Kadima Support UK Limited

Kadima Support UK Limited No 7

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

The inspection took place on 21 June 2016. Kadima Support UK Limited No.7 is registered to provide care and accommodation for up to five people with mental health care needs. The service was at full occupancy at the time of our inspection and all of the people using the service were male.

There are five single occupancy bedrooms. There is a communal sitting room, kitchen, bathrooms and a conservatory where smoking is permitted. The rear garden and courtyard is shared with a neighbouring property owned by the provider, which is used as a supported living service for men with mental health care needs.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous inspection on 25 and 27 August 2015 we made four recommendations. Following the inspection, the provider sent us an action plan which highlighted the actions they would take in order to improve. At this inspection we found that the recommendations had been achieved. Staff had received training about the recovery model, and people and their representatives had been provided with written information about advocacy services. Support plans demonstrated how people were supported to gain more independence with daily living activities, and the provider had developed and implemented a more rigorous model for carrying out monitoring visits at the service.

Staff understood how to safeguard people from abuse. They had attended safeguarding training and were familiar with the provider's policy on how to whistleblow about poor practice by employees.

Risks to people had been identified and guidance was in place to mitigate these risks. Crisis management plans had been developed to support people who experienced a crisis in their mental health. Staff knew people well and were aware of behaviours that people might present if their mental health was deteriorating. The provider had developed good relationships with local health and social care professionals and were able to quickly access professional support for people.

There were enough staff deployed to safely meet people's needs. Staff supported people to attend health care appointments if required and supported people to access community resources including gyms, restaurants and retail facilities.

Safe practices were in place for the management of medicines. People were supported to manage elements of their own medicine programme, where applicable.

Staff received relevant training and supervision, which included training to work effectively within the

recovery model. The provider offered courses to staff to enable them to develop their careers and progress to senior and managerial roles.

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

Healthy food and drinks were offered to people to enable them to meet their nutritional needs. Staff supported people to take part in cooking and other tasks related to food preparation.

People were provided with verbal and written information about how to access support from independent advocacy services, and they knew how to make a complaint.

Staff were regarded as being kind and caring by people and their relatives. We saw that people had developed positive relationships with the staff team and the registered manager.

There were practices in place to enable people to give their opinions about how the service was managed. People were asked to suggest items for discussion at the residents' meetings and their views were sought through the provider's surveys.

The provider assessed people's care and support needs when they moved into the service and used this information to create people's care and support plans. These plans were kept under review and updated as necessary.

People had been provided with a copy of the complaints policy, which was also displayed on a communal noticeboard. People knew how to make a complaint and some people chose to raise informal issues at the residents' meeting.

People and their relatives thought the service was managed well.

The deputy manager was receiving management training and mentorship from the registered manager, so that they could manage the service.

Staff reported that they felt fully supported by the registered manager and this had eased any concerns during a period of organisational change.

Monitoring visits by the provider had been improved since the previous inspection and were now detailed, with the views of people who used the service reflected.

Regular audits of documents and practices within the service were carried out, to make sure that people benefitted from using a safe and well organised service.

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 identify and report abuse, in order to protect people.

Individual risks for people had been assessed as part of the care and support planning process, which included crisis management plans.

Sufficient staff were deployed and the provider understood how to carry out safe staff recruitment.

Safe practices were in place for the management of medicines.

Is the service effective?

Good

The service was effective.

Staff received relevant training and supervision, which included training to work effectively within the recovery model.

People's rights were protected by staff who understood about Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA).

People were supported to receive a balanced diet and participate in menu planning and cooking.

Systems were in pace to support people to meet their health care needs.

Is the service caring?

Good

The service was caring.

People were provided with verbal and written information about how to access support from independent advocacy services.

People and their relatives reported that staff were kind and caring.

Observations demonstrated that people had developed positive relationships with staff.

Systems were in place for people to contribute their ideas for the day to day running of the service.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were regularly assessed and reviewed.

