Kaleidoscope South Hams Limited

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Inspection report

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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

Kaleidoscope South Hams Ltd is a domiciliary care agency that provides personal care and support to people with a learning disability or a mental health condition in their own homes. At the time of our inspection the service was providing supported living services to 36 people. The number of support hours people received each day ranged from a few hours to 24 hours. A supported living service is one where people live in their own home and receive care and support to enable people to live independently. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider and remain living in the same house.

We carried out this inspection on 14 and 17 October 2016 and it was announced four days in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The service was last inspected in February 2014 and was found to be meeting the Regulations.

There was a registered manager in post who was responsible for the day to day running of the service. 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.

Some people who used the service were not able to tell us their views about the care and support they received. However, we observed people were relaxed and comfortable with the staff supporting them. Comments from people who were able to talk with us included, "I am very happy", "I am getting on OK" and "I like all my staff." Relatives told us they were happy with the care and support their family member received and believed they were safe. One relative said, "I haven't got any complaints, everything is absolutely fine."

Staff were recruited safely, which meant they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Staff were employed to work in specific teams and each team supported a small group of people using the service. Where people had particularly complex needs only staff trained to meet their needs were allocated to work with them.

Care plans provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. Staff told they were kept informed of people's changing needs. Any risks in relation to people's care and support were identified and appropriately managed.

Staff supported people to access specialist services such as occupational therapists, epilepsy nurses and dieticians. Relatives told us they were confident that the service could meet people's health needs. Staff supported people to maintain a healthy lifestyle where this was part of their support plan. People were supported by staff with their menu planning, food shopping and the preparation and cooking of their meals. People were supported to access the local community and told us they took part in activities that they enjoyed and wanted to do.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Mental capacity assessments and best interest meetings had been carried out as required. Management had identified where it might be necessary to apply to the Court of Protection to authorise a deprivation of liberty and had highlighted this to the local authority. This was because some people had restrictions in place, in relation to when they could go out, in order to keep them safe.

There was a management structure in the service which provided clear lines of responsibility and accountability. There was a positive culture within the staff team and staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. Staff commented, "They are a good company to work for, there is good communication" and "They are brilliant and they really look after their staff."

Relatives were positive about how the service was managed, commenting, "I speak with [person's name] manager regularly and they keep me informed of any concerns" and "The organisation is well run."

People and their relatives said they knew how to make a formal complaint if they needed to but felt that issues would be resolved informally as the management and staff were very approachable. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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 knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

People were supported to access other healthcare professionals as they needed.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

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

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Staff encouraged people to be independent and people were able to make choices and have control over the care and support they received.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

There were systems in place to help ensure staff were keep up to date about people's needs.

Staff supported people to access the community and extend their social networks.

People and their families knew how to raise a complaint about the service and reported that any concerns they raised had been resolved appropriately.

Is the service well-led?

Good

The service was well led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People were asked for their views on the service. Staff were encouraged to challenge and question practice and were supported to try new approaches with people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Kaleidoscope South Hams Limited

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 inspection took place on 14 and 17 October 2016 and the provider was given four days notice of the inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other 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 went to the service's office and spoke with the registered manager, the provider, four assistant managers and two team leaders. We visited four people in their own homes and met two team leaders and one care worker during those visits. We looked at four records relating to the care of individuals, staff records and records relating to the running of the service. After the visit to the service's office we spoke with four people, three relatives and five care workers by telephone.

Good

Is the service safe?

Our findings

Some people who used the service were not able to tell us their views about the care and support they received. However, we observed people were relaxed and comfortable with the staff supporting them. Comments from people who were able to talk with us included, "I am very happy" and "I am getting on OK." Relatives told us they were happy with the care and support their family member received and believed they were safe. One relative said, "I haven't got any complaints, everything is absolutely fine."

There were appropriate arrangements in place to keep people safe and reduce the risk of abuse. Safeguarding and whistleblowing policies and procedures were made available for staff. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. They were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse, this included within and outside of the organisation.

