

# Modus Care (Plymouth) Limited

# Klein

## Inspection report

58 Albert Road  
Plymouth  
Devon  
PL2 1AE

Date of inspection visit:  
04 February 2023

Date of publication:  
30 March 2023

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Klein is a residential care home registered to provide support for younger adults with support needs around their mental health, learning disability and/or autistic spectrum disorder. It was providing personal care to 2 people at the time of the inspection. The service can support up to 2 people.

### People's experience of using this service and what we found

**Right Support:** People were supported to make choices about their living environments and personalise them. Staff enabled people to access specialist support with their health and with daily routines people planned for themselves. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People's support reflected their range of needs, promoting their wellbeing, finding fun and enjoyment in their lives.

**Right Culture:** Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff spoke about people respectfully.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 11 March 2021).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Klein on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Klein

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector visited the service and completed the inspection.

#### Service and service type

Klein is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Klein is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was not available to support with the inspection but a registered manager from Klein's sister service provided information and support.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with both people living in the service and they gave consent to show us their living areas, we had feedback from 2 of their relatives. We met and received feedback from 7 staff including the covering manager and improvement and outstanding lead. We received feedback from 3 professionals who supported people living in the service.

We looked at a range of records including medicines records for both people, risk assessments and care plans and records relating to the safe running of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in and understood how to identify, record and report any concerns or allegations.
- There was a safeguarding policy and process in place and any safeguarding concerns were reported to the local authority and notified to us as required.
- People, staff, professionals and relatives all said they had no safety concerns. People told us they liked living at Klein and the interactions we observed were relaxed, supportive and gentle.

Assessing risk, safety monitoring and management

- A professional told us staff supported people, "to be safe and looked after but also support...with positive risks." We saw examples where people were stretched out of their comfort zone at a pace suited to them and encouraged to try new things.
- People were supported to remain well and avoid hospital admissions. One professional said, "Clients are supported in a safe and supportive manner. Staff are able to manage periods when the client's mental health has deteriorated, and they have avoided the need for hospital admissions."
- Building safety checks including for gas safety, water temperatures, legionella and fire were completed regularly. We sought further information on fire drills and received assurances these had taken place with people and staff. Staff confirmed they knew what to do in the event of a fire.
- There were some building works taking place at the time of our inspection to remedy a roof leak. We sought assurances about where night staff slept and had confirmation the staff office was going to be sectioned off so staff had somewhere private to sleep. After our visit we received confirmation some parts of the service that were looking worn would be refurbished and redecorated.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS

authorisations were being met.

- People told us they could decide what they did each day and relatives expressed their loved ones had choice and control.
- Staff understood consent and sought to always support people in the least restrictive way. People had support plans that described where in rare circumstances restraint might need to be used. Staff were able to explain when any form of restraint might be used, and we confirmed care plans developed with professionals around positive behavioural support were being followed.

#### Staffing and recruitment

- The service was experiencing staff shortages in a similar way to the rest of the adult social care sector and were actively recruiting new staff. However, this did not impact on the support people had. Staff told us and the covering manager acknowledged agency staff were used but these were consistent staff members that knew people well and had a thorough induction. One person told us, "It's the same faces, some of the staff I've known for years." A staff member said, "With bank and agency staff present, the staffing levels are probably the best they've been for years...The staffing levels have been slowly improving over the past year."
- People had a voice regarding who supported them and if they did not like a staff member, they would not work with them again. A professional fed back to us, "Klein House try their best to ensure that [person] has a consistent team supporting them which benefits [person] greatly. If a new member of staff is introduced, it is done in a sensitive and compassionate way."
- New staff were recruited using a robust process including application, interview, references, disclosure and barring service checks (DBS) and induction. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely; Learning lessons when things go wrong

- Medicines were stored, administered and managed safely. Stocks of medicines we checked matched records and medicine administration records (MAR) were completed accurately with no gaps.
- Where people were prescribed medicines 'as and when' there were protocols in place to inform staff when and why these might need administering and what to try before giving these medicines.
- Regular medicines reviews were taking place. Staff had an awareness of how people's medicines affected them, and some medicines had been reduced when staff had identified they might not be needed any longer.
- Learning from incidents was shared with staff. The changing needs and moods of people was communicated daily between staff so they could tailor their support. People were subtly monitored as part of their support plans so trends in their mental health could be identified and responded to.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.



- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to have visitors as they wished and stay connected with loved ones that were important to them.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- One person told us they liked it at Klein, the other person said, "I love my flat... happy here, progressing all the time."
- The service had a positive reputation with health professionals that visited regularly. A professional shared with us, "I am impressed by the management and staff at Klein house, they are always available to speak to me, when I call. They support [person] with their meetings, CPA reviews and activities. They address situations and problems effectively and timely and always ensure [person] is at the centre of everything they do."
- Staff told us, "I feel the management team are approachable and supportive and motivating" and, "I would be very happy for a family member to live at Klein. The support is patient-centred, and the house is run very well. The staff and management are excellent, and the atmosphere is generally happy and positive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a clear management structure in place with support from the provider relating to quality, legal requirements and the experiences of people.
- There was a system of quality checks and audits in place for aspects of the day to day running of the service such as medicines, safety checks and care planning and records. We saw from records and feedback there had been some improvements in the completion of these audits. Where actions were identified these were acted on.
- There was a provider and service level understanding of the duty of candour. Relatives told us they were always kept up to date with any incidents or if their loved one was unwell. One relative said, "If there is a problem, they call me, and we discuss it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service and all staff activity were built around responding to the changing needs of people living in the service. People were engaged and involved in the running of the service in the way that they were at the centre of all decisions made and consulted on changes.
- Staff had a strengths-based approach to supporting people, highlighting their skills and strengths rather

than focussing on any disability or diagnosis.

- Relatives we spoke with felt engaged. One relative said, "I can't fault the staff they are amazing; they talk to me all the time, they listen to me and they apply it...We think they all have halos."

Continuous learning and improving care; Working in partnership with others

- The service was responsive throughout the inspection, prompt to provide information, to listen to feedback and openly discuss any minor improvements that may need making.
- Professionals were all very positive about the service, how it worked in partnership with them to achieve positive and sustained outcomes and how it adapted to the needs of people.
- The provider was taking part in developing tools and initiatives to enhance its approach in supporting people with a learning disability and autistic people. For example, the provider had a reducing restrictive practise pathway and an autism practise group to upskill managers and leaders.