure the suitability of staff to support X” and “Care staff care very much. We wanted residential care for X initially, but supported living has worked out well for X. New Key do listen and take action.”

# New Key

## Detailed findings

### Background to this inspection

We visited the service on 14 May 2014. 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 regulations associated with the Health and Social Care Act 2011 and to pilot a new inspection under Wave 1.

We looked at two people's care records, and records relating to the management of the service. At the time of our visit there were 11 people receiving personal care from New Key. We spoke with two people receiving a service,

three relatives, seven members of staff and the registered manager. We reviewed two people's care files, four staff files, a selection of policies and procedures and quality assurance systems and staff training records.

The inspection team consisted of a lead inspector and second inspector.

Before our inspection we reviewed the information we held about the service. We asked the provider to complete an information return and we used this to help us decide what areas to focus on during our inspection. We examined previous inspection reports and notifications received by the Care Quality Commission. At our last inspection in January 2014 we did not identify any concerns. Following our visit we spoke with a health care professional to obtain their views of the service provided to people.

# Are services safe?

## Our findings

People we spoke with confirmed that they felt safe and supported by staff. Comments included: “I like living here” and “The staff are nice.” We observed staff responding appropriately to people’s needs and interacting respectfully with them.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person’s support plan, also known as a care plan, to reflect current circumstances. We looked at the incident records and we saw that actions had been taken in line with the organisation’s policies and procedures. Where incidents had taken place we saw involvement of other health and social care professionals to review people’s plans of care and treatment, and liaison with the local authority and police where necessary. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected both people and staff.

People were protected from harm. We spoke with staff about their understanding of what constituted abuse and how to raise concerns. They demonstrated a good understanding of what might constitute abuse and knew where they should go to report any concerns they may have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission (CQC).

Staff told us that they had received safeguarding training. We confirmed this by looking at staff records. We saw safeguarding training was renewed on a regular basis to ensure staff had up to date information about the protection of vulnerable people.

The provider responded appropriately to any allegation of abuse. For example, contact with the local authority safeguarding team to discuss any allegation or event which had taken place which affected people in their care. We saw a copy of the organisation’s policy and procedure for safeguarding adults. It set out the measures which should be in place to safeguard vulnerable adults, such as working in partnership with the local authority. The policy included how to report safeguarding, which broke down the actions to be taken if an alleged safeguarding concern, had been identified. Staff told us it was easy to follow which enabled

staff to be clear about their responsibilities, such as informing a senior member of staff, the services’ management team, liaising with the local authority and the completion of an incident form. Staff confirmed that they knew about the safeguarding adults’ policy and procedure and where to locate it if needed.

Staff understood the Mental Capacity Act (2005) and how it applied to their practice. They knew what they were required to do to protect people who lacked the capacity to make certain decisions about their health and welfare.

People’s individual risks were identified and the necessary risk assessments were carried out to keep people safe. For example, we saw risk assessments for managing anxiety, physical health and going into the local community. Risk management considered people’s physical and mental health needs and showed that measures to manage risk were as least restrictive as possible, such as the use of distraction techniques when a person was becoming distressed.

Staffing was maintained at safe levels. Staff confirmed that people’s needs were met promptly and felt that there were sufficient staffing numbers. We asked the registered manager how staffing levels were assessed. They explained that staffing was consistent with people’s individual agreements with the local authority. Where a person’s needs increased, staffing was adjusted accordingly and discussions took place with health and social care professionals and the local authority. We asked the registered manager how they managed unforeseen shortfalls in staffing levels due to sickness. They explained that regular staff would cover the shortfall. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

There were effective recruitment and selection processes in place. We looked at four staff files and saw that completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers, health screening and Criminal Record Bureau (CRB) checks completed. CRB has now been replaced by ‘Disclosure and Barring’ checks which apply the same principles. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisation’s policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

# Are services effective?

(for example, treatment is effective)

