

Care Homes of Kent Limited

Your Life Supported Living Services

Inspection report

Kent House
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Tel: 07976721644

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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

The service was run by a registered manager. 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 and staff had received training about the Mental Capacity Act 2005 (MCA 2005) and understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns were in place. The registered manager knew how and when they should escalate concerns following the local authorities safeguarding protocols.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the person's needs. The person received care that was tailored specifically to them and their needs had been assessed to identify the care they required. Care and support was planned and reviewed with the person to make sure they continued to have the support they needed. The person was actively encouraged to be as independent as possible. Detailed and specific guidance was provided to staff about how to provide all areas of the care and support the person needed. Staff knew the person well which enabled them to support them in a personalised way.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. Staff had completed comprehensive induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Management carried out routine checks of staff knowledge and capability.

Staff received a comprehensive programme of training and were supported to develop their skills and knowledge. The provider supported staff to attain qualifications. There were staff meetings, so staff could discuss any issues and share ideas with their colleagues, to improve people's care and support. Refresher training was provided at regular intervals.

Staff had been trained to administer medicines safely and staff spoke confidently about their skills and abilities to do this well. Medicines were managed and administered safely. People received their medicines when they needed them and as prescribed.

Risks were assessed and recorded by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff listened to what the person told them and responded appropriately. Staff knew the person very well and responded to noises, gestures and body language. The person was treated with respect and their privacy and dignity was maintained.

Staff actively encouraged the person to be involved and feel included in their environment. The person chose what they wanted to do for the day and staff supported them. Staff were committed to ensuring the person participated in the activities of their choice and to go out.

The provider had processes in place to monitor the delivery of the service. The person's views were obtained through one-to-one meetings, conversations and meetings with social workers. There were policies in place so that the person would be listened to and treated fairly if they complained. Information was available to the person about how to raise a concern or complaint.

Staff told us that the service was well led and staff felt supported by the registered manager and deputy manager to make sure they could support and care for people safely and effectively. Accurate records were kept about the care and support the person received and about the day to day running of the service. This provided staff with the information they needed to provide safe and consistent care and support to the person.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve.

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.

There were systems in place to manage risks and ensure people who used the service were kept safe. Staff carried out individual risk assessments to protect the person from harm or injury.

Procedures for the safe administration of medicines were followed to maintain the person's health and safety.

There were effective staff recruitment and selection procedures in place.

Staff had been provided with safeguarding adults training and understood their responsibilities in keeping people safe.

Is the service effective?

Good 

The service was effective.

Staff received the training and support they needed to have the skills and knowledge to support people, and to understand their needs.

People were supported to express themselves and were given the help they needed to make day to day decisions and important decisions about their lifestyle, health and wellbeing.

People received effective care that met their needs and wishes.

People were supported to eat and drink according to their assessed needs.

Staff supported people to access healthcare professionals.

Is the service caring?

Good 

The service was caring.

Staff respected people's privacy and dignity and knew the person's preferences well.

People had the support they needed to help them make decisions and have a good quality lifestyle.

People were involved in their care.

Staff demonstrated a caring approach to people.

Staff were attentive and treated people with respect and dignity

Is the service responsive?

Good ●

The service was responsive.

Support plans were detailed and person centred. Support plans had been reviewed to ensure they were up to date.

Staff had a good knowledge of the people they were supporting.

People had been provided with information on how to make a complaint. A system to record and respond to complaints was in place.

Is the service well-led?

Good ●

The service was well led.

The registered manager promoted an open and inclusive culture. Regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

There were systems in place to ensure effective communication with staff.

People benefitted from staff who felt well supported by the management team.

The provider kept us informed of important events as appropriate.

There were quality assurance systems in place.

Your Life Supported Living Services

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 October 2017 and was announced. The provider was given 48 hours' notice because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure the registered manager would be available.

This inspection was undertaken by two inspectors.

Before the inspection, we asked the provider to complete 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. The provider returned the PIR within the set time scale. Before the inspection, we looked at information about the registration of the service and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

On the day of the inspection we spoke with the registered manager, deputy manager and two support workers. We also spoke with one person using the service to obtain their views of the support provided and to find out about their experiences of the service.

We reviewed a number of records including one support plan and associated documents; the recruitment, training and supervision records of two staff employed by the service; the staff training and induction programme; medicine records, safeguarding records, service user guide; staff handbook; compliments and complaints; accidents and incidents; audits and quality assurance reports.

Is the service safe?