Where people required support to manage their finances effective systems were in place. Staff supported some people to manage their weekly spending budgets. Robust records were kept of when staff supported people to make purchases and receipts were kept. These records and the balance of any monies held were audited weekly by management.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to them or staff. For example, one person could sometimes become anxious when travelling in a car and their behaviour could distract the driver. To help keep them and staff safe it had been agreed that the person would always travel in the back of the car.

People were supported by dedicated teams who were employed to work specifically with each person or small group of people using the service. For people who had 24 hour support staff usually worked 24 hour shifts with each person, which included sleeping overnight. The number of days each staff member worked in a row varied depending on the person they were supporting. For example, some people liked to have the same care worker for as long as possible and other people benefitted from staff working shorter shifts or fewer consecutive days. People were told the names of staff working with them each week.

A staff rota was produced each week to record details of the times or number of shifts each person needed and which staff were allocated to go to each visit or shift. A member of the management team was on call outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. Staff told us they could always speak to a manager out of hours if they had any concerns during their visit or shift.

There were suitable arrangements in place to cover any staff absence. The service had a team of 40 bank staff to cover when permanent staff were not available. Some bank staff only worked with certain people and others worked with most people using the service. Whichever way bank staff were allocated they always knew the people they were booked to support because they had previously been introduced to them.

Recruitment processes in place were robust. New employees underwent relevant employment checks before starting work. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out. People took part in the interview process for new staff. There was a panel of 12 people who used the service and this panel decided on interview questions. One or two people from the panel attended interviews to ask the agreed questions. The registered manager told us this was useful as it showed how candidates were able to engage with people and gave people an opportunity to be meaningfully involved in the process.

The arrangements for the administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the support people would need to take them. People told us they were reminded when to take their medicines when they needed them. Records kept of when people took their medicines were completed appropriately and checked daily at shift changes and weekly by management. Monthly audits of any medicines errors were carried out to identify the cause of the error. Records showed that most of the errors occurred when people took their own medicines while out during the day. As a result conversations had taken place with these individuals to find ways to help them remember to take their medicines while still maintaining their independence.

Accidents and incidents were recorded. Where appropriate people's individual care plans and risk assessments were updated to reflect any changes made as a result of learning from events. These were reviewed regularly both at service level and organisationally so any patterns or trends could be identified and action taken to reduce the risk of reoccurrence.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. A relative said, "Staff know [person's name] well and how to meet their needs."

New staff completed an induction when they started employment. Kaleidoscope had introduced a new induction programme in line with the Care Certificate. The Care Certificate is designed to help ensure care staff, who are new to the role, have a wide theoretical knowledge of good working practice within the care sector. The induction included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Each person had their own team of workers and staff were recruited and inducted to work with specific people or small group of people.

There was a training programme in place to make sure staff had the skills required to meet people's needs. All staff had received training relevant for their role such as, safeguarding, mental capacity, health and safety, food hygiene, handling medicines and infection control. Staff received other specialist training to enable them to effectively support and meet people's individual needs, such as diabetes and epilepsy awareness. One member of staff said, "I have completed the Care Certificate and had lots of other training." Staff were also given the opportunity to gain additional qualifications, such a Diploma in Health and Social Care.

Staff told us they received regular supervision from their line manager. This gave staff an opportunity to discuss their performance and identify any further training they required. Staff were grouped into teams and each team was managed by an assistant manager and senior support workers. There were regular staff meetings within each team and staff told us these meetings helped to support them in their work. One care worker told us, "We have regular supervision and meetings, there is lots of support."

Staff worked successfully with healthcare services to ensure people's health care needs were met. People were supported to attend annual health screening to maintain their health. Specialist services such as occupational therapists, epilepsy nurses and dieticians were used when required. Relatives told us they were confident that the service could meet people's health needs. One relative said, "Whenever [person's name] is unwell I am always informed." Care records demonstrated staff shared information effectively with professionals and involved them appropriately.