## Our findings

The service was effective because people received care and support specific to their needs and preferences. Support plans, also known as care plans, reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. Staff were also matched with people to make sure they were compatible. For example, they had common interests and hobbies. We looked at two people's care files, which gave detailed information about their health and social care needs. Care files were personalised and reflected New Key's values that people should be at the heart of planning their care and support needs. For example, involving people to plan their activities which linked with their hobbies and interests. Following our visit we spoke with a health care professional who commented: "New Key really do follow the supportive living model, of independence, choice and individuality. They always welcome health and social care professionals and are grateful for support and listen to advice. Plans of care are built around the person and are very thorough. You can have an honest and open debate with New Key which ultimately empowers people receiving a service."

Files included personal information and identified the relevant people involved in people's care, such as their care manager and GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. We saw that care files included information about people's history, which provided a timeline of significant events which had impacted on them. We saw evidence of people's likes and dislikes being taken into account in support plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Support plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easy to find relevant information. Alongside support plans we found information was available for staff to refer to and understand how particular conditions affected people.

Staff told us that they found both the support plans and additional information helpful and were able to refer to it at times when they recognised changes in a person's physical or mental health.

We saw evidence of family and professional involvement to ensure that consent was sought by people who had sufficient knowledge about the people receiving a service and the care, treatment and support options they were considering in order that people using the service could make informed decisions.

People were able to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw extensive evidence of health and social care professional involvement in people's care on an on-going and timely basis. For example, GP, care manager and learning disability nurse. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Staff knew how to respond to specific health and social care needs and were observed to be competent. For example, changes in a person's physical health. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. Staff felt that people's support plans were really useful so that appropriate care and support was provided on a consistent basis. This demonstrated that staff were both competent and referred to care information in order to ensure the safety and welfare of people in their care.

Staff had completed induction when they started work at the agency, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a six month probationary period, so that the registered manager could assess staff competency and suitability to work for the service.

Staff informed us that they received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Comments included: "We get lots of training which is very good" and "I feel I get enough training". We saw that staff

# Are services effective?

(for example, treatment is effective)

received training on safeguarding vulnerable adults, the Mental Capacity Act (2005), epilepsy, communication skills, fire safety, health and safety, moving and handling, first aid, food hygiene and infection control. Staff also told us that they had identified additional training needs during their most recent appraisal, for example moving and handling techniques specific to one person's needs. This showed that care was taken to ensure staff were trained to a level to meet people's current and changing needs.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered

manager and the wider team. Staff commented: "The management are approachable"; "I like the way I am supported"; "I ring my line manager all the time. I feel I can go to anyone in the organisation" and "I love it. I've never done support work before but it's brilliant, really relaxed." Staff files and staff we spoke with confirmed that supervision sessions and appraisals took place on a regular basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

# Are services caring?

## Our findings

We visited people in their homes and saw staff involving people in their care and supporting them to make decisions. We spent time talking to people and observing the interactions between them and staff. Comments included: “The staff are nice and “I went out for a birthday meal, I had steak. I put my make-up on before going out.”

Staff told us how they maintained people’s privacy and dignity when assisting with personal care, for example by knocking on doors before entering, gaining consent before providing care and explaining what needed to be done so that the person knew what was happening. We saw that staff adopted a positive approach in the way they involved people and respected their independence. For example, a person’s specific plans for their birthday party, including who they wanted to invite. We heard and saw staff working with people and they demonstrated empathy through their actions, in their conversations with people they cared for and in their discussions with us.

Staff showed an understanding of the need to encourage people to be involved in their care. For example, how they wished to be supported with personal care and staff recognising the need to promote positive experiences for people to aid their wellbeing through spending one to one time chatting about a range of subjects appropriate for that person.

Staff showed commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. Staff spoke

of the importance of empowering people to be involved in their day to day lives. For example, supporting and encouraging people to recognise personal goals. They explained that it was important that people were at the heart of planning their care and support needs. For example, how people wanted personal care delivered, such as a bath or shower.