Our findings

The person who used the service indicated through gestures that they felt safe. We asked the person if they felt safe and they indicated positively by nodding and smiling.

Safe recruitment processes were in place and completed. Staff had completed an application form prior to their employment and provided information about their employment history. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service [DBS] check to be completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified.

There were policies in place for the safe administration of medicines so staff had access to important information. The service managed one person's medicines and they received their medicines when they needed them. There were safe systems in place for the ordering, receipt, storage, administration, recording and disposal of medicines. Medicines held by the service were securely stored and the person was supported to take the medicines they had been prescribed by their doctor. The Medicine Administration Records (MAR) were clear and had been signed to indicate that they had been given. On some occasions the person was given 'as and when required' medicines, such as pain relief, and there were clear protocols as to when this should be given to ensure the person received their medicines correctly. Staff who administered medicines to people had attended appropriate training and were assessed as being competent to manage medicines.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made. There was also a whistleblowing policy that staff could access. This gave staff guidance on how to report concerns in the workplace both internally and externally in confidence. Staff said they would always report any concerns to the registered manager and they felt confident they would listen to them, take them seriously, and take appropriate action to help keep people safe. The registered manager understood their responsibilities and had contacted the local authority in line with the Kent and Medway safeguarding protocols.

The safeguarding vulnerable adults policy was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified.

Records of all financial transaction were recorded for items purchased. Receipts were retained to verify records were accurate. These were audited by the registered manager or deputy manager monthly. This showed safe procedures were followed to keep people safe from financial abuse.

There was one staff member on a 48 hour shift. This was to ensure consistency in the support being provided to the person and reducing the level of distress caused by frequent changes. This showed appropriate level of staff was provided in line with the person's identified needs. The staff had access to an

on call system at all times during their shift.

Risk assessments had been updated as needed to make sure they were relevant to the individual. They were specific to the individual and identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of the person's activity and included finance and medicines. For example, the person's risk assessment relating to their health needs had information and guidance for staff to follow when supporting the person to go out, reminding staff to take the emergency grab bag with them and helpful tips to keep the person calm in emergency situations. The provider used the Disability Distress Assessment Tool (DisDAT) to help identify, recognise and translate distress cues in the person and to describe the person's usual content cues. This gave staff confidence in their observation skills which in turn helped to improve the care the person received.

Due to the small number of people who received personal care, the frequency of incidents or accidents was rare. The registered manager was aware of action to take when an incident or accident occurs and was able to tell us how they would report this.

Staff told us they had received training in the control of infection and were provided with appropriate personal protective equipment [PPE] such as gloves and aprons to use when necessary.

Is the service effective?

Our findings

The person we spoke with was positive about the staff who supported them. They indicated by gestures and their actions that they were comfortable and happy with the support provided to them. The person used facial expressions and gestures to show they were happy with how they were looked after by staff.

Staff said they undertook regular training to maintain and update their skills and knowledge. Staff said the training provided by the registered provider was effective. A staff training matrix which was used to record the training completed and due for all staff. Staff had completed training courses relevant to their role to effectively support the person they looked after. For example, training was given to staff in health and safety, first aid awareness, infection control and safeguarding. Staff said they could approach their manager with any additional training needs or interests and these would be provided. A system was in place to identify when refresher training was due so that staff skills were maintained. Staff also undertook nationally recognised qualifications in health and social care.

Staff induction was provided to staff which covered policies, procedures and codes of conduct. New staff shadowed more experienced staff as part of their induction. One staff said, "I found the induction very informative and I feel that I received all the information I needed to be able to confidently support the person." New staff were also working towards achieving the 'Care Certificate'. The care certificate is designed for new and existing staff, setting out the learning outcomes, competences and standard of care that care homes are expected to uphold.

Staff received regular supervision and an annual appraisal. At these sessions a range of issues and areas were discussed. Regular supervision gave the staff opportunity to talk about their responsibilities and to develop in their role. Staff told us, "I can talk to any member of the management team at any time. They are very supportive." It was clear from talking to the registered manager, deputy manager and staff during the inspection, that they placed high values on supporting the staff team.

The Mental Capacity Act 2005 (MCA 2005) 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. Staff had received training in the MCA 2005.