People were supported with their mental health recovery. This included support to participate in activities of daily living and access community resources.

Information was made available about how to make a complaint and people thought any complaints would be suitably responded to.

Is the service well-led?

Good

The service was well-led.

People and their relatives thought the service was properly managed.

Monitoring visits by the provider were sufficiently robust to identify and address any concerns.

Regular audits of documents and practices within the service were conducted, in order to ensure people received safe and appropriate care and support.

Kadima Support UK Limited No 7

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 21 June 2016 and was conducted by an adult social care inspector. Before the inspection visit we reviewed information we held about the service, which included the previous inspection report and statutory notifications the provider had sent to us. A notification is information about important events which the provider is required by law to send to us.

We spoke with three people who used the service, one senior support worker, the deputy manager and the registered manager during the inspection. We spoke by telephone with the relatives of two people after the inspection. A range of records were looked at, which included two people's care and support files, medicine administration record (MAR) charts, health and safety records, staff records and quality monitoring documents.

We contacted two health and social care professionals with knowledge and experience of this service to find out their opinions, and received one response.

Good

Is the service safe?

Our findings

People who lived at the service told us they felt safe and said they would inform staff if another person and/or a situation made them feel anxious and at risk of harm. We observed that staff spoke with people in a calm and reassuring manner, and people appeared relaxed and at ease during their interactions with the staff team. The registered manager told us that the provider operated an 'open door' system and encouraged people to approach staff at any time for a sociable chat or to discuss their concerns.

The provider had a safeguarding policy and procedure in place, which staff were familiar with. Staff told us how they would document and report abuse, and were knowledgeable about the different types of abuse that people who used the service could experience. Staff demonstrated that they understood the provider's whistleblowing policy and procedure, which contained information about how to report concerns regarding the conduct of employees to the provider and to external organisations. (Whistleblowing is the term used when a worker passes on information concerning wrongdoings). We found that the provider had informed the Care Quality Commission of any incidents and events that were notifiable, in line with legislation.

The provider had systems in place for identifying and managing risks, in order to promote people's safety. People's care and support files had risk assessments which identified individual areas of risk, for example if a person presented with behaviours that challenged the service. Written guidance was provided in the care and support plans to enable staff to safely support people, taking into account people's own wishes to be as independent as possible and make their own choices. At the previous inspection we noted that people's crisis management plans needed more development, in order to demonstrate how the provider would respond to and manage care for people experiencing a mental health crisis. At this inspection we noted that people's care and support plans had been revised to show how the provider responded to any deterioration in people's mental health. The senior support worker told us about how they recognised when people were not acting in their usual manner, which could evidence that they were unwell or advancing into crisis. Staff told us they would speak with the registered manager or the deputy manager about their concerns, so that guidance and support was promptly sought from external professionals at the local mental health team.

We observed that there were sufficient staff on duty during the inspection to make sure people were safe and meet their needs. The registered manager confirmed that staffing levels were organised in line with people's needs and were kept under review. The staffing rotas showed that additional staff could be rostered when required, for example if people needed support to attend appointments or if a person was experiencing difficulties and needed additional support at home. Records showed that the provider employed agency staff from time to time if necessary. Staff told us they felt that the staffing levels were satisfactory, and they had enough time to spend with people for social activities and one-to-one sessions to develop people's independent living skills.

At the previous inspection we noted the recruitment procedures demonstrated that suitable employment checks were carried out. The checks included proof of identity, proof of eligibility to work in the UK and clearance to work from the Disclosure and Barring Service (DBS). (The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions). However, we had found that

although references from previous employers had company stamps or stationary, the provider had not recorded that the references had been verified for their authenticity. This had meant people might not have been protected as robustly as possible from the risk of receiving care and support from staff who were not suitable for employment at the service. We had discussed this finding with the provider, who had told us that most of the recruitment had been carried out by the organisation that previously owned the service and assured us any new recruitment would demonstrate more rigorous systems for verifying references. At this inspection we found that there had been no new recruitment, therefore we were not able to check recruitment practices. The registered manager confirmed that the verification of references was now incorporated into the provider's recruitment policy.