Staff supported people to maintain a healthy lifestyle where this was part of their support plan. People were supported by staff with their menu planning, food shopping and the preparation and cooking of their meals. Where people were assessed as being at risk of choking staff worked with Speech and Language Therapists (SALT) to agree an eating plan that incorporated foods that were suitable and safe for the person to eat.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. As the service is not a care home any applications to deprive people of their liberty must be made to the Court of Protection by the local authority. Management had identified where some people had restrictions in place, in relation to when they could go out, in order to keep them safe. The registered manager had given details to the local authority of 23 people, who used the service, where it might be necessary to apply to the Court of Protection to authorise a deprivation of liberty. Mental capacity assessments and best interest meetings had taken place and were recorded as required.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Discussions with staff confirmed that they knew the types of decisions each individual person could make and when they may need support to make decisions. Records showed that where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible. However, care plans did not record the knowledge staff had about people's specific decision making abilities and their understanding of the consequences of those decisions. After discussions with the registered manager we were assured that care plans would be updated to include information about each person's individual decision making abilities.

From our discussions with staff and management we found they had a good understanding of the need to gain consent from people when planning and delivering care. People, or their advocates, had given their consent to their current support arrangements. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People were involved in making choices about how they wanted to live their life and spend their time.

Good

Is the service caring?

Our findings

We visited two houses, where two people lived together in each house, and staff provided 24 hours support. Staff checked with people before we entered their home that they were happy for us to visit them. This demonstrated staff respected that people were living in their own homes and could make their own decisions about their daily lives. Care records and information for staff were stored discreetly and in a place agreed with the person. This showed that staff understood that in supported living settings it is important that people's homes are primarily treated as such rather than places of work.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Staff were employed to work in specific teams and each team supported a small group of people using the service. Where people had particularly complex needs only staff trained to meet their needs were allocated to work with them. New staff were introduced to people to find out how an individual and the member of staff interacted. A relative said, "[Person's name] has a regular team of staff."

People were positive about the staff who supported them and said they were treated with consideration and respect. People told us, "I get on with all of my staff, they help me with cooking" and "I like all my staff." Relatives said, "Staff are very nice" and "Staff have been very patient with [persons' name], especially when they become fixated on certain things. Staff have helped them to be much calmer."

The service provided to each person was person-centred and based upon their specific needs. When we visited people's homes we observed staff providing kind and considerate support, appropriate to each person's care and support needs. Staff were friendly, patient and discreet when providing care for people. Staff were motivated and clearly passionate about making a difference to people's lives. Comments from staff included, "I love the job, it's a great team" and "Staff seem to have the client's best interest at heart."

Care plans contained detailed information so staff were able to understand people's needs, likes and dislikes. Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes. People's privacy and dignity was respected and staff supported people with their personal care where necessary while encouraging them to do as much for themselves as possible. People said staff encouraged them to do what they could for themselves. For example, one person told us staff helped them to rinse the shampoo from their hair, when they had a shower, because this was difficult for them to do themselves. However, the person was on their own for the rest of time they had a shower to respect their privacy.

Some people who used the service had limited verbal communication and staff understood their individual ways of communicating and had clearly developed a good knowledge of each person's needs. Care plans described how people communicated and what different gestures or facial expressions meant. This information had been developed over time with key staff and in conjunction with people's families. Care plans guided staff about how to enable people to make choices. For example, for one person their care plan detailed how staff should offer limited choices to ensure the person was not overwhelmed and could make their own decisions.

People and their families were involved in decisions about their care and the running of the service. A manager visited each person regularly to give them the opportunity to share their views of the service. Relatives told us they contributed to the care planning process, particularly in relation to historical information about the person that was important to understand, so appropriate care could be provided. A relative said, "I am involved in [person's name] care and I get regular feedback about what they do each day."

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Before people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. Each person had a care plan which detailed the support to be given on a daily basis. People's care pans also included details of people's routines and what was important to them. They provided staff with guidance on what support people needed to ensure their personal care needs were met along with information on what the person was able to do for themselves.

