

Kadima Support UK Limited

Kadima Support UK Limited No 333

Inspection report

333 Seven Sisters Road
London N4 1QR
Tel: 0208 802 7623

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 22 and 23 October 2015. This was the first inspection of the service since it registered with the Care Quality Commission on 17 October 2014, having been previously owned and managed by a different provider. Kadima Support UK Limited No.333 is registered to provide care and accommodation for up to 10 people with mental health problems. At the time of the inspection one person was in hospital and there were two vacancies. All of the people using the service were male.

The premises had 10 single occupancy bedrooms which provided en-suite facilities. There was a communal sitting room and dining room, kitchen, bathrooms and shower rooms. The rear garden included an in-door meeting room with gym equipment.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Systems were not in place to audit the rigorousness of staff recruitment, including the recruitment undertaken by the previous provider. There were sufficient numbers of staff rostered on each shift to meet people's identified health and social care needs.

People told us they felt safe living at the service. Staff had received safeguarding training and there were policies and procedures in place to protect people from the risk of abuse or harm. Staff understood the signs of abuse and knew how to report any concerns about people's safety and welfare.

Care plans included regularly reviewed risk assessments, which provided information about how to uphold people's safety while supporting their wishes to make their own choices and decisions, and be as independent as possible.

People were supported to take their medicines as prescribed and arrangements were in place for the safe management of medicines.

Suitable checks were conducted to ensure that the premises were safely maintained. People were provided with a spacious, clean and comfortable home.

The Care Quality Commission (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 deemed necessary to restrict their freedom in some way, to protect themselves or others. Procedures and guidance were in place in relation to MCA and staff understood their legal responsibilities.

Staff received appropriate mandatory training, for example food hygiene and fire safety, as well as other training about how to meet the specific social, physical health and mental health needs of people who used the service. There was an annual appraisal system in place and regular formal supervision was provided, although some supervision sessions were not held as one-to-one meetings.

People were supported to experience a balanced diet and were encouraged to participate in menu planning and food preparation. Beverages, snacks and fruit could be accessed as required.

Staff were well informed about people's medical and health care needs, and how to support people to meet these needs. People told us they always received the level of support they needed to meet their health care needs, for example, staff attended appointments with them to provide emotional support if requested or provided assistance to follow-up guidance from a healthcare professional.

People told us that staff were supportive, caring and kind, and treated them with dignity and respect. We observed positive interactions between people and staff throughout the inspection, for example staff asked people if they had enjoyed their outing if they had been to a club, sports activity or café.

People were provided with opportunities to take part in activities which interested them. These activities were diverse and included art groups, bingo, visiting relatives and friends, monthly meals out with staff, shopping trips and sports.

People's needs were identified in their care plans and were regularly reviewed by their allocated member of staff known as a key worker, and the registered manager. People's health care and social care needs were also reviewed in their meetings with health and social care professionals. People were involved in planning their care and relatives told us they were invited to contribute to care planning meetings and reviews, in accordance with the wishes of their family member.

The complaints policy was given to people and their relatives, and displayed at the premises. People and their relatives confirmed they knew how to make a complaint and expressed their trust in the registered manager's ability to conduct a thorough and fair investigation.

People and their relatives told us the service was well managed. We also received complimentary remarks about the management of the service from health and social care providers, who told us the registered manager was knowledgeable and committed to the people who used the service. The provider had notified CQC about significant events including safeguarding concerns, incidents and injuries in a timely way.

Summary of findings

We have made one recommendation for the provider to audit the quality of recruitment conducted by the previous provider.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Effective systems for checking recruitment were not always in place. There were enough staff on duty to make sure that people received the care and support they needed.

Staff were familiar with the provider's safeguarding policy and procedure and understood how to protect people from abuse.

Risk assessments provided well-defined guidance for staff to encourage people's independence while ensuring their safety.

Medicines were safely stored and administered, and correctly disposed of where necessary.

The premises was maintained in a safe manner.

Requires Improvement



Is the service effective?

The service was effective.

Staff demonstrated a useful level of knowledge regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff had attended training relevant to their roles and responsibilities. Staff told us they received good support from the registered manager, which included appraisals and team meetings. Staff received supervision, which was sometimes delivered as group supervision.

People were provided with nutritious meals and snacks, and were supported to develop their culinary skills.

People were supported by staff to meet their healthcare needs.

Good



Is the service caring?

The service was caring.

The staff were kind, friendly and compassionate.

People were encouraged to actively plan their own care and involve their relatives and friends, where applicable.

Good



Summary of findings

Information was provided about local advocacy projects, if people wanted independent support to make decisions.

Is the service responsive?

The service was responsive.

