

Crediton Care & Support Homes Limited

Kite House

Inspection report

Burridge Farm
Sandford
Crediton
Devon
EX17 4EL

Tel: 01363775167

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16 April 2018

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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

This unannounced comprehensive inspection took place on 5 and 16 April 2018. Kite House is a residential care home without nursing for up to six people who live with a diagnosis of learning disability and/or autism. Some people living at Kite House also have physical disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This was the first inspection of the home since it had been registered in March 2017.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of the inspection there were five people living at the service, all of whom had moved into the service since it was opened in 2017. The house was made up of a single main building. Kite House had been built within the extensive grounds surrounding another registered care home, Burridge Farm, owned by the same provider.

The service had a registered manager, who also managed the two other homes owned by the provider. 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 was supported by a team of senior staff. Some staff worked at both Kite House and Burridge Farm.

The home had been developed, designed and built in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a relaxed and happy atmosphere in the home. People were observed laughing and chatting with staff who knew them well. Staff encouraged people to be as independent as possible. People undertook activities of their choice which promoted their independence. Staff communicated with people effectively using both verbal and non-verbal methods. Staff had spent time getting to know about each person as an individual. They used this to support each person to do activities they enjoyed.

Families and professionals who responded to our request for feedback, were positive about the care and support provided in the home. Comments included "The staff are very helpful and professional." Families commented that staff were good at helping their relative stay in touch with them.

People were kept safe at Kite House. Risk and needs assessments had been carried out and informed staff about how to minimise risks for each person while supporting them to be as independent as possible. Staff worked with a wide range of health professionals to ensure people maintained good health. Health professionals said that staff followed their advice and contacted them appropriately.

Care records contained risk assessments and care plans which described people's risks, needs and preferences as well as how these should be met. People were involved in planning their care.

People were encouraged to eat a healthy diet of their choice. Medicines were stored and administered in a safe way. Staff recorded accurately when medicines were given.

There was a registered manager in post and providers who visited the home frequently supporting them. 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.

There was a quality assurance and governance framework which helped to ensure the home was safe, well maintained and clean and free of infection.

The home had a complaints policy and process. No complaints had been received since the home had opened in 2017.

There were safe recruitment procedures. Staff had the knowledge, skills and experience to support people with their care. Staff undertook training when they first joined the home and refreshed their knowledge from time to time. Staff were also supported to do nationally recognised qualifications. Staff had regular one to one supervisions with a senior worker. This gave them an opportunity to reflect on what was going well, what was not going so well and what support they needed to improve their work.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were recruited safely.

People were protected from infection as the home was clean and staff followed infection control procedures..

People were encouraged to be as independent as possible, taking into account risks to their health and well-being.

People were protected as staff knew how to recognise signs of abuse and how to report suspected abuse.

Medicines were stored, administered and recorded safely.

Is the service effective?

Good ●

The service was effective.

Staff had the necessary knowledge and skills to support people effectively.

The home was adapted to meet the needs of people living there.

People's needs were assessed. Care and treatment was designed and delivered to meet their needs.

People were supported to access health professionals when necessary.

People were encouraged to maintain good health.

People were supported to have a healthy diet.

Staff worked within the requirements of the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate. People were positive about the care they received.

Staff supported people with dignity and respect, ensuring they were able to have private time.

Staff knew people and their families well and supported them to keep in touch with each other.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

There was a complaints policy and procedure. People and their families said they were able to raise concerns; although no complaints had been received

Is the service well-led?

Good ●

The service was well led

The providers, registered manager and staff shared a vision of the care and support at Kite House. People were involved in making decisions about the home.

There was a registered manager in post who was known, liked and respected by staff, people, relatives and professionals.

Quality assurance systems were in place.

Kite House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was unannounced on the first day of inspection, which took place on 5 April 2018. We returned to the service on the 16 April 2018 to complete the inspection and feed back to the management team. We gave the provider notice of the second day of inspection. The inspection was carried out by one Adult Social Care inspector.