Some people could become anxious or distressed which could lead to them presenting behaviour which could challenge others. Care plans detailed what might trigger a change in people's mood and for some people what action staff should take to calm the person should their behaviour escalate. For example, the care plan for one person stated, "Do not intervene with [person's name] when they are upset, they have to complete 'the process' they go through before they can be calmed." There were other care plans that were not so detailed about what action staff should take if a person's behaviour escalated. However, staff were able to tell us what action they took in certain situations for individual people. The registered manager told us that all care plans were in the process and being changed into a different format and this information would be added.

Care records were regularly reviewed, routinely and as people's needs changed. Staff completed detailed daily records to pass information between each other when shifts changed. Staff told us this information was vital to understanding people's needs and helped to identify trends in behaviour and what might trigger mood changes. Staff met regularly in their teams to discuss each person's needs and exchange information. This meant staff were continually updated about people's changing needs.

People were supported to access the local community and they told us took part in activities that they enjoyed and wanted to do. Staff supported people to attend a range of activities according to their preferences. Some people had taken part in work placements and voluntary work. The ground floor of the provider's head office was used as a community meeting area with facilities to make hot drinks. People who accessed the community independently would often go into this 'community hub' to meet up with staff and other people using the service. On the day of the inspection one person told us they were going out with staff to have lunch. Another person told us, "I have been shopping today and I am going to play skittles later." A member of staff said, "People do activities of their choice, we find out what people like and try and arrange those activities for them."

People and their relatives said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One relative said, "If I had a problem I know I they would listen to us and resolve it."

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager reported to the chief executive, who actively worked in the service. The registered manager was supported by five assistant managers and17 senior support workers. The service employed 102 staff, 62 permanent and 40 bank staff. The permanent staff were divided into teams lead by one of the assistant managers. Each assistant manager was supported by senior support workers specifically allocated to each team.

At the time of the inspection the manager, who was in charge of the day-to-day running of the service, had just completed the process to become the registered manager. The registered manager started to work for the organisation four weeks before our inspection and was still learning how the service operated. However, it was clear that they had gained a good understanding of the service and the well-established management structure had ensured the service was well managed during this transitional period.

There was a positive culture within the staff team, staff spoke passionately about their work and told us they were well supported by the service's managers. Staff were complimentary about the management team and how they were supported to carry out their work. For example, one member of staff told us about how well managers had supported them when they had been an incident with a person they were working with. They told us the manager on call come out to see them and stayed with them until the situation was resolved. Other comments from staff included, "They are a good company to work for, there is good communication", "It's the best job I have ever had" and "They are brilliant and they really look after their staff." Relatives were positive about how the service was managed, commenting, "I speak with [person's name] manager regularly and they keep me informed of any concerns" and "The organisation is well run."

There were effective systems in place to monitor the quality of the service provided to ensure that any areas for improvement were identified and addressed. Staff in the service completed weekly checks at each person's home. These included checks on health and safety, medicines, people's money and care records. The managers for each team monitored these weekly checks and reported any concerns to the registered manager. The assistant managers and team leaders worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided.

The management team also monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. People and their families told us management rang and visited them regularly to ask about their views of the service and review the care and support provided. There were effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new packages. This meant the registered manager had a good knowledge of what capacity the service had and how the service was performing.

Management welcomed feedback from staff to improve and develop quality of the service provided. Staff told us they were encouraged to put forward any ideas about the running of the service and how people's care and support was provided. They could do this through regular one-to-one supervisions, staff meetings

and through regular informal contact with managers. One member of staff told us they had raised concerns about the working practices of other members of staff. They told us this had been dealt with sensitively and in a manner that protected their identity.

The provider had used an external company to carry out an audit of the service in May 2016. We saw that recommendations made from this audit have been actioned and the appropriate changes made. For example, changes had been made to daily notes in people's homes so each person had they own individual notes rather than sharing. Records held in people's homes, which had previously been kept in the staff sleeping room, had been moved to a place of each person's choosing.