

Kalm Care Ltd

# Kalm Care Ltd

## 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

### About the service:

Kalm Care provides care and support to people with mental health needs living. This service provides care and support to nine people living in three 'supported living' settings. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. Only two people living in the supported living schemes received support regulated by the Care Quality Commission. However, three people wanted to speak to us as part of the inspection. This inspection looked at people's personal care and support if they were provided with a regulated activity.

### People's experience of using this service:

- ☐ People told us they felt safe, they liked living at the service and staff were kind to them.
- ☐ People told us they were treated with dignity and respect and received support in a way that suited them.
- ☐ Staff were competent to meet people's needs and supported people in a person centred way.
- ☐ People told us they thought the service was well-led as did health and social care professionals, and we found this to be the case.
- ☐ The service met the characteristics of Good in all areas. More information is in the full report.

Rating at last inspection: The last inspection took place on 23 January 2018 and was rated 'Requires Improvement'. There were three breaches of the regulations relating to safe care and treatment, recruitment and the failure to notify CQC of significant events. The report was published on 9 April 2018.

Why we inspected: The inspection took place as part of a schedule of planned inspections based on previous rating.

### Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Kalm Care Ltd

## Detailed findings

### Background to this inspection

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

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type

Kalm Care Ltd provides support to people with mental health needs, in a supported living setting to maximise their independence and support people's recovery.

At the time of the inspection people lived in two houses and a self-contained flat. Office space for staff was provided in each house.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' notice of the inspection site visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.'

What we did:

Before the inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return. 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.

We also checked the action plan submitted following the last inspection.

As part of the inspection, we:

- ☐ Spoke with three people who lived at the service
- ☐ Talked with two members of support staff and the registered manager
- ☐ Checked two care records
- ☐ Reviewed five recruitment records.
- ☐ Reviewed training, supervision and appraisal records for the staff team
- ☐ Reviewed staff and residents meeting minutes
- ☐ Looked at records of accidents, incidents and complaints
- ☐ Reviewed medicines storage and administration records, audits and quality assurance reports.

We received feedback from one health and social care professionals regarding the quality of care at the service.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us "Yes I feel safe here." They also felt comfortable with the people that they shared the house with which they said was important.
- Staff had received training in safeguarding adults and staff were able to tell us about the different types of abuse and were aware of the specific risks to people they supported. They were able to tell us how they would respond to any concerns and they understood the importance of, and how to whistle blow if they had concerns.
- The service had policies and procedures in place to notify the local authority, mental health professionals and CQC of any safeguarding concerns. The registered manager had put additional controls in place for staff to safeguard one person's money due to their visual impairment:

Assessing risk, safety monitoring and management

- Risk assessments were in place, up to date and covered a broad range of issues including people's financial vulnerability, physical and mental health.
- Risk assessments provided really detailed information for staff outlining warning signs and triggers for mental health concerns and detailed advice on how to mitigate risks for staff. For example, for one person to support them to mental health appointments, hold regular key working sessions; provide toiletries if required and to monitor food and sleeping if any concerns.
- Personal emergency evacuation plans were in place.

Staffing and recruitment

- At the last inspection we found a breach of the regulations in relation to recruitment. At this inspection we found that the registered manager had improved recruitment systems and were no longer in breach of the regulation.
- Staff recruitment was safe. Appropriate criminal records checks and references were in place. This meant staff were considered safe to work with vulnerable people.
- People told us there were enough staff to meet their needs. There was always one staff member on shift at the service, but more staff were employed to support people to attend appointments as necessary. The service had recently changed a sleep-in role at night to a waking service to meet the needs of a new person admitted to the service.

Using medicines safely

- At the last inspection there was a breach of the regulations in relation to medicines. At this inspection we found medicines were stored safely, and administered by staff who were competency checked every six months, to give medicines.

- Medicine administration records were completed appropriately, and audits took place on a weekly and monthly basis.

#### Preventing and controlling infection

- Staff supported people to keep the service clean including their bedrooms. Staff ensured out of date food was removed from the communal fridge. The service was clean. Staff had access to gloves and other protective equipment as required.

#### Learning lessons when things go wrong

- There were accident and incident logs, and we could see from team meeting minutes that the registered manager discussed issues with staff to aid learning. For example, we saw a recent incident in the news - unrelated to the service - but concerning a person with mental health needs who carried out a violent attack on a member of the public was discussed at a team meeting. The registered manager was keen to discuss the triggers related to this incident, to learn and minimise risks at their own service. Other incidents that had occurred were discussed with staff to aid learning across the team.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them being admitted to the service. The registered manager visited people on the ward in hospital to discuss the service with them. They also attended meetings with the person and the health professionals supporting them, to ensure they could meet their needs.
- People contributed to the risk documentation and care plans to ensure their views were represented and the service understood how best to meet their needs.