Care planning was person-centred and care plans were regularly reviewed in order to demonstrate any changes in people's needs.

The provider sought people's opinions about the quality of the service, and the opinions of their relatives. Their feedback was listened to and acted on.

People and their relatives were provided with the complaints policy, and expressed their confidence in the registered manager's competence and commitment to investigate and respond to any complaints.

Good



Is the service well-led?

The service was well-led.

The provider carried out monthly visits to check on the quality of the service. However, the reports were brief and did not demonstrate an in-depth scrutiny of care records, in order to drive continuous improvement with service delivery.

The registered manager had a clear set of values which were being put into practice by the staff team. People, relatives and health care professionals praised his commitment, knowledge, caring approach and leadership skills.

Good



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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.

The inspection took place on the 22 and 23 October 2015. The inspection was unannounced on the first day and we told people who used the service and the staff team that we would be coming back on the second day.

The inspection team consisted of an inspector and a specialist professional advisor, who was a registered mental health nurse.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed information contained in the PIR along with other information we held about the home. This included notifications of significant incidents reported to CQC.

We spoke with three people who used the service, three support staff and the registered manager. We spoke with one relative during the inspection and the relatives of three people after the inspection. We observed the support and care provided to people in the communal areas and looked around the premises. One person showed us their bedroom.

We reviewed three care plans and the accompanying risk assessments. We also looked at a variety of documents including the safeguarding policy and procedure, the whistle blowing policy, medicine administration record (MAR) sheets, four staff records, health and safety records, and quality assurance audits.

We contacted health and social care professionals with knowledge of this service in order to find out their views about the quality of the service. We received feedback from eight professionals and used this shared information to assist our inspection.

Is the service safe?

Our findings

Recruitment practices were not always safe. The registered manager told us that all of the staff had been recruited by the previous provider. We looked at three staff files, which showed that staff had been vetted before they started work through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable candidates from working with people using the service. One of the files contained an application form and two references, which appeared to be written by the same person. Both references had company stamps and signatures. We discussed this finding with the registered manager, who advised us he would investigate the matter. Following the inspection visit, the registered manager informed us the employee acknowledged they had written the two references because both referees had stated they were too busy to write them but had placed their own signatures on the documents. Therefore, it was not possible to ascertain that the employee's references had been robustly checked at the time of their appointment in order to ensure their suitability to work at the service. The registered manager said he would speak with the provider in regards to what action would be taken.

We saw there were suitable numbers of staff on duty to meet people's needs. Staff had time to chat with people, visit people when they were admitted to hospital and work with people in a relaxed manner to prepare meals. Staffing levels meant staff were able to accompany people to appointments and join them at community social events. The staffing rotas showed sufficient staff were deployed during the week, at the weekend and at night time. The registered manager told us that staffing levels could be increased if required, which was confirmed by staff. We were told this had not been necessary recently as the service was not at full occupancy.

People told us they felt safe living at the service. One relative said, "They are really open staff, lovely people. They provide a safe and calming environment." The relative told us about an incident at the service which impacted on the safety of their family member, "The family was contacted by staff straight away and I came round."

Staff understood how to identify signs of potential or actual abuse, and knew what actions to take to keep people safe. The minutes for residents' meetings showed that staff spoke with people about particular dangers encountered

in the community, for example people being offered illegal drugs or coerced into behaviours that affected their mental health recovery. Records showed that staff had received safeguarding training and they were familiar with the provider's safeguarding policy and procedure, as well as the local authority policy. Staff told us they would report any safeguarding concerns to the registered manager, who kept them updated about the actions he took.

Plans were in place to manage the risks associated with the care and support people needed to stay safe. For example, there were risk assessments in place to ensure people were safe when accessing the community, using the gym and managing health conditions. The risk management information provided staff with clear guidance about the measures they needed to implement in order to minimise identified risks, while supporting people to retain as much autonomy as possible and develop the skills they needed for independent living.

People told us they received appropriate support to take their prescribed medicines. The service encouraged people to be independent with their medicines, following consultation with people's health care professionals. Two people were self-administering their medicines as part of their mental health recovery programme. Safe protocols were in place to manage medicines and regular audits were conducted to ensure medicines were appropriately stored and administered. Written records were kept in relation to any surplus medicines returned to the supplying pharmacy. Staff told us they had received medicines training and demonstrated straight-forward knowledge about the medicines people took. We looked at a sample of the medicine administration record (MAR) charts, which were properly completed.

