

## Modus Care (Plymouth) Limited

# Kazdin

### Inspection report

Selway Lodge  
Tamerton Foliot Road  
Plymouth  
PL6 5ES  
Tel: 01752 702105  
Website: [www.admin@moduscare.com](http://www.admin@moduscare.com)

Date of inspection visit: 2 January 2015  
Date of publication: 25/02/2015

#### 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** 

#### Overall summary

The inspection took place on 2 January 2015 and was unannounced. Kazdin provides care and accommodation for three people with learning disabilities who each have their own self-contained living accommodation within the home. The service had 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.

During the inspection people and staff were relaxed and there was a calm and pleasant atmosphere. Comments included; "[...] (the registered manager) is very helpful - will take time to speak to me". Some of the people who lived in the home had limited communication and used other methods of communication, for example sign language. People said they liked living in the home and were confident that any concern or complaint raised would be handled appropriately.

People's medicines were managed safely. Medicines were managed, stored, given to people as prescribed and

# Summary of findings

disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. One person, who kept and took their own medicines, understood what their medicines were for. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, social workers and speech and language therapists. People were also supported by Modus's positive behavioural support team.

When people were asked about the care and support they received, they responded positively. One person gave the 'thumbs up' sign indicating they were happy with the staff support. Care records were comprehensive and personalised to meet each person's needs. Staff understood people's individual needs and responded quickly when needed. People were involved as much as possible with their care records to say how they liked to be supported. People's preferences were sought and respected.

People living in the home can be at high risk due to their individual needs. Each person's risks were managed well and people were monitored to ensure they were safe. People lived full and active lives and were supported to access the community. Activities reflected people's interests and individual hobbies. People said they enjoyed the choice of meals, snacks and drinks. People had been included in planning menus and their feedback had been listened to and acted on.

Staff knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

Staff had undertaken training on safeguarding adults from abuse and showed they had a good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Staff described the registered manager as being very supportive and approachable. Staff talked positively about their roles. Comments included; "Always found her (the registered manager) very helpful"; "[...] is a good manager".

There were sufficient staff to meet people's needs. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. New staff received a comprehensive induction programme. One staff member said: "I have only worked here for a short time but have been given plenty of training already".

There were effective quality assurance systems in place. Any significant events were recorded and analysed. Evaluation of incidents was used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from people living in the home, relatives, professionals and staff.

# 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?

This service was safe. There were sufficient skilled and experienced staff to support people.

Staff had a good understanding of how to recognise and report signs of abuse.

Risk had been identified and managed appropriately. Assessments had been completed to protect people.

Medicines were administered safely and staff were aware of good practice. People received their medicines as prescribed.

Good



### Is the service effective?

The service was effective. People received care and support that met their needs.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act which had been put into practice.

People were supported to have their choices and preferences met.

People were supported to maintain a healthy and balanced diet.

Good



### Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff were aware of people's preferences. People were involved in decisions about the support they received and their independence was respected and promoted.

Positive caring relationships had been formed between people and staff.

Good



### Is the service responsive?

The service was responsive.

Care records were personalised therefore met people's individual needs.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them.

There was a complaints procedure which people and their families knew how to use if they needed to.

Good



### Is the service well-led?

The service was well led.

There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with the registered manager.

Good



# Summary of findings

There were systems in place to monitor the safety and quality of the service. Staff learned from significant events, incidents and complaint investigations and improvements were made.

# Kazdin

## 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.

The inspection was undertaken by one inspector for adult social care on 2 January 2015 and was unannounced.

Prior to the inspection we reviewed all the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with all three people who used the service, a senior manager of the company, the registered manager and four members of staff. We also contacted four relatives and two health and social care professionals who had all supported people within the service.

We looked around the premises and observed and heard how staff interacted with people. We looked at two records which related to people's individual care needs, three records which related to administration of medicines, three staff recruitment files and records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

People who lived at Kazdin either told us verbally or indicated using sign language that they felt safe. One person used a thumbs up sign and smiled when asked if they felt safe. A relative commented; “we do feel [...] is being safely looked after at Kazdin”.