We looked at the arrangements for managing medicines, which included the storage, handling, disposal and documentation of medicines. We noted that medicines were safely stored at an appropriate temperature, and the registered manager or the deputy manager conducted regular checks to ensure that the medicine administration record (MAR) charts were properly completed, in order to determine whether medicines were administered in line with the prescribers' instructions. Records were kept to demonstrate that medicines no longer required were returned to the dispensing pharmacist.

The premises were clean, well maintained and free from any malodours. The provider employed a part-time cleaner, who was not on duty on the day of the inspection. The kitchen and communal toilets were supplied with hand gel and disposable towels, to enable people to maintain their hygiene. Records showed that the provider conducted a range of weekly, monthly and annual safety checks to ensure that people lived in a safe environment. These checks included fire alarm testing, water temperature monitoring, professional maintenance of fire prevention equipment, portable electrical appliances testing and checks on the safety of window restrictors.

Good

Is the service effective?

Our findings

At the previous inspection we received information from two external professionals that staff were not committed to using the rehabilitation and recovery model. We had spoken with two members of staff about this model and found they did not have the level of knowledge we anticipated. We did not find evidence of staff training about using the recovery model, which had meant staff did not have the knowledge and skills to effectively support people with their recovery. At this inspection we noted that staff had attended relevant training and described in a detailed manner about the individual support that they provided for people to promote their recovery. The registered manager told us that people were at different stages of their recovery, which meant that staff engaged with people in a personalised way that took into account the progress people had already achieved and their own unique aspirations to lead a more fulfilling and independent life.

People spoke positively about the support they received from staff. One person told us that staff supported them to develop their skills with food preparation and cooking. Relatives said they were pleased with how staff supported their family members and commented on the helpful and knowledgeable approach of staff when they visited or telephoned.

Staff told us they received training that was relevant for their role and responsibilities. The training records evidenced that staff were provided with a variety of training, which included mandatory training, and specific training to understand and meet people's healthcare needs. The training matrix showed that mandatory training included medicines management, safeguarding vulnerable adults, basic food hygiene and fire safety. The deputy manager told us they had been enrolled on a nationally awarded leadership and management course in order to support the requirements of their current role and provide new knowledge and skills for future career development.

The senior support worker told us they had worked for the provider at another service and joined the staff team at this service within the past six months. They told us they had received an induction to work at this service, which included time to get to know people and read their care and support files in order to understand people's individual needs. The senior support worker had attained a national vocational qualification in social care and had now commenced on the same leadership and management course as the deputy manager. They told us, "As I will be studying at the same time as [deputy manager] we will be able to look at new ideas together and see how we can make improvements for our clients." The senior care worker said they felt enthusiastic about their role and thought that the provider was clearly investing in their ongoing learning and development.

At the previous inspection we noted that although some staff received regular one-to-one supervision once every six weeks, other staff were noted to have received supervision once every eight to twelve weeks. The registered manager told us that following the recent reconfiguration of services owned by the provider, there were now more senior staff working at the service with the training and experience to provide supervision for other staff. The supervision schedule and the supervision records we looked at indicated that the provider had made noticeable improvements in relation to its aim to provide all staff with monthly one-to-one

supervision sessions.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and they make sure that where a person may be deprived of their liberty, the least restrictive option is taken.

Staff had received relevant training and showed an understanding of their responsibilities under the MCA. The registered manager confirmed that all of the people who resided at the service at the time of this inspection had the capacity to make their own decisions. The registered manager was aware of how to apply to the local supervisory body if a person needed an assessment to deprive them of their liberty. All of the staff team stated that the service was well supported by the local mental health team and any concerns about a person's capacity could initially be discussed with people's allocated health and social care professionals.