The premises were hygienic, comfortable and well-maintained. The registered manager carried out monthly audits to check that the building was safe, and cleaned in accordance with the cleaning rota. Records showed that staff carried out a range of daily and weekly checks, which included fridge and freezer temperatures, fire alarm tests and the testing of the emergency lighting system. Certificates verified that external competent persons carried out checks within required timescales, for example portable electrical appliances testing, gas safety and maintenance of fire equipment. This showed that appropriate actions were taken to ensure people were provided with a safe living environment.

Is the service safe?

We recommend the provider audits the quality of the recruitment conducted by the previous provider.

Is the service effective?

Our findings

People, and their relatives, were complimentary about staff and said their needs were met effectively. One person told us, "I am moving to my own flat soon. The staff have given me the help I needed to get back my independence. I'm pleased to be moving on, thanks to this place giving me confidence and skills." Relatives told us they were happy with the care and support given to their family members. Comments included, "It's a wonderful home and I know [my family member] is happy there", "I can assure you the whole family is pleased with how they look after [family member]" and "I think it's fantastic, the best placement he has ever had. It's such a relief to have found this home."

Staff told us they received training and supervision to support them in their roles as either support workers or senior support workers. The staff we spoke with were not able to comment on their induction training as they had worked at the service for five or more years and subsequently progressed through national qualifications in health and social care. Staff told us they had recently attended a programme of training that focused on the needs of people using the service, which included topics such as how to communicate with people with mental health needs, understanding the needs of people with schizophrenia and healthy eating. Records showed that staff received regular supervision from the registered manager, which was provided as a combination of one-to-one supervision and group supervision. The supervision records that we looked at indicated that some people received a greater proportion of group supervisions than individual supervision. The registered manager told us his team worked well within a group supervision system. We discussed the necessity for staff to receive at least six individual supervisions with the registered manager every year, as it provides staff with a private forum to discuss any relevant concerns they would not wish to share in a group setting.

Annual appraisals were conducted, which enabled staff to receive feedback from the registered manager and discuss the training they have achieved, proposed future training and development, and their performance. Staff told us they felt supported by the registered manager.

Staff told us they had received training about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA legislation establishes what must be done to protect the human rights of people living in care homes who may lack mental capacity or refuse care. None of the people using the service at the time of the inspection were subject to a DoLS and the registered manager understood when an application should be made, as well as the process to submit one to the local 'Supervisory Body'.

People told us they liked the food and were encouraged to take part in meal preparations. They told us that the menu was varied and reflected people's likes and cultural preferences. We observed people help themselves to drinks and snacks during the inspection. Staff knew how to support people to receive a healthy diet and were knowledgeable about people's dietary needs and favourites. For example, one person liked traditional British food and went out with staff to local cafés. We noted that staff liaised with GPs, dietitians and community nurses in order to assist people to meet their nutritional needs, if required. People were weighed regularly and supported to make an appointment with their GP if any concerning trends of weight loss or weight gain were detected.

People told us they had regular appointments with health care professionals and were supported by staff to attend, if they needed or wished for support. The care plans showed that people had a wide range of health care support, which included visits to opticians, dentists, chiropodists and GPs. Staff told us they knew people well and promptly identified when people were not functioning in their usual way, which might be an indication they were unwell or possibly progressing into crisis.

All of the health care professionals we received information from told us that staff were good at supporting people with their mental and physical health needs. Staff were described as being helpful and knowledgeable when liaising with health care professionals, and able to recognise when people needed specialist health care support.

Is the service caring?

Our findings

People told us they liked the staff and got on well with them. Relatives described the staff as being, “wonderful and friendly people” and “very caring, I can always talk with them.” Another relative told us that they visited nearly every day and was welcomed with a cup of tea from staff. They said, “All the care staff chat to me and so does the domestic lady. They are lovely people who try hard and have met the expectations of me and my family.”

We observed there was a calm and relaxed ambience at the service. We saw staff chatting with people in a friendly and positive manner and sharing jokes. This pleasant and welcoming atmosphere was commented on by health and social care professionals. Staff were able to discuss people’s individual needs and aspirations in a detailed manner. Staff told us they felt pleased when people gained the skills and confidence to move on to more independent accommodation and looked forward to hearing about their progress when they came back to visit.

People had been involved with planning their own care, which was apparent when we spoke with them and it was recorded in their care plans. For example, people told us they had been asked about their social interests and whether they wanted support to enrol on any courses. Advocacy information was on display in the premises. One person told us they knew how to access advocacy support

but did not need it as their family provided the emotional and practical support they needed. People told us they knew how to make a complaint but did not presently have any concerns.

Information was shared with people and their opinions were sought during the monthly residents’ meetings. The minutes showed that people were asked about what type of outings they would like, food choices and whether people needed any support to arrange visits to their relatives and friends at Christmas time. There were also discussions about issues that impacted on people’s wellbeing, for example the provider’s zero tolerance policy in relation to illegal drugs being brought into the premises was discussed at a couple of meetings.