The person who used the service had been assessed as having the capacity to understand and consent to issues such as agreeing staff should support them with their medicines or personal care. When this was the case we saw consent forms had been signed by the individual and witnessed by staff. This consent to care was periodically reviewed. Staff had a good understanding of MCA 2005 and how it affected their roles. During the visit to the person staff gave the person choices in a way they could understand and staff gave them sufficient time to respond. Staff had a good understanding of their responsibilities in making sure the person was supported in accordance with their preferences and wishes. Staff consulted with the person and encouraged them to make their choices.

The person had been supported to access other health and social care services, such as GPs, dentists, epilepsy nurse and opticians. Staff worked collaboratively with other professionals to ensure that people's health needs were being met to maintain their wellbeing. Reports guidance and information received from other professionals had been incorporated within people's care plans. Staff supported people to attend health appointments. The person had support from specialist teams to manage complex conditions like epilepsy. The person did not like hospitals and could get distressed in a medical environment. In order to support them, staff worked closely with the person's GP and epilepsy nurse, who visit the person in their home for regular appointments and treatment.

The person had been consulted about their care and treatment needs and had agreed to the support provided. The registered manager explained that assessments were undertaken with the person supported and other relevant parties, to ensure their views were obtained. The person was involved in writing their support plan, which was written in a format they could understand. The support plan focussed on meeting people's needs whilst actively encouraging them to make choices and maintain independence. The person's preferences, likes and dislikes were also documented.

There was a detailed health action plan which contained guidance for staff on how best to monitor and support the person's health. Staff were knowledgeable about people's health care needs and knew how to recognise any early warning signs of deterioration in health. Personalised information on specific health conditions was included, along with the actions required of staff to support the person. The person had a communication passport that described, in detail, how the person needed to be supported with communication and what was important to them. The passport would inform any health professional and potential hospital visits.

The person indicated to us through gestures that they were happy with the support they received to assist them to eat a well-balanced diet and drink sufficient fluids. Staff encouraged the person to drink and ensured this was varied according to the person's preferences. During our visit the person took part in the planning and cooking of their meals as much as they wanted to. They participated in making a shopping list with the use of picture cards. They were able to point to food they wanted on the list for their planned shopping trip later that day. Staff knew about people's favourite foods and drinks. Although there were no present concerns with the person's eating and drinking, staff told us they would seek advice from the person's GP and request for a referral to the speech and language therapist should there be any concerns in the future.

Is the service caring?

Our findings

The person using the service was positive about the staff that supported them. The person smiled in the company of staff, was very relaxed and danced with staff. Staff told us, "I love working here and I greatly enjoy working with [person]. He makes work much more enjoyable."

Staff had detailed and in depth knowledge of the person they supported. There was a small staff group who knew the person well and were able to provide consistent care to meet their needs. Staff were able to tell us about the person they were supporting, and clearly described the person's personality, interests, support needs, communication and what was important to them.

Staff were caring, patient and treated people with respect. Staff demonstrated the right attitude when we spoke to them. Staff spoke with people in a caring, sensitive and pleasant manner. The service was person centred and focused on the promotion of people's rights to make choices and live a meaningful life. Staff encouraged people to remain as independent as possible and do things for themselves. Staff said, "I try my best to involve [person] in all activities we plan and everything we do in the house." Another staff said, "I encourage [person] to take part in the daily household tasks to promote their independence."

The person was involved in decisions about their care and treatment. The person's support plan showed they had been regularly reviewed with the person and their care manager. The support plan gave staff guidance about the best way to communicate with the person. For example, using simple and short sentences and give the person time to respond. The support plan contained details of the person's care and support needs and how they would like to receive this. The plans gave details of people's preferences, likes and dislikes so these could be respected by staff. It also showed their preferred daily routines, for example what time they preferred to get up and what level of support they required with personal care. The person's preferred social activities were recorded.

The person was offered information in formats they preferred which included pictures and easy read documents. There was a notice board in the living area giving the person information about things such as planned events, activities and dates of meetings. There was a board in the hallway with photographs of the staff who work with the person.

The person had access to a 'service user guide' in their preferred format. This guide explained and informed the person of their rights and responsibilities, for example reminding them it's their choice who they have in their home and telling them that staff will always treat them with respect. There was information about key people at the service and how to contact them. Information on how to raise a complaint was also included.

The person was supported by staff who respected and promoted their privacy and dignity. Staff spoken with could describe how they respected people and maintained their dignity. Staff told us how they ensured the person's room door was closed, closed curtains and covered them when they were supporting them with personal care. Staff were aware of activities and situations which could cause the person to become upset or anxious. For example, staff told us the person could become anxious in places that are too crowded, so

they plan to go out at time when it was less busy to minimise any stress the person may experience. Another example staff told us was that the person could become distressed around new people, so they used the same local taxi company which provided consistency and reduced the level of distress for the person while still enabling the person to go out as often as he wanted to.