One person told us that the food was "alright, it's ok" and said they liked to go out regularly to eat at cafés and bakeries that reflected their cultural preferences. People's care and support files showed that their nutritional needs had been assessed, and there were individual plans in place to support people to develop their confidence and skills with cooking. At the previous inspection we had noted that the kitchen fridge was quite bare, apart from basic items such as milk, cheese and margarine. A member of staff had told us they were due to go out shopping for groceries, which was observed to occur later in the day. At the inspection we found that the kitchen was satisfactorily stocked with fresh fruit and vegetables, healthy snacks and treats, and ingredients for preparing main meals. People confirmed they could access food items from an unlocked fridge whenever they wished. The minutes for residents' meetings showed that people were regularly consulted about their preferences for menu planning.

People's care and support plans demonstrated that their health care needs were identified and addressed. One relative said they were pleased that staff accompanied their family member to health care appointments, as they might otherwise be reluctant to attend. The relative told us that staff had enabled their family member to feel more confident when speaking with external health and social care professionals. An external health and social care professional told us they were pleased with how people were supported to meet their health and social care needs, including people who found it difficult to engage with treatment plans due to the nature of their mental health needs. The professional informed us that staff appropriately followed guidance from visiting health and social care practitioners and provided clear feedback about people's needs and behavious. Records showed that people were registered with a GP and received care from other professionals, for example community nurses, chiropodists, opticians and dentists. Staff spoke very positively about their support people received from the local mental health team and GP practice, and praised the quality of advice and guidance that external professionals gave them to support people with their health care needs. The senior support worker told us about how the service supported a person with a chronic physical health care condition, which included support to attend appointments with multi-disciplinary health care professionals, encouragement to adhere to a medically advised diet and manage aspects of their own medicine regime. The person's care and support plan evidenced that staff attempted to motivate the person to engage with the guidance from health care professionals and monitored their wellbeing.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff were kind and caring. Comments included, "They look after me here, it's good" and "They are always nice to [my family member], I know he likes them all."

At the previous inspection we noted that people were informed at the residents' meetings about how to access advocacy support. However, we had found that people had not been provided with written information about advocacy services, including their contact details. At this inspection we observed that the provider had obtained and distributed leaflets about MIND in Hackney, which offers an advocacy service for people with mental health care needs. This meant that people who used the service had accessible information to contact advocacy services whenever they wished. Information in regards to how to make a complaint about the quality of the service was displayed on notice boards. People and their representatives were advised they could make a complaint to the provider, or a health and social care professional involved in their care.

We observed good interactions between people and staff. For example, staff informed us that a person was resting in their room as they felt tired and unwell. A staff member informed the person that an inspection was taking place and checked with the person if they wished to speak with us at a time that suited them. The staff member was sympathetic about the person's health care needs and spoke with them in a gentle and respectful way. Staff understood the need to respect people's privacy and confidentiality. We observed that staff knocked on people's doors and awaited their permission before entering and they were aware of the importance of not disclosing information about people to any individuals or organisations that did not have a valid reason to know. People's files, which contained their care and support plans, correspondence from official parties and other sensitive information, were stored securely within a lockable office.

Care and support plans showed that people were consulted about their preferences and wishes. There was a focus on involving people to develop their own aims and information about how staff should promote people's independence. Staff spoke knowledgeably to us about people's interests, likes and dislikes, important relationships and preferred routines, which showed that people were valued as individuals.

We noted that people were supported to express their views through one-to-one meetings with their keyworkers and at residents' meetings. (Keyworkers are staff members who act as a central point of contact for people). The minutes for the residents' meetings demonstrated that people were encouraged to set the agenda and were consulted by staff about outings, menu planning, entertainments at the service such as summer barbeques, and any proposed refurbishments at the premises. This showed that systems were in place to develop people's confidence to voice their views and enable them to participate in the day-to-day running of the service.

Good

Is the service responsive?