People told us they were always treated with respect. Staff addressed people by their preferred names and provided care and support in a way that promoted their entitlement to respect and dignity. For example, people were consulted about whether they wished to speak with us and were asked for suitable times that fitted in with their arrangements and needs. We saw that staff knocked on people’s doors before entering their rooms and spoke with people in a gentle and supportive way if they appeared anxious.

Staff understood the importance of maintaining confidentiality and told us they only shared information about people with relevant professionals and organisations. We saw that personal records such as people’s care plans were securely stored in lockable cupboards.

Is the service responsive?

Our findings

People told us they received care and support which took into account their needs and wishes. One person told us it was a “good placement” and he believed it would help him to eventually move on to more independent accommodation.

Relatives said the staff responded well to the needs of their family members. One relative told us, “[My family member] has complex needs. Staff have helped him to regain some control of his life again. I think he would be back in hospital if it wasn’t for this place.” Another relative told us they thought that the care and support from staff had contributed to improvements they had observed with their family member.

We noted that people’s needs were fully assessed by health and social care professionals before they moved into the service. Additional assessments were carried out by staff and regularly reviewed. The care plans we looked at were individualised and signed by people. The documentation showed that the service responded to people’s changing needs and provided additional intensive support when people were experiencing poor mental and/or physical health. The care plans provided information about behaviours that people displayed which could signify deterioration and presented guidance for staff to prevent people from experiencing a relapse.

Health and social care professionals told us the service consistently provided competent and proficient support for people and staff had a good level of understanding and expertise to meet people’s needs.

People were supported to take part in activities and hobbies, in accordance with their own preferences and interests. One person told us they thoroughly enjoyed playing bingo and other people told us they liked the regular trips out in the minibus, restaurant meals and shopping. Staff told us that people sometimes walked along the canal towpath, which was almost next door to the premises. The registered manager told us that a person had enrolled on a college course which was due to commence shortly after the inspection.

People and their relatives were asked their views about the service via surveys. At the time of the inspection the provider had received responses from three people who used the service and one relative, and the feedback was positive. The registered manager told us he planned to analyse the feedback when more responses were gathered. This showed the provider valued people’s comments about the quality of their care and support, and how it could be improved on.

The complaints policy was prominently displayed in the service. People and relatives told us they did not have any complaints and felt confident about making a complaint, should any concerns arise. There had been no complaints since the service was established in October 2014.

Is the service well-led?

Our findings

People and relatives told us the service was well managed and they were very contented with the quality of care and accommodation. One person described the service as a 'nice house' and a relative told us, "The manager is a lovely man and always has time for [my family member]. Health and social care professionals told us there was good leadership at the service and they felt confident placing people there. One professional said the registered manager was always up to date about people's needs and circumstances, and was genuinely concerned about people's welfare.

Staff told us they felt part of a team and were clear about their role and responsibilities. They described the service as having an open culture and felt confident that any concerns would be listened to by the provider and the registered manager. Staff were familiar with the provider's whistle blowing policy, which provided details about how to blow the whistle within the company and to relevant external organisations.

The registered manager told us he had managed the service since it opened and was previously the registered manager for four years when the service was owned by a different provider. He told us he felt well supported by the area manager.

We looked at copies of the reports relating to the monitoring visits by the provider within the past six months. These were brief, limited in scope and did not have sufficient depth to be effectively used as a monitoring tool. For example the reports did not demonstrate regular

auditing of care plans and risk assessments and there was no effective auditing in place to ensure that staff received sufficient one-to-one supervisions. The registered manager told us that the area manager audited care plans but there was no recent record of this taking place on a regular basis. However we noted that the area manager had carried out monitoring visits earlier this year, which had included care plan audits. The registered manager informed us that he was supervised by the area manager and given improvement actions to complete within a given timescale. The supervision records were not kept at the service and could not be accessed at the time of the inspection as the area manager was on leave; therefore we were not able to determine whether improvements were satisfactorily achieved. This issue regarding the quality of the monitoring reports was identified at a recent inspection at another location owned by the provider and we have received written assurance that a new format for monitoring reports will be introduced at care homes within the company.

The registered manager used an internal monthly auditing tool to monitor the quality of the service. This tool looked at a range of factors including whether staff were up to date with their training, when people were due care plan reviews and if recurring health and safety checks had been completed. This showed arrangements were in place to support the smooth running of the service.

The registered manager demonstrated a clear understanding of their responsibilities in relation to informing the Care Quality Commission about notifiable events including serious injuries and police incidents. The notifications were sent without delay.