Before the inspection we reviewed information held on our systems, this included notifications we had received from the service. A notification is information about important events, which the service is required by law to send us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met all five people living at Kite House and spoke with three of them. Some people living in the home did not have verbal communication skills; we therefore spent time in communal areas informally observing them and their interactions with staff and each other.

During the inspection we talked with the deputy manager, a member of administrative staff and four care workers. We also met and spoke with one of the providers. After the inspection we contacted five relatives of people living at Kite House and received three responses. We contacted nine health and social care professionals, including the local GP surgery, to ask about their views on the service. We received two responses.

We reviewed two staff records, staff training records, two people's care records, two medicine administration records, as well as records of audits and checks carried out in the home.

Is the service safe?

Our findings

People said they liked living at Kite House and felt safe. One person said "I like living here, staff are nice." We spent time observing them in communal areas, where staff ensured they were safe. Where someone wanted private time in their bedroom, staff supported them to do this, making sure they were safe, whilst giving them some privacy.

There were policies, procedures and systems to safeguard vulnerable people. Staff had undertaken training to understand the types of abuse and what they should do if they identified a concern. Staff were able to describe these systems. For example, one member of staff said that although they had not seen any issues, they would report to a senior if they had any concerns. The registered manager understood their responsibilities in terms of safeguarding vulnerable people from abuse.

Each person had been assessed to identify the risks and needs before they came to live at Kite House. There were detailed risk assessments within each person's care record. These had been reviewed and updated on a regular basis and when a change in the risks to the person had occurred. Care records also included details of how to support people to be as independent as possible, for example one person had been risk assessed as able to eat and drink independently. Their care plan described "With staff support [person] can prepare meals, [person] will need reassurance and concise instructions..." but also instructed that "[person] must be supported at all times in the kitchen...; [person] can experience high anxieties..."

Staff supported people to be as independent as possible taking into account the risks to their health and well-being. One relative said "Staff are supporting [person] to build their confidence, which should help them become more independent." Another relative commented "The home feels safe and staff know how to ensure that [person] is cared for safely." They described how staff were supporting the person towards going out on their own, as they had lost confidence before they came to live at Kite House.

The home had sufficient staff to support people safely. Some people living at Kite House required one to one support at all times, while others only required one to one support when out in the community. Staff rotas were worked out to ensure people living at Kite House were supported. Staff numbers were calculated across both the homes, which staff said allowed flexibility when planning activities for each person. A senior member of staff said they calculated staffing requirements based on the planned activities for the day for each person, which included activities in the community as well as within the home.

A relative commented "There always seems to be enough staff, which is fundamental to my feeling [person] is safe."

People received their medicines safely and on time. Everyone living at Kite House had been assessed as needing support with their medicines. Medicines were stored, administered, recorded and disposed of safely. Staff had completed medicine administration training which was updated regularly. Staff worked in pairs when administering medicine to each person. One person's care plan described that they were able to self-administer some of their own medicines with staff support.

The home was clean, free from odours and well maintained. Staff used personal protective equipment (PPE) such as disposable gloves when supporting people with personal care.

Staff were recruited safely. The provider had updated their policies and procedures following an inspection at another of their homes. There were systems to ensure that checks were completed before a new member of staff was allowed to work with people at Kite House. These checks included an interview, satisfactory references from previous employers as well as a Disclosure and Barring Service (DBS) check. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Employers can undertake a DBS adult first check which can provide them with sufficient information to make a decision that the member of staff is safe to work with vulnerable people so long as they are fully supervised until the full DBS is received. The provider had amended their policy so that a DBS adult first check was completed before new staff started working at Kite House. We reviewed one new staff members records, which showed appropriate checks and training had been completed before they started at Kite House.

