

# Mr Michael Armstrong & Mrs Lynda Armstrong

## Kalm Living

### Inspection report

Chanters House, Hubbastone Road  
Appledore  
Bideford  
EX39 1LZ

Tel: 01237473840  
Website: [www.kalmsupportedliving.co.uk](http://www.kalmsupportedliving.co.uk)

Date of inspection visit:  
16 December 2019  
07 January 2020  
09 January 2020

Date of publication:  
30 January 2020

### 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 Living is a supported living service that currently provides care and support to 31 people living in individual group homes in the north Devon area of Bideford.

The service had operated for several years as an 'enabling' service only and as such was not required to be registered with the Care Quality Commission (CQC). In order to provide personal care to people, Kalm Living registered with CQC on 13 November 2018 and is now a regulated service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of inspection, two people received personal care. They each lived with other people in two different homes.

Within each home, there are designated private areas within the homes for staff sleeping in which does not impinge on the shared communal space. There are no designated offices in the homes.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt safe at Kalm Living. Staff understood their responsibilities about keeping people safe. Risks were identified and managed. Incidents and accidents were recorded so they could be reflected upon to make improvements to the service. Staff understood how to prevent the spread of infection.

People were supported by staff who were motivated and passionate in their roles. Staff were recruited safely, received the appropriate training and regular supervision. They felt part of the running of the service and that their opinions mattered. Some staff had worked with the people they looked after for many years previously and knew them extremely well.

People were treated in a kind and caring way by staff who supported them to lead fulfilling lives based on their choices and preferences. People were encouraged to be independent and try new things.

The individual group houses had a 'family feel' to them and felt like it was the person's home.

People's care plans were up to date and reflected people's support and care needs. People received their medicines safely. People and relatives knew how to complain if needed.

People were encouraged to be part of the local community and undertake activities and interests based on their choices and preferences.

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

The service was led by a registered manager who had a clear vision about the quality of care they wanted to provide. This was shared by the staff team who worked within an open and welcoming culture.

There were quality assurance systems in place to monitor the quality and safety of the service to focus on continuous improvement.

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

This service was registered with us on 13/11/2018 and this is the first inspection.

#### Why we inspected

This was the first planned inspection based on the provider's registration date.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 Living

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. 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.

#### Notice of inspection

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

Inspection activity started on 11 December 2019. We visited the office location on 16 December 2019 and visits to people's homes took place on 7 and 9 January 2020. The inspection ended on 10 January 2020.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received since the service was registered. This included statutory notifications. These are events that happen in the service that the provider is required to tell us about.

We used this information to plan our inspection.

During the inspection-

We visited and spoke with both two people who used the service and their relatives about their experience of the care and support provided. We spoke with two senior members of staff as well as the provider, registered manager and administrator.

We reviewed a range of records. This included two people's care records and their medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received updated documentation from the provider to confirm the improved record keeping.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe receiving care and support from staff. This was confirmed by the interaction and banter between people and the staff who supported them. One person commented, "I love living here – all of it." When asked if a relative felt their family member was safe, they said, "Absolutely".
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew how to recognise the different types of abuse. They knew their responsibilities to keep people safe and how to report any concerns they might have.
- There had been two safeguarding concerns since the service was registered. These had been managed in the appropriate way and the registered manager had provided all the information necessary to the necessary people.

Assessing risk, safety monitoring and management

- Staff encouraged people to try new things. They had a 'can do' attitude towards people. One staff member said, "If (people) say they want to do it and they can, we can. It's what's best for them."
- Assessments were carried out to identify and mitigate any risks identified. These included risks to the person individually and environmentally. Whilst most of the risks had been identified and mitigated, we discussed with the provider how to expand this information and update the documentation to help identify the risks in a more clear and concise way. The provider immediately acknowledged this and put plans into place to review the records. This had no impact on the people staff supported, as they knew them so well in their day to day lives with an in-depth knowledge of people's individual risks.
- The premises were maintained by a landlord and any repairs were undertaken swiftly to ensure the building and grounds were safe.
- There was always a staff member of duty 24 hours a day at each of the services. They had an on-call system where they could contact management if required out of hours. One staff member said, "We can ring and get hold of (registered manager) anytime."

Staffing and recruitment

- There were sufficient staff employed to cover the needs of the people they supported.
- Prospective staff underwent a full recruitment procedure to ensure they were safely employed. All the necessary pre-employment checks had been undertaken. The registered manager was in the process of updating the recruitment procedure with a new staff application form, interview notes and checklist. Following the inspection, they sent us copies of the revised documents which would help them to improve their recruitment procedure to make it even more robust.

Using medicines safely

- People's medicines were safely managed by support staff. Each person's individual medicines were kept in a locked cabinet in their bedrooms.
- People's medicines were checked and counted regularly to ensure no mistakes had happened and medicines were in date.
- One person carried certain medicines with them in case they were needed in an emergency. These were always kept on their person and were also checked regularly by staff to ensure they were suitable to use and had not been tampered with.

