Kadima Support UK Limited

Kadima Support UK Limited No 35

Inspection report

35 Ickburgh Road
London E5 8AF
Tel: 0207 503 8954
Tel: 0207 503 8954
Website:

Date of inspection visit: 23 and 28 February 2015
Date of publication: 01/06/2015

Ratings

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

Overall summary

The inspection took place on the 23 and 28 February 2015. This was the first inspection of the service since it registered with the Care Quality Commission on 17 October 2014, having been previously owned and managed by a different provider. Kadima Support UK Limited No.35 is registered to provide care and accommodation for up to six people with mental health problems. The service was at full occupancy at the time of our inspection and all of the people using the service were male.

There are six single occupancy bedrooms, of which two are equipped with en-suite facilities. There is a communal sitting room, kitchen and dining room, computer area, bathrooms and shower rooms. There is a garden at the back of the premises.

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. Like

Summary of findings

registered providers, they have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Policies and procedures were in place to protect people from harm or abuse, and staff had received safeguarding training. Staff understood the signs of abuse and how to report any concerns about people's safety and wellbeing.

Care plans contained up-to-date risk assessments, which provided guidance about how to promote people's safety while supporting their wishes to make choices and be as independent as possible.

People were supported by sufficient staff to meet their identified needs. At the time of the inspection additional staff were employed at night time to make sure people's needs were being safely met.

Medicines were safely managed and staff had received medicines training.

Appropriate checks were carried out to make sure that the premises were safe and well maintained.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report upon our findings. DoLS are in place to protect people where they do not have capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others. We found that staff understood how to protect people's rights and no person was subject to a DoLS authorisation.

Staff received mandatory training and other training to meet the identified needs of people using the service. Feedback from a professional who visited the service indicated that staff would benefit from additional training to understand more about people's mental health and physical healthcare needs, and development to take on responsibilities when the registered manager was away from the premises. Staff had regular supervision and told us they felt well supported.

The food appeared to be in keeping with people's preferences and people were encouraged to get involved with planning menus, grocery shopping and cooking.

Staff were described as being caring, helpful and respectful by people and their relatives. We observed positive interactions and saw that staff spoke to people in a calm manner if they appeared anxious.

We saw that people's needs were identified in their care plans and were regularly reviewed. People's healthcare and social care needs were also reviewed in their meetings with their psychiatrist and other professionals, including mental health nurses, occupational therapists and the registered manager. People were encouraged to participate in their care planning and invite a relative or friend to their review meetings if they wished to.

There was a complaints policy in place and relatives said they were confident that the registered manager would properly investigate any complaints. Some people using the service were not aware of the complaints policy, and did not know about how to access independent advocacy to support them to make a complaint.

The management of the service was good. Staff told us that the registered manager was approachable and there were systems in place to monitor the quality of the service, including unannounced monitoring visits by the provider and surveys sent to people, their relatives and visiting professionals.

Summary of findings

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.

Staff had attended safeguarding training and knew how to identify the signs of abuse, and keep people safe from harm.

Risks to people's safety, well-being and health had been identified and plans had been developed to manage these risks.

There were enough staff and they had been properly recruited to ensure they were suitable for employment with people using the service.

Medicines were safely stored and given by staff with suitable training and knowledge.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff received supervision and support; however their training did not always meet the needs of people using the service.

People were encouraged to access community resources, including gyms and adult education classes.

People were consulted about their food preferences and were supported to participate in grocery shopping and/or food preparation.

Care plans had been developed with people, their families and external medical, health and social care professionals, in order to meet their mental health and physical healthcare needs.

Staff understood about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA), which meant they could take appropriate actions to ensure the protection of people's rights.

Is the service caring?

Good

The service was caring.

We saw positive interactions between people and staff.

People's dignity, privacy and confidentiality were respected.

Is the service responsive?

Good

The service was responsive.

The service assessed people's needs and care plans contained detailed information to enable staff to meet these needs. People were supported to be involved in planning and evaluating their care.