Where incidents and accidents had occurred, staff had taken action to reduce the risks of a recurrence. When necessary this had included amending people's risk assessments and care plans; amending policies and procedures. For example, where it had been identified that an external workman had unplugged a filtration unit, steps had been taken to ensure that an uninterrupted power supply was installed to prevent this re-occurring. Until this work was completed, signs had been put up to advise contractors not to unplug the filtration unit.

Is the service effective?

Our findings

Staff undertook an induction programme when they started working at Kite House. The induction programme was aligned to the Care Certificate. The Care Certificate is a national set of minimum standards designed by Skills for Care that social care and health workers that should be covered as part of induction training of new care workers. Staff undertook refresher training at regular intervals. This helped to ensure staff remained up to date with the knowledge and skills to support people effectively. The provider enabled staff to undertake nationally recognised qualifications in care. Staff were also given specialist training so they were able to support people with particular needs. For example staff had completed training in managing behaviour that can challenge. This training helped staff to work effectively with people in Kite House. A relative commented "Staff work very well with [person]. They have helped her settle in well."

Staff received regular supervision from a senior staff member. This was confirmed by records of the supervision meetings. Supervision provides an opportunity for staff to reflect on their performance and identify any training needs they might have. Staff also had an annual appraisal each year. Staff said they were felt supported by senior staff and were able to ask for advice "whenever I need to."

The Mental Capacity Act 2005 (MCA) 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). An application for a DoLS authorisation had been made for each of the people living at Kite House. Records showed three applications had been authorised. There were systems to ensure staff were aware of when an authorisation would expire. This meant they were able to apply for a re-authorisation in good time.

We checked to see whether the home was working within the requirements of the Mental Capacity Act (2005). Where there were concerns about a person's ability to make a decision, best interests meeting had been held. Meetings had involved, where possible, the person, their family, staff and professionals. A health professional commented "I have visited on a number of occasions and attended meetings. Communication between staff appears very effective, they have also been very supportive of [person] voicing her needs and opinions as regards to her care."

People were supported to use technology to enhance their independence. For example one person used their laptop computer to listen to music and communicate with other people. At the time of inspection internet access was not available in Kite House; however people were able to access it in an office in another building on the site.

People were able to choose what they wanted to eat and drink. There was a wide range of breakfast cereals which people could choose to have. Where people were able to, they would help to get their own lunch. One person said they often spoke to the chef to discuss what they wanted for their meal.

Staff worked with health professionals to enable people to maintain good health. Staff contacted health professionals appropriately to ensure people's physical and mental health needs were met. This included their GP as well as specialists such as speech and language therapists and learning disability professionals. Annual health checks were undertaken by the GP. A professional commented "Staff always appear professional, helpful and approachable... when attending appointments etc with [person], [staff] are expert in empowering her to state any concerns or ask any questions."

Kite House had been purpose built as a care home for people with a learning disability. A relative commented "It's lovely, a new shiny home." The design was very light and spacious feeling with features aimed to make it safe and easy to use for people living there. This included features such as automated lights and taps in bathrooms. Key fobs were used by staff to access doors which were locked. People living at Kite House also had key fobs which allowed them access to certain areas only. This helped to ensure they were able to move around freely, but not access places where it was unsafe for them to do so, unaccompanied.

The home was well maintained and checks were carried out to identify any snags as the property was so new. For example, the final décor for some communal areas was still to be carried out. Staff said they would involve people in this. People had chosen colour schemes and furnishing for their bedrooms. A relative said "Although [person]'s move to Kite House happened very quickly, they decorated her bedroom within two weeks of her arrival. This was really important to her as it helped her settle in."

There were outdoor areas including a garden with garden furniture which meant people were able to sit outside. There was also a barn where people could do activities such as making wooden objects.

Is the service caring?

Our findings

There was a caring and happy atmosphere in the home with people and staff interacting positively, with friendly chatter and caring gestures throughout the inspection. A relative said "[Person] is very happy there and that is what counts." Another relative said "It's all good, staff are really caring. We are all still building a relationship, but they are really proactive and helped by doing a 'soft transition' over several months to really help [person] settle in."