#### Preventing and controlling infection

- Staff undertook infection control training and followed good infection control practices.
- The premises were kept very clean and people were helped by support staff to do this themselves.

#### Learning lessons when things go wrong

- Systems were in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted. However, no recent incidents had occurred. One staff member said, "Any incidents are done 'by the book' but they do not happen often. We work hard to try and prevent them occurring."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 care and support needs were comprehensively assessed. These were planned, recorded and delivered in a way which supported the person to make their own decisions. People spent their day to day lives in the way they wanted to.
- People achieved effective outcomes and had a full and varied quality of life based on their needs, choices and preferences.
- People were supported to use technology and equipment. For example, staff helped people to use their mobile phones to keep in touch with their families through chats, looking at photographs and using the internet to increase their general knowledge.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- The service had a core of staff who had worked there for several years prior to the service becoming registered with the Care Quality Commission. They knew people exceptionally well.
- Staff had an excellent knowledge of people which had been achieved by working closely with them. One senior staff member had chosen to follow the person they were keyworker for. The person had chosen to move homes within the service to a 'quieter' one. The staff member said, "(Person) wanted to move so I made a choice to move with them, why wouldn't I?"
- People received regular training and supervision which helped them in their roles.
- Each group home had a 'house manager'. These senior staff were responsible to managing the staff team and undertaking management tasks, such as audits, staff rota planning etc. This meant the registered manager had a good overview of the services and staff were supported in their hands-on roles. This also meant people's issues to be dealt with quickly, such as liaising with relatives or organising GP appointments.

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

- Staff supported people to maintain a balanced and nutritious diet. Their dietary needs, likes and dislikes were recorded in their care plans.
- People participated in cooking their chosen meals which was a planned weekly event. One home had recently purchased two new cookbooks. People used these books to look at the pictures of the food and pick their meals. They also included easy to follow instructions on how to make the meal which people found useful.
- A roast dinner was served on Sundays which people participated in and shared together as a group which they enjoyed.

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

- People were supported to ensure their health and well being needs were met. Relatives were included in any decision making.
- People were referred and had access to appropriate health care services when needed. They also accessed specialist professionals if necessary, such as speech and language therapists, the learning disability team and epilepsy nurse.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found they were.

- People had capacity to make most decisions for themselves. In the case where they were unable to make such decisions, best interest decisions had been made appropriately.
- People told us they were always asked for consent before any personal care was given.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy and independence

- People were complimentary about the way they were supported by staff. One person said, "I love (staff member) and (staff member) but (staff member) is my favourite". Another jokingly said, "He (staff member) is not my favourite, he's alright but I like (staff member) best".
- Positive and engaging relationships had been built up between staff and people who used the service. This was displayed by gentle humour, banter and conversations between them. One staff member said, "I have worked with (person) ten years, we have a great bond" which the person agreed with and was obvious to see through their interactions and body language.
- Relatives were positive about the way their family member was treated and one said, "The staff know them so well. (Family member) leads a fulfilling life and if they were not happy, staff would know about it."
- Staff supported people in a kind and caring way, although people understood boundaries were in place if needed. One staff member said, "We have care and pride in what we do ... we are a small team ... we work here because we want to and enjoy spending the whole day with these people."
- People were treated with privacy and dignity. A relative said, "They (staff) are good with dignity as (family member) has quirky ways."
- Staff were motivated and passionate in their roles. They truly enjoyed their jobs and the homes had a 'family feel' atmosphere to them. People lived together as a large family. One staff member said, "Because we care for just a few people, it works 100% better than large places."

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

- Staff and people were partners in care and decision making. People were supported and encouraged to make decisions for themselves and try new things, such as food and activities.
- Staff knew people's individual communication needs and abilities. Staff knew when people were worried or were upset by their facial or other non-verbal expressions.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans informed staff about the support and care people they needed. There was clear information about how to support people with daily routines in line with their preferences. The provider had plans to update the support plans to add in more personalised information. This would enable the plans to be even more comprehensive and clear to read.
- People's care and their plans were regularly reviewed. People and relatives were encouraged to contribute to reviews to help ensure their needs were accurately reflected.
- Staff completed records daily which showed how people had spent their day.
- The service was operated, run and managed around people's needs. The service was flexible to meet those needs and adapted when needed, such as for appointments, activities and visits.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information about the support a person might need to access and understand information, such as if they wore glasses or had communication problems. Staff ensured people's glasses were kept clean and guided people to do this independently for themselves.
- The service was working on updating care plans in an accessible format for people's individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to follow their hobbies and take part in activities which were of interest to them.
- Staff helped to support people when they took on new activities and worked on a plan to achieve their goals.
- Where people no longer wished