Kazdin provided a safe and secure environment for people. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. Care plans and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe. All care plans included up to date personal evacuation plans.

Staff were up to date with their safeguarding training and safeguarding policies and procedures were in place. Staff spoke confidently about how they would recognise signs of possible abuse. They felt assured that reported signs of suspected abuse would be taken seriously and investigated. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately. Staff said, “I can speak to the registered manager or contact the company at any time”. During a discussion with one person they raised two issues of concern. These were passed onto the senior manager of the company and the local safeguarding team.

There were enough skilled and competent staff to ensure the safety of people. Some people required two to one staffing inside and outside of the home to keep them safe. Rotas showed this was achieved. Care and support were given to meet individual needs. For example, when people went out to partake in an activity clear protocols were in place for staff to follow to keep people safe. For example how many staff were needed for each activity to keep people safe.

The registered manager informed us how they liaised with Modus's positive behavioural support team to support

people who displayed behaviour that could be perceived as challenging to others. Staff managed each person's behaviour differently and this was recorded into individual care plans. There were sufficient staff on duty to keep people safe. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. Staff commented; “if we are short of staff the manager brings in help from one of our other homes” and “we have new staff starting so we can use regular staff”.

People identified at being of risk when going out in the community had up to date risk assessments in place. For example, where people may place themselves and others at risk, there were clear protocols in place for managing these risks. Staff were provided with information and training on how to manage risks for individuals to ensure people were protected. The registered manager and staff reviewed each event and made changes to ensure incidents did not re-occur. For example, visiting shopping areas during quieter periods

The service had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines. One person who kept and took their own medicines had clear instructions in place for staff to observe and risk assessments were in place so that staff knew what to do to protect other people.

# Is the service effective?

## Our findings

People who lived in Kazdin each had their own living area. Two were self-contained with entry via the main house and a third person used the main house and those facilities. The registered manager talked through recent upgrades in many areas of the home and further upgrades planned to ensure people lived in a suitable environment. The registered manager said the home was suitable for the people that lived there with people having their own individual living space.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. The registered manager assisted staff through an induction programme. They made sure staff had completed all the appropriate training and had the right skills and knowledge to effectively meet people's needs before they were permitted to support people. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently. On-going training was planned to support staffs continued learning and was updated when required.

Staff confirmed one to one supervision was up to date. A staff member commented they had opportunities to discuss issues of concern during their one to one supervision, appraisals and at staff meetings. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. One staff member said; "if I want to talk outside of supervisions we can always go to seniors or the registered manager".

Staff had a good understanding of the main principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA is about making decisions and what to do when people cannot make decisions for themselves. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after that person safely. The registered manager and staff recognised the need to support and encourage people to make decisions and choices whenever possible. The registered manager informed us each person had been subject to a DoLS

application as people were restricted from leaving the home to keep them safe. Each application recorded the people involved in the decision making. Staff were aware of people's legal status.

Staff were aware when to support people who lacked capacity to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us how they gave people time and encouraged people to make simple day to day decisions. For example, what activities they wished to partake in. However, when it came to more complex decisions such as people leaving the premises without staff supporting them, they understood a professional body would need to be consulted. This helped to ensure actions were carried out in line with legislation and in the person's best interests.

Staff told us about handovers between shifts and the completion of the "Daily Task Verification sheet". This showed a list of tasks to be completed during each shift and updates on people's general well-being. Staff confirmed discussions on changes in people's health needs as well as any important information in relation to medicines or appointments.

People could choose what they would like to eat and drink. People had their specific dietary needs met and each had their own menu displayed. Staff talked with people about their menu and how they had planned the menu. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. People's weight was monitored and food and fluid charts were completed for people. This helped to ensure people remained hydrated and received adequate nutrition.