Summary of findings

People using the service were provided with information about how to make a complaint and were confident that the registered manager would properly investigate any complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives were asked for their views about the quality of the service through meetings and surveys.

Staff told us they felt the registered manager was supportive and approachable. There were arrangements in place for monitoring and improving the quality of the service.

Kadima Support UK Limited No 35

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

The inspection took place on 23 and 28 February 2015. The inspection was unannounced on the first day and we informed the service that we would be returning on the second day.

The inspection team consisted of an inspector and an 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 service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed information contained in the PIR along with other information we held about the home. This included notifications of significant incidents reported to CQC.

We spoke with four people who used the service, three care staff and the registered manager. We spoke with the relatives of three people after the inspection. We observed the support and care provided to people in the communal areas and looked around the premises. Two people showed us their bedrooms.

We reviewed three care plans and the accompanying risk assessments. We also looked at a range of documents including four staff records, the complaints log, the safeguarding policy and procedure, medicine administration record (MAR) sheets, four staff records, health and safety records, and quality assurance audits.

We contacted health and social care professionals with knowledge of this service in order to find out their views about the quality of the service. We received feedback from a mental health community nurse, a social worker and a local authority contracts monitoring officer. We used this shared information to assist our inspection.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "I feel safe and there are enough staff to take care of me." Another person told us that he felt safe because staff reassured him when he became anxious. Relatives told us they thought their family members were safe living at the service. One relative said, "All the staff are wonderful. They are all good to him and we know he is safe."

Records showed that staff had been trained in safeguarding and the registered manager knew how to make a safeguarding alert to the local authority's safeguarding team and send a notification to the Care Quality Commission, in accordance with the provider's policy and procedure. Staff were able to identify signs of abuse and describe the actions they would take if they witnessed a person being abused or suspected abuse. They were familiar with the provider's whistle-blowing policy, including external organisations they could contact if required.

We looked at care plans of people who used the service and found that risk assessments had been developed, which meant that staff had clear information to manage risks whilst supporting people to be as independent as possible. The registered manager told us how staff supported people with behaviours that challenged the service and placed people at risk when out in the community. People using the service attended meetings with community mental health teams every four to six months, which meant people, accompanied by their relatives if applicable and staff, and had opportunities to discuss these risks with their psychiatrist, social worker and other relevant professionals.

The registered manager and a member of the staff team informed us that staff did not use any restraint procedures. They told us that if they were concerned and needed assistance they would call the police. Staff told us they had received guidance about verbal de-escalation techniques and described how they would support a person who felt agitated and distressed. The registered manager told us that there was always a senior person on call if he was not at the service, which meant that staff could seek advice at all times.

There were enough staff on duty to meet people's individual needs. The duty rotas showed that the service was regularly using agency staff, in addition to permanent staff. The registered manager explained that the service was supporting a person who had developed additional support needs and was temporarily using agency staff to meet these needs. We saw on the rota that a part-time member of staff was allocated to work a waking night shift on a Friday night and then work on a Saturday until 3pm. We spoke with the registered manager and the member of staff about this long shift and was told that the staff member had an extended break during the night, although this was not made clear on the rota.

We looked at four staff recruitment files, which contained evidence including a criminal records check, two references, proof of the person's identity and documentation to demonstrate their right to work in the UK. We noted that although references from previous employers had company stamps or stationary, the provider had not recorded that the references had been verified for their authenticity. This meant people may not have been protected as robustly as possible from the risk of receiving care and support from staff who were not suitable for employment at the service.

We looked at the way medicines were stored, administered and disposed of. All medicines were stored securely in lockable cabinets within the registered manager's office. We checked two medicines administration records (MARs) and found they were accurately completed. The staff member was able to explain why medicines had been prescribed and any specific instructions for administration.

The premises were well maintained and a range of safety checks had been conducted to make sure that people were living in a safe environment. Records showed that the fire equipment had received its annual service, quarterly fire drills were carried out and weekly testing of the fire equipment was undertaken. We also checked the certificates for the testing of gas safety, portable electrical appliances and electrical installations, which were up-to-date.

Requires Improvement

Is the service effective?