Staff support: induction, training, skills and experience

- New staff received a two week induction which included shadowing experienced staff and completing training including the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received regular supervision. Training covered a broad range of areas including mental health, safeguarding, food hygiene, first aid, supporting people with their finances and medicines administration. We could see that staff were up to date with training.
- Staff told us, "Here the manager is around nearly every day. I have got back up." Another staff member told us they were opportunities for learning at the organisation.
- A health professional noted the mental health experience of the registered manager and told us the registered manager and staff went beyond the requirements to support people to engage with their treatment and recovery plans. This was positive for people.

Supporting people to eat and drink enough to maintain a balanced diet

- People were responsible for buying and preparing their own food. However, the registered manager was aware that for some people with complex diagnoses of mental health, buying and preparing food was not always a priority. To ensure people at the service had a balanced diet the service provided one meal a day which people could help make and eat if they chose to. We could see that the service also supported people with cooking to celebrate holidays and birthdays.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A health professional told us that the service staff were diligent in their responsibilities to promote both the mental and physical health of service users and worked well in partnership with their service to achieve this.
- We saw that care records outlined people's physical and mental health needs, medical appointments and outcomes were recorded, and people told us they were supported with health appointments as they needed.
- People were provided with smoking cessation information and healthy dietary advice. The staff were



aware that people were free to make choices regarding their lifestyle.

Adapting service, design, decoration to meet people's needs

- The service was suitable to meet the needs of the people living there.

Ensuring consent to care and treatment in line with law and guidance

- 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people using the service that were subject to any restrictions.

- Staff told us people had full capacity to make choices about their care and support. People told us staff understood this and provided support to them when they asked for it. Staff had a good understanding of consent.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were very positive about living at the service. They told us "It's the best place I have ever lived," "Yes I like it here" and "yes staff are kind."
- A health professional told us "[Registered manager] and her staff are one of the most caring teams I work with." They also said the kindness shown to people had had a very positive impact on them.
- Staff were from a range of backgrounds and ages as were the people using the service. Staff understood equality and diversity issues, and were able to tell us how they could support people with cultural or religious needs and any related dietary requirements. For example, one person sometimes chose not to eat pork but on other occasions did so. Staff provided sensitive support to this person.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to feel they could express themselves freely, and this meant the service was warm, welcoming and had a homely feel to it.
- Care records were signed and people told us they were involved in deciding how their care was provided.
- Regular meetings took place at each service so people could influence how the service was run and give their views as to what was working well and what needed changing.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and staff were sensitive when approaching personal matters. For example, one staff member told us they may gently say that the person may feel better if they have a shower or get help to tidy their room.
- For the most part people were independent and care records reflected this. It was in times of mental health crisis that people needed additional support, prompting and guidance and staff were aware of the fine balance between support and freedom for people.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were personalised and reflected people's specific needs, wishes and routines. They were up to date and comprehensive. They covered a broad range of needs including physical and mental health needs; eating and drinking; ability to manage money and their medicines and their likes and dislikes. Care records provided social histories for people so staff had an understanding of people's mental health and life journey.
- People told us they received care in the way they wanted it, and they were free to live their lives as they chose.
- Staff spent time chatting with people; sometimes playing board games and encouraged people to go out locally and meet family and friends.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. Complaints were dealt with in line with the policy. People told us they could talk to staff if they had any concerns. Day to day issues were dealt with at each service and the registered manager was involved if necessary.
- A health professional told us the registered manager was very responsive when issues arose and worked well to address these issues in partnership with their service.

End of life care and support

- One person had chosen to state their end of life care wishes and these were documented on the care plan.

# Is the service well-led?

## Our findings

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service provided person-centred care to people with complex mental health conditions in a safe, well-run setting. A health professional told us the service offered the "highest quality of care" to people.
- The registered manager retained their nursing qualification and so was fully aware of their duty of candour obligations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role and ensured staff understood how to support people and provide good quality care by offering support and guidance to staff. Systems in place evidenced good quality care. Audits took place, including of medicines and care records and there were systems in place to ensure the environment and building were in good order.
- One health and social care professional told us the registered manager was a very competent leader.

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

- Staff and residents' meetings took place. Records showed that people using the service and staff were able to contribute to how the service was run and make suggestions for improvements.
- People told us they thought the service was well run. Staff told us they felt "Free to talk and my voice is heard. Manager will ask for suggestions" and "Yes, [registered manager] listens to me."
- In the last 12 months we saw that there were 19 questionnaires completed which commented positively on the service; seven were completed by people living at the service, two by people's friends and 10 by professionals who worked with the service.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations including mental health services, GPs and other health providers locally.
- We had positive feedback on the staff and registered manager's skills in working in partnership with a mental health service to support people's well-being.
- The registered manager kept up with best practice by working with other organisations and through their own professional learning and development to retain their status as a qualified nurse. Staff also told us they had opportunities to learn and progress within the organisation.