One person said "I like everyone here, they are brilliant." One person chose to spend time in the main office each day. Staff welcomed them in and the person clearly enjoyed their time in the office, laughing and chatting to staff about what they were doing.

Staff knew and were able to describe how people communicated and understood. Some people living at Kite House were not able to communicate verbally. We observed interactions between people and staff, which demonstrated that people were comfortable with the staff. Staff showed compassion and kindness to people, treating them gently and with consideration.

Staff were patient with people, taking note of how they presented and gestures they made. Staff said this helped them to understand what the person wanted. Staff were also able to describe how each person communicated when experiencing different moods. During the inspection, we observed staff taking time with one person, suggesting different options to them and helping the person decide what to do.

People were supported to express their views and be involved in decisions about their care and support. Each person had a care plan which involved a wide range of activities. For example one care plan described how the person enjoyed art, music and drama. Staff worked with the person so that they were able to create their own weekly timetable of activities. This included attending outside groups to do these activities.

Staff knew people well and were able to describe people's history and backgrounds as well as their family. People's families were encouraged to visit their relatives whenever they wanted. One relative commented "Sometimes I call and arrange to visit, just so I can make sure that [person] is going to be in, but other times, I will turn up and staff always welcome me." Staff also supported people to visit their families. For example, staff would accompany some people on trips to visit their family or would arrange to meet family halfway.

Most relatives said that communication with them was very good; They said staff kept them informed of how their loved one was doing at the home, they described how staff would keep them informed of any issues or changes to the person. This meant that relatives felt reassured that the person was well cared for. One relative said there had been "teething problems with staff not always calling me as arranged." However they said recently this had improved.

People were supported by a key worker who helped them to make choices. This included following activities and hobbies they were interested in. One person's care plan described how the key worker supported the person with personal shopping, family birthdays and Christmas. The key worker was also

responsible for updating families with news about the person. A relative commented "I know [person's] key worker and they keep me up to date with what is happening when I am not there."

The provider had a holiday cottage in Cornwall where people were able to have a break. People living at Kite House were able to visit the cottage supported by staff.

Staff understood the importance of treating people respectfully. Staff were discreet when talking with people about personal care needs. Staff knocked on bedroom doors before entering. Staff recognised the importance of supporting the people, who were all younger adults, to have choice and privacy. For example staff described how they were helping one person to make decisions about what they wanted, whilst still recognising the importance of involving parents. Care records were stored confidentially and securely in both electronic and paper forms.

Is the service responsive?

Our findings

People received personalised care which responded to their needs and preferences. A health professional commented "The environment is always attractive. [Person's] bedroom is a real extension of her personality and interests."

Care plans were person centred and reflected people's physical, psychological and emotional needs. People's support plans described in detail each aspect of a person's risks, needs and preferences. For example, what time they liked to get up and go to bed; whether they needed support with personal care or were independent; what activities they enjoyed and how they liked to maintain relationships with family and friends.

Support plans also described how staff could support people to be as independent as possible. One person's care plan described how they had lost confidence to do some activities; the plan also described how staff could support the person to become more independent, for example by writing a shopping list before leaving the house. .

A health professional said "Documentation is very clear and always available if you need to look at it."

People were encouraged to follow activities of their choice. For example, one person's care plan described "I like watching films/TV and listening to music. I like arts and crafts, helping in the kitchen and daily chores." During the inspection, the person had accompanied staff to a supermarket to do the weekly shopping. On their return, they were really enthusiastic about what they had done. They helped unload the shopping and put it away, chatting all the time about what they had bought. The person said they also liked swimming, drama, woodwork and going for walks. A family member said they were very pleased that their relative was so active. Another relative commented "[Person] has made a wardrobe in the woodwork building; it's really impressive and they are now going to make a bench."