Our findings

At the previous inspection we had noted that people's care and support plans had not contained sufficient evidence of activities of daily living that they were involved in, and we had not seen much documentation regarding people's views of their recovery and their input in their recovery programme. Staff had told us that it was difficult to motivate some people due to reasons associated with their mental health needs.

At this inspection we found clearer information in people's care and support plans about people's daily activities. Records showed people were given one to one time with staff to talk about their care and support needs, and staff demonstrated a considerate approach to support people to take control of their lives. People's care and support plans evidenced that they were involved in cooking, shopping for personal items, taking care of their laundry and cleaning their room. The registered manager told us that some people particularly liked to help prepare the traditional roast lunch and pudding every Sunday, as they found the end results rewarding. The activities that people participated in varied in accordance with their own interests and included restaurant trips for Chinese and Indian meals, relaxation classes, cinema trips or film night at the service, gym sessions and weekly outings to places of interest. Staff told us that people were supported to meet their cultural and/or spiritual needs, for example one person chose not to attend a place of worship but adhered at home to some of the practices of their faith.

Assessments of people's needs were conducted when they moved into the service. These were used to identify the care and support people required and developed into care and support plans. The assessments, and care and support plans clearly outlined where people needed support and covered a range of areas including personal care, managing behaviours that challenge the service, health care needs and achieving independent living skills. The care and support plans were discussed with people and regularly reviewed. People confirmed that they were offered a copy of their plan. This showed that the provider ensured that people were provided with care and support that reflected their current needs and took into account their views.

People and their relatives told us that they felt confident about making a complaint if necessary and thought that the registered manager would respond in a helpful and transparent manner. The complaints' policy and procedure were prominently displayed on a noticeboard in the hallway and people, and their representatives where applicable, were given a copy as part of their information guide when they moved in. There had not been any complaints since the previous inspection. Staff told us that people were encouraged to discuss any general concerns at the residents' meetings so that minor problems could be quickly resolved, for example people might express that there was too much repetition with the menu or the internal activities programme.

Good

Is the service well-led?

Our findings

People and their relatives said they were satisfied with how the service was managed. We observed that people approached the registered manager during the inspection and asked for advice, support and reassurance. We saw that people were used to the 'open door' approach when the registered manager was in the office and he was knowledgeable about their needs and individual circumstances. One relative told us, "We have always found it is a well-run home."

Staff told us they felt well supported by the registered manager. They believed that there were suitable systems in place to share information, for example there were handover meetings between shifts and staff meetings. Staff expressed that although there had recently been some significant organisational changes by the provider, they felt positive about how the registered manager had maintained a stable and supportive environment for people who used the service and staff.

The registered manager had managed the service for over 11 years and was a qualified mental health nurse. At the previous inspection he had advised us that his role was due to change to a service manager role, managing several local services owned and operated by the provider. At this inspection the registered manager confirmed that he was now undertaking these additional responsibilities and the provider's plan was for the deputy manager to apply for registered manager status with the Care Quality Commission.

Discussions with the deputy manager evidenced that they carried out many of the regular quality audits at the service. We looked at the monthly audit reports compiled by the deputy manager which showed that a variety of daily, weekly and monthly checks were made to ensure that people were provided with safe and appropriate care and support. Care and support plans, risk assessments and health and safety documents were checked to ensure they were current and maintained in line with the provider's standards. We noted that accidents and incidents were monitored, to ensure that any trends were identified. People's care and support plans showed that this information was utilised to put in place appropriate measures to reduce risks, where possible.

At the previous inspection we had noted that the reports for the provider's monitoring visits were brief, limited in scope and did not have sufficient depth to be effectively used as a monitoring tool. At this inspection we found that the provider had revised the template for monitoring visits and there was now a more focused approach to checking how the service was meeting people's health and social care needs.

At the previous inspection we had noted that satisfaction surveys had been conducted to find out people's views about the quality of the service, and the feedback was positive. At this inspection we found that the annual surveys were not yet due to be sent out to people, their relatives and external professionals.