Relatives told us that staff were caring: “X is well cared for and supported. They manage X’s behaviour really, really well. New Key keep me in the loop. Staff do involve X in making decisions, risk taking. X has a lot of say in what he does”; “New Key are great, they set things up from the outset. They are person centred and are responsive to X’s needs. If any issues are raised, they are taken seriously” and “Care staff care very much. We wanted residential care for X initially, but supported living has worked out well for X. New Key do listen and take action.”

Staff relationships with people were strong, caring and supportive. For example, staff spoke confidently about people’s specific needs and how they liked to be supported. Through our observations and discussions, we found that staff were motivated and inspired to offer care that was kind and compassionate. For example, staff spoke about how working as a team motivated them and how they gained inspiration from each other. We saw how staff were observant to people’s changing moods and responded appropriately. We observed that staff communicated with people in a respectful way. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The service was responsive because staff had an enabling attitude towards informed risk taking. For example, we saw people were encouraged to go into and make links with the local community whilst recognising the risks which could be posed and giving staff appropriate guidance to minimise the risks through organisation policies and procedures and clearly thought out risk assessments.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. We saw staff involving people in their care and allowing them time to consent to care through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. Staff were seen to give information to people, such as what staff were going to be supporting them for specific activities. People's individual wishes were acted upon, such as how they wanted to spend their time.

Support plans, also known as care plans, included considerations of the Mental Capacity Act (2005) and alerted staff to consider a person's mental capacity if their needs changed. We saw that where a person lacked capacity, assessments and best interest discussions were held with people who knew and understood the person using the service. For example best interest discussions had been held to discuss a person's accommodation options. These discussions included the person's family, relevant health and social care professionals and members of staff working at New Key. This ensured decisions were made in people's best interests.

Care files showed people being involved in making decisions about their care and treatment through discussions with staff. We observed staff spending time with people, supporting them to make decisions about their future care and treatment.

In addition, people had 'Circles of Support' chosen by them. A Circle of Support is a group of family, friends and supportive workers who come together to give support and friendship to a person. The circle helps them do the things they would like to do and achieve new things in their life. The things that a Circle of Support will help with will

depend on a person's situation and what they want to happen in their life. This showed that New Key recognised the importance of people having access to support to make decisions from independent parties.

People were involved in their own care. Care files showed evidence of health and social care professional visits and appointments. These records demonstrated how other health and social care professionals had been involved in people's care to encourage health promotion and ensure the prompt follow up of care and treatment needs. Staff understood people's needs, knew how to meet them and were proactive in suggesting additional ideas that the person might not have considered. For example, a person had been supported by staff and a learning disability nurse to carry out certain health checks on their own, where appropriate. Another example was that a person had a needle phobia. They had worked with staff and the learning disability nurse and had got over the phobia. Staff told us previously the person's relative had needed to travel a significant distance to accompany them to health appointments. The person was now able to attend appointments with care staff which had increased their independence.

One relative we spoke with told us about how the service had been responsive to their relative's desire to have an intimate relationship with their boyfriend. Staff working with this person had sourced an education package for working with people with a learning disability entitled 'Sex and the 3 R's: Rights, responsibilities and risks'. This was to enable the person to make informed life choices and take positive risks. This demonstrated how New Key worked with people in innovative and creative ways in order to increase their independence and allow them to have meaningful, important relationships.

Staff understood, recognised and responded to people's social and cultural diversity, values and beliefs. We saw evidence that people were supported by staff to attend church on Sunday's and how this was important to them to link with the local community. People spoke about how they enjoyed going to church. One comment included: "I go by bus to the church and I work in the café."

Activities and community involvement were encouraged by staff. People engaged in trips in the local community, attended specific groups and undertook voluntary work. The service focused on providing people with as many

# Are services responsive to people's needs?

(for example, to feedback?)

opportunities as possible in order to fulfil personal goals.