The service had relevant policies in relation to confidentiality, data protection and privacy and dignity so important information was available to staff. The person's confidentiality was maintained, staff understood the need for this and the person's records were stored securely in their room.

Is the service responsive?

Our findings

The person's needs were assessed before they moved into the service. The assessment process covered the person's previous lifestyles, backgrounds and family life. It also included their hobbies, interests, health and medical needs. The assessment also included health care professionals input to ensure that the service would be able to meet their needs. The information gathered during the assessment was then used to form the basis of the person's care plan.

The person was involved in planning their care. The support plan and associated documents were well organised and easy to read. They were person centred and unique to the individual. The support plans had detailed information about how to support the person with their care needs. Their preferences, likes and dislikes were described, using picture formats to help the person understand the plan. The support plan was personalised and contained information about the person's wishes and preferences. There were details of the person's daily routines and step by step guidance of how they wished to be cared for. This included what they could do for themselves to remain as independent as possible, and a range of other details such as the person's preference of toy cars and trucks and how they like to arrange these during the day and how they put these away at the end of each day. It was clear from the support plan that people had been involved in decisions about the support they needed which showed that the person was valued and their choice was respected.

Staff said the support plan contained sufficient, clear information for them to support the person in their preferred way. Staff had good knowledge of person's needs and could clearly describe the history and preferences of the person. The support plan was reviewed regularly and contained accurate and up to date information that reflected the person.

Staff checked the person's daily records for any changes that had been recorded. Daily records reflected the important parts of the person's day. For example; there was a specific recording section on their daily record for staff to capture any important information. The person had a health care plan and this was detailed and specific. For example, the specific symptoms the person may demonstrate for a particular health condition were described in detail, along with identified risks and hazards and how best to reduce these or what action to take. This helped staff to notice any changes or manage risks associated with the person's health and to help keep them safe and well.

The person led an active life that reflected their individual needs and wishes. The person had the opportunity to participate in a range of activities, within the service and in the community. Staff supported the person to go shopping, bowling, seaside trips and daily walks in the local area. The person also enjoyed watching their preferred television shows, football, looking through books with lots of colours and pictures; listening to music and dancing. It was evident that activities were organised to meet people's individual needs.

Is the service well-led?

Our findings

The service had a registered manager in post. 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 management team included the provider, the registered manager and the deputy manager. The registered manager was familiar with their responsibilities and conditions of registration. The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team.

The provider and the registered manager had a clear vision of the quality of service they required their staff to provide. This was understood and promoted by staff to make sure the person received care and support in a dignified, respectful and compassionate way. During the inspection staff supported the person in a respectful and dignified way. Staff told us, "I can always make suggestions; the manager is open to staff ideas that could improve the person's life."

The person who used the service had the opportunity to feedback on the delivery of care through face to face meetings, reviews and during audit visits. However, the provider had not collated the feedback formally.

The registered manager told us they felt supported by the provider and had regular phone contact and weekly visits. The provider understood their obligation in relation to submitting legal notifications to the Commission. The Provider Information Return (PIR) we requested was completed within the specified time frame.

Staff were positive about the provider and of their employment. There were regular team meetings and staff told us they felt valued and listened to. One of the staff said, "The communication is good and I am always informed of any changes." Staff described the management team as "friendly, caring, supportive, open and approachable." Staff told us they felt supported and valued by the management team.

The staff team said they worked well together. One staff member commented, "We are a small team but it works very well. Management is always there. We can talk to them at any time. Even if we just needed a chat and a cup of tea." Another staff said, "The communication is good. We use handover notes and communication books to communicate with each other. We are well supported and management are involved in the person's care."

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

There were systems in place to review the quality of all aspects of the service. These audits assisted the registered manager to maintain a good standard of service for the person using the service and consistently meet the legal requirements and regulations associated with the Health and Social Care Act 2008, and Care Act 2014. Audits were carried out monthly to monitor areas such as medicines, finance, person centred planning, accident and incidents and health and safety. Appropriate and timely action had been taken to protect people from harm and ensure that they received any necessary support or treatment. In addition, the registered manager and deputy manager undertook 'spot check' visits to ensure that standards were maintained on all shifts. As a result of this routine checks the registered manager was able to monitor and ensure consistency in the care delivery.