Our findings

People using the service told us they were happy with their care and support. One person told us, "I am comfortable here and it is better than any other care home I have been to." Another person said, "I do a computer course once a week and staff help me with my laundry. You can cook here if you want to." A third person commented, "I like to shop and staff help me to do my shopping." One relative told us, "They [staff] are doing an excellent job" and another relative said, "The place is lovely with a great atmosphere. We thank them [staff] for the lovely care."

Training records showed that staff received training in statutory subjects such as fire safety, basic food hygiene and safeguarding adults. They also received training to meet the needs of people using the service, for example mental health awareness and understanding schizophrenia. We spoke with a member of staff about advocacy and their understanding of the topic was not at the standard we expected. Feedback from external professionals indicated that staff would benefit from increased training to better understand people's mental health and physical healthcare needs. We also received feedback that sometimes it was difficult for a visiting professional to get information or progress any matters relating to people's health and wellbeing if the registered manager was not on duty.

Records showed that staff received regular one-to-one formal supervision from the registered manager. The supervision records were detailed and demonstrated that staff were provided with opportunities to discuss the needs of people using the service, and they received guidance about how to support people. Supervision sessions were also used as a forum for discussing training and development needs.

The care plans showed that people were consulted about their care and encouraged to set realistic goals towards achieving fulfilment, and increased independence where applicable. Most people told us they were keen to move on to more independent accommodation. We noted that Community Treatment orders (CTO) were in place in some people's files. These are orders issued by the responsible physician, usually a psychiatrist, when someone was previously admitted to hospital under the Mental Health Act. The order means that a person can live supervised in the community but it safeguards the person, because if the person became ill they would then be admitted back to hospital.

The registered manager told us that people were registered with a GP and also attended appointments with healthcare professionals, including dentists, dietitians and opticians. He told us about how some people had been reluctant to attend medical and healthcare appointments and how the service had tried to support them, for example through discussions about their healthcare needs and providing a member of staff to accompany them for reassurance. A professional told us that the service had provided very good support for a person who was reluctant to receive healthcare when they lived in other care homes. Two people with significant healthcare needs had specific healthcare plans. Other people had a record of their healthcare appointments documented in their files.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager told us that no person using the service at the time of the inspection was unable to make their own decisions, as defined in the Mental Capacity Act 2005 (MCA). He was aware of how to apply to make an application to deprive a person of their liberty but had not had to do so. People could go out whenever they wished to. We observed that staff asked people in a friendly and informal way about their plans to go out and when they intended to come back. This meant that staff could gently advise people and discuss alternative options if their plans potentially placed them at risk in the community.

We saw that people could make drinks and snacks throughout the day. One person told us, "I like the food and another person described it as "okay". People told us they were asked about their preferences in order to design menu plans that met with general approval. One person told us they would like to lose weight and had not exercised for a while. He said that the staff and the registered manager encouraged him to adopt a healthy eating programme and take up walking. A relative told us that the choices in the fridge for people to make sandwiches or snacks were limited and felt their family

Requires Improvement

Is the service effective?

member would benefit from a wider range of healthy foods. We observed a lunchtime period and saw that a member of staff supported people to prepare sandwiches or beef burgers, served in a roll.

The registered manager told us that some people were reluctant to engage in social and/or educational activities. People told us they would like to go out more to structured activities and groups but did not currently feel motivated to do so. One person went to a computer class and people said they either visited family members and friends or received visits.

We recommend that the provider assesses the suitability of the current staff training and development programme.

Good

Is the service caring?

Our findings

People told us that the staff were caring. One person told us, “Staff are caring and respectful” and another person said, “I get on with the staff here.” Relatives described staff as being “brilliant” and “really helpful”. We saw staff engage positively with people. They responded to people in a sensitive and calm way, using humour where appropriate.

The rotas showed that there was always male staff available when people needed support with their personal care needs. We saw that staff knocked on people’s doors and chose quiet places to speak with people about their care and wellbeing.

Relatives and professionals told us they felt people were provided with a friendly and relaxed home. There were comments about the premises being pleasantly decorated and furnished, and how this made people feel valued.