This demonstrated the staff worked to ensure people were part of their local community and were able to use local facilities.

People were actively involved in the running of the service, including the recruitment of staff and influencing management decisions. For example, people using the service and where appropriate, their relatives interviewed candidates to ensure their suitability to work with them and respond to their needs. A relative told us, "We were involved in the recruitment process to ensure the suitability of staff to support X."

There were regular opportunities for people and people that matter to them to raise issues, concerns and

compliments through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. Further work was being done to provide information in different formats that met people's specific needs. For example, using pictures to support the written word so people with limited literacy skills could more easily understand the documents. We saw a copy of the complaints procedure. It set out the procedure which would be followed by the provider and included contact details of the provider and us. There was evidence that issues had been appropriately followed up by the management team, such as, learning outcomes being implemented, additional support for staff and the involvement of other health and social care professionals.

# Are services well-led?

## Our findings

One of the ways the service was well-led was because staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open environment. Staff commented: “Anything I need I can go to the management team”; “The management are approachable” and “I ring my line manager all the time. I feel I can go to anyone in the organisation.”

Staff confirmed that they had attended staff meetings and felt that their views were taken into account. We saw meeting minutes which showed that meetings took place on a regular basis and were an opportunity for staff to air any concerns as well as keep up to date with working practices and organisational issues.

We saw that New Key worked together with other health and social care professionals in line with people’s specific needs. We saw that liaisons took place with the local authority and Care Quality Commission. Staff commented that communication between other agencies was good and enabled people’s needs to be met. Care files showed evidence of professionals working together. For example, the GP and learning disability nurse. For example, medical reviews took place to ensure people’s current and changing needs were being met.

People’s views and suggestions were taken into account to improve the service. We saw annual questionnaire feedback forms which had been completed by people using the service, relatives, health and social care professionals and staff. Where issues had been identified they had been followed up by the registered manager and organisation. For example, staff recruitment and staffing arrangements. The registered manager told us that they were due to trial an online system due to a low return of questionnaires. This demonstrated that the organisation recognised the importance of gathering people’s views to improve the quality and safety of the service and the care being provided.

The provider took account of complaints and comments to improve the service. There was evidence that issues had been appropriately followed up by the management team, such as, learning outcomes being implemented, additional

support for staff and the involvement of other health and social care professionals. For example, meetings had taken place to resolve issues which impacted on both people and staff members.

We saw that house checks were carried out by the organisation. These were conducted on an on-going basis to monitor the quality and safety of the service provided. Areas covered included health and safety, care plans and risk assessments, medicines management, infection control and health and social care professional appointments. Where changes were needed these were followed up by the registered manager. For example, additional training for staff and care plans and risk assessments updated. This showed that the organisation recognised the importance of ensuring that people receiving a service were safe and cared for in a safe and supportive environment.

We saw ‘visit log sheets’ which documented ad hoc visits to people in their homes by management. For example, welfare checks, to discuss care planning and ensuring that the support being provided was meeting a person’s needs. As a result of these visits, people’s care plans were amended when necessary and information passed to staff working for the organisation to ensure continuity of care and support. This showed that the service recognised the importance of on going contact with people to ensure they were happy with the service being provided.

We saw that in 2013 New Key received a quality check from Cornwall People First and achieved a gold standard award. Cornwall People First is a user-led charity for adults with learning disabilities who support people to speak up for themselves and work closely with the services they receive to improve things, helping people to achieve the life they want. Cornwall People First go out and check the services that people with learning disabilities receive and find out what is good and what could be better.

The registered manager was open and approachable. For example, they were well thought of by staff and people as an effective leader. Staff comments included: “The manager is really supportive” and “I was able to move to work in a house nearer to home. Anything I need I can go to the registered manager.” This demonstrated that the registered manager believed in the importance of creating an open environment to enable the quality and safe delivery of care and support.