There was a complaints policy and procedure. People and their families were supported to raise issues and concerns, which were listened to. A relative said they had not had to complain but knew how to. There had been no formal complaints since the home had opened. A senior member of staff said they always listened if there were any concerns and would take action to address any concerns or complaints if they arose.

We looked at how provider complied with the Accessible Information Standard. This standard is a framework which came into effect in August 2016 makes it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given.

Everyone living at Kite House had a learning disability which had an impact on the means of communication. Staff were able to describe how they communicated with each person. This included communicating with people who had little or no verbal communication. Care records provided details of how each person communicated and was able to understand information. This included using objects of reference, body language, facial expressions, hand signals; gestures and key words for each person. Objects

of reference are everyday items which the person recognise and connect with an activity, for example staff showing a person the car keys indicate that they would be going for a drive. One person's care plan stated 'I have good verbal communication and can read and write. The plan also described how "I will need staff to use simple language to understand complex issues." For example the plan said staff should only inform the person of appointments on the morning of them happening as they could become anxious if told too far in advance. Some people had visual timetables and communication boards in their rooms to help them understand what they were going to be doing during the week.

The service worked with other professionals to improve communication and promote people's independence. People were also supported to use electronic communications to support contact with family and loved ones.

Is the service well-led?

Our findings

The home had a quality assurance and governance system to ensure that people received safe and good quality care at Kite House. Audits and checks were routinely carried out to monitor the environment and the care delivered. These included checks on the home's maintenance and equipment, fire safety, medicine administration and records. Where errors or concerns were identified, there was evidence that appropriate actions were taken to address them.

Feedback from people, their families and professionals was collected to find out what the service was doing well, what not so well and how the service could improve. The responses were analysed and fed into how the service planned to improve in the future.

People living in Kite House were encouraged to get involved in monthly house meetings where they were able to raise agenda items for discussion. A meeting in February 2018 showed they had discussed whether satellite TV and broad band could be installed. Other agenda items included pictures and furniture for the communal areas, trips out and menus.

There were regular staff meetings where staff were encouraged to question practice, make suggestions for improvements and raise concerns. There was an open learning culture; when things went wrong, staff were involved in reflecting how to reduce the risks of a recurrence. The service worked with staff in health and social care organisations to support people using the service.

The providers visited the service several times each week to meet with the people living there as well as talk to the registered manager and staff. Once a month the provider undertook a formal quality assurance visit to monitor the quality and safety of the home. There were records of these visits and the actions that were undertaken to address any concerns and issues.

There was a registered manager at the home who registered with the Care Quality Commission (CQC) since the home had opened in March 2017. 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 also managed two other homes owned by the provider. They were supported by two deputy managers as well as senior staff. All the staff we spoke with were able to describe the aims and objectives of the provider.

The registered manager understood their responsibility to submit notifications and other information to the CQC as required. A notification is information about important events, which the service is required by law to send us. The registered manager had contacted us appropriately to discuss concerns and issues. This showed they were open and transparent.

The provider organisation had a clear vision and strategy to deliver high quality care and support to people with learning disabilities and/or autism. The provider's statement of purpose described how the service was

based on the principle that individuals with Autism/ Asperger's Syndrome and Learning Disabilities are capable of growth and development. It stated "We recognise that individuals here are entitled to the same rights and respect as everyone else and as such we try to generate an environment of trust and confidence for the individuals that live here."

The registered manager and staff understood the aims and objectives and were committed to supporting people to achieve this. Staff spoke positively about the management team. Senior staff worked alongside staff and people, promoting the ethos when delivering care. Staff worked together to support people and would involve the registered manager and senior staff when deciding how best to deliver care.

The home promoted diversity and equality in their workforce. The service had policies to meet the needs of staff and people with protected characteristics under the Equality Act 2010. Records showed that these had been followed when recruiting staff and supporting people.