Meetings were held with people who used the service, which provided an opportunity for people to give their views. People told us they were consulted about whether they would like to host events at the service such as barbeques and attend parties and entertainments at other local services owned by the provider.

We saw correspondence within people’s care plans which showed how the registered manager and staff supported people to lead fulfilling lives. For example, one person had experienced problems with obtaining a freedom pass for use on public transport. The registered manager had taken different actions to try to resolve this as quickly as possible. The provider was meeting the costs of the person's public transport travel until the problem could be resolved, which meant the person was not financially restricted from visiting relatives and friends, and accessing a range of community amenities.

One person told us they knew how to access an advocate if they wanted support to make a complaint, and they would get in touch with their social worker for information about local advocacy services. Another person said they were not sure what an advocate was. The registered manager told us that people using the service usually asked a relative to attend meetings with them and people had not recently asked him about accessing advocacy. The registered manager said he would compile a list of official advocacy services for people including MIND, which is the commissioned service for mental health advocacy in Hackney.

Good

Is the service responsive?

Our findings

People told us their wishes for the future, and most people wanted to move on to more independent accommodation. People told us they were participating in domestic activities such as food shopping, cooking and attending to their own laundry. The registered manager told us that people achieved some of their goals but progress was variable because people's motivation was affected by their mental health problems. We saw that staff responded to people's wishes, in order to promote people's independence and increase their fulfilment. For example, one person wanted to begin voluntary work in an environment of particular interest to him. The person was supported to find a suitable voluntary placement but declined to attend.

A relative told us that they sometimes felt concerned at how long it took to access other services that their family member needed, for example services provided by the NHS and other organisations. They thought that the registered manager and staff followed up referrals but needed to be more persistent in chasing up referrals and informing relatives of any progress made.

We saw how the service had responded to meet the needs of a person with changing needs due to physical frailty. The person told us they wanted to continue living at the service until it was necessary to move on and the service had made changes to support him. For example, the person had changed bedrooms and increased staffing was put in place at night time.

Care plans included individual support plans for people's identified needs and were reviewed regularly. Where possible people who used the service signed their care plans to show they had been included in discussions. Staff had a good knowledge of people's needs and wishes, important relationships and family background. This information was in the care plans.

Some people told us they were not sure how to complain and said they would inform a family member if they had a concern. People and their relatives were provided with a copy of the complaints policy. Relatives told us they felt that any complaints would be taken seriously by the registered manager. We looked at the complaints log and saw that there had not been any complaints in the past 12 months.

Good

Is the service well-led?

Our findings

People using the service told us they liked the registered manager and found him approachable. Relatives commented, “The manager is good” and “We can always have a chat with the manager when we visit, he has time for people.” The professionals told us they thought the registered manager was knowledgeable and efficient.

Staff told us they thought the service was well managed and properly organised. Staff said they could always speak with the registered manager if they had any concerns and had confidence in him. We saw that the registered manager had an ‘open door’ management style during the inspection. People and staff appeared accustomed to approaching the registered manager for information and advice. All staff had received annual appraisals, which meant that staff were supported to develop their knowledge and consider how to improve their own contribution to the service.

We saw surveys that had been sent to people, their relatives, and hospital and community professionals. The responses were positive about the quality of the service.

The registered manager told us that he attended meetings with the managers of the other local services owned by the provider, which enabled him to share and discuss issues relating to leadership and professional practice.

The registered manager gathered information regarding accidents and incidents, notifications sent to the Care Quality Commission (CQC), complaints, comments and compliments. This information was analysed in order to establish any trends. The supervision records for staff demonstrated that the registered manager audited care plans and checked that staff were carrying out their designated responsibilities.

We looked at the reports for the monitoring visits by the provider and saw that the registered manager followed up any actions required. He told us that the local authority monitoring officer carried out a monitoring visit to the service during the same week as the CQC inspection. We spoke with the contracts monitoring officer who was positive about the quality of the service, but thought that the record keeping system could be improved upon in order to make documents more easily accessible.