People had access to local healthcare services and specialist consultants. Local GPs carried out regular visits and annual health checks. When people's needs changed, the registered manager made referrals to relevant health services for support. The registered manager consulted with external healthcare professionals when completing risk assessments for people, for example the behavioural support team and speech and language therapist (SALT). Healthcare professionals confirmed that the registered manager and staff kept them up to date with any changes to people's needs.

# Is the service caring?

## Our findings

We visited each of the living areas in Kazdin and all had a relaxed and calm atmosphere. Staff treated people with kindness and compassion. Staff asked and informed people what they were going to do before they provided any support and asked people if they were happy and comfortable with the support being offered. We observed staff interacting with people in a caring, compassionate way throughout the inspection. For example, one person needed additional support to get out of bed. The staff were trying to encourage this person to get out of bed throughout the day. This was done with gentle persuasion and patience. One person, when asked if the staff were kind, indicated with a 'thumbs up' sign and a smile they were happy.

Relatives told us they were happy with the care and support people received. Comments included; "staff are definitely caring, kind and respectful". A social care professional said the staff supported people well and were very caring.

Staff were very knowledgeable about the people they cared for. Staff understood how to meet people's needs and knew about people's lifestyle choices. Staff provided us with information on people's likes, dislikes and the type of activities they enjoyed. Weekly meetings were held between people and staff who knew them best. This helped to develop positive relationships.

People's needs in relation to their behaviour were clearly understood by staff and met in a positive way. For example, one person who planned to attend an outside activity was given the choice of where to go based on previous visits to ensure it provided a suitable environment

People were supported to express their views and be actively involved in making decisions about their care and support. Care plans were personalised and reflected people's wishes. For example, one care plan recorded a very clear structured routine for the day with indications of how the person may react if the routine was not followed. Staff knew people well and what was important to them such as their daily routines on all areas of their care and about people that mattered to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People were able to spend time with their families in their private living areas. Staff understood what privacy and dignity meant in relation to supporting people. For example, one person liked to spend time on their own and this was respected. One staff said, "I always give them the choice if they want me to stay or come back later". Staff demonstrated their respect for people's privacy by knocking on entry doors to people's private space.

People who were not able to communicate verbally were supported to make choices. One staff said they used hand gestures to help people make their choice. Staff demonstrated they knew how people communicated and encouraged choice when possible. People had photos/symbols to help them communicate decisions. One person had completed a key worker session form which informed the staff how this person was feeling and what activities they wanted to try.



# Is the service responsive?

## Our findings

Staff understood people's communication skills and responded positively to people's verbal and non-verbal gestures. Care plans included information about how people communicated and what they liked and did not like. For example, one person wrote things down and another pointed to pictures to make choices. Staff knew when people were upset or becoming agitated and staff followed written guidance to support people.

People were involved as much as possible in planning their own care and making decisions about how they liked their needs met. For example, one person liked to have a female staff member to work with them. However this person told us this did not always happen. The registered manager said this person had a female for any personal care support needed and there was a female staff working in another part of the building that could be called upon to assist. A relative said; "[...] health needs are easily met and we do get to see the care plan and make suggestions/comments at [...] reviews. These are always listened to and we are encouraged to make our own suggestions too".

People were involved in their care planning as much as possible. Care plans had been put together with the person concerned and with staff who worked with the person who knew them best, for example their key worker. People's care plans had been completed with information about the person's needs and how they chose and preferred to be supported. Records showed who managed people's finances and, if a person was involved in managing their own money, detailed records to show expenditure. People had guidelines in place to ensure staff knew how to meet their health, care and individual needs in the way they wanted and needed. Clear guidelines were in place to support staff in managing people's behaviour. For example there were guidelines for all situations including travel, different activities and what language or visual aids to use when undertaking tasks. This told a pen picture story about the person and their life, their interests and how to keep them safe. Care records held health action plans detailing people's past and current health needs as well as details of health services currently being provided. Health action plans and hospital passports helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups.

People were supported to develop and maintain relationships with people that mattered to them. For example people had access to internet and mobile phones to contact relatives who did not live locally. One person had staff support when they visited their relative who lived some distance away. One person said "I email my relatives everyday". One health and social care professional praised the staff for facilitating home visits.

People were encouraged and supported to maintain links with the community to ensure they were not socially isolated or restricted due to their individual needs. Staff were knowledgeable on how they supported people to access a wide range of activities. For example staff would research an activity first for its suitability. People confirmed they had visited places they enjoyed attending such as a local gym. Staff showed us a key worker form, in picture format, where a person had recorded an activity they wished to try.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. People knew who to contact if they needed to raise a concern or make a complaint and were confident they would be listened to and action taken if needed. One person had a complaints procedure displayed on their wall to assist them in raising concerns. This person had a book to record issues to discuss with the registered manager, for example lack of female staff on duty. Complaints raised had been dealt with straight away. A relative told us; "We have no complaints. If [...] feels she needs to complain about anything she certainly knows how to do so".

The registered manager told us people were encouraged to raise concerns through their key worker meetings. These were used for people to share their views and experiences of the care they received. Any concerns raised were thoroughly investigated and then fed back to staff so learning could be achieved and improvements made to the delivery of support. Staff confirmed any concerns made directly to them were communicated to the registered manager and were dealt with and actioned without delay.

# Is the service well-led?

## Our findings

The service was managed effectively and had clear values including personalised care. These values were incorporated into staff training and induction. The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the organisation. The registered manager told us the area manager for the company visited regularly to support them.

Staff told us the registered manager was accessible and approachable. They were able to raise concerns and these were dealt with in a timely and satisfactory way. Staff said there was good communication within the team and they worked well together. Staff felt supported. Staff comments included; “She (registered manager) works shifts with us - it makes a difference” and “good manager - works on shifts and very supportive. Her door is always open”. Health and social care professionals who were involved with the service, and relatives, confirmed the service was well led. Relatives said told us; “[...] (the registered manager) runs the home and is very approachable. Taking time out to listen and act/advise on anything I discuss confidentially.”

People were provided with information and were involved in the running of the home. One person told us they were “given time” to talk to the registered manager and said; “She (registered manager) is very helpful - will take time to speak to me”. Another person used a ‘thumbs up’ sign when asked if the registered manager was approachable.

Staff meetings were held regularly and this enabled open and transparent discussions about the service. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Staff told us they were encouraged and supported to raise issues. Other staff said; “The registered manager and senior manager of the company listen to you and issues are handled straight away.”

Information was used to support learning and improve the quality of the service. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. The home had a whistle-blowers

policy to support staff. Staff said they felt able to raise issues. Staff confirmed they received appraisals and one to one meetings. This gave the staff an opportunity to discuss any issues, for example training.

There was an effective quality assurance system in place to make improvements within the service. For example there was a comprehensive programme of in-house regular audits including audits on care plans and medicines. In addition to this, there were health and safety reviews that looked at significant events and incidents that affected the well-being of people. All complaints and investigations were reviewed by the registered manager to make sure they were investigated appropriately. We saw action plans were put in place for any issues identified and these were monitored and followed up by the registered manager.

The provider had also signed up for the “Social Care Commitment”. The Social Care Commitment's website states; “employers and employees will sign up to seven statements which the Department of Health see as playing a key role helping to improve the quality of care and support offered in England raising public confidence in services provided in their communities.” The primary purpose is to “ensure public confidence that people who need care and support services will always be supported by skilled people who treat them with dignity and respect”. The certificate awarded to the service was displayed showing the service’s commitment and tasks completed to be awarded this certificate. The registered manager said they had signed up to this to promote the staff team’s commitment to the principles of this award.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. All incidences and accidents were recorded and analysed to identify what had happened and actions the service could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. For example, one person informed the registered manager of a situation that made them become anxious. This was discussed and altered to reduce further risk of this person becoming agitated.

The registered manager was currently working on contingency plans for the service. This included individual emergency plans for people, plans for breakdown of

## Is the service well-led?

utilities within the building and major events that may affect the running of the service. This was particularly important for people who liked routine and may experience personal difficulties when things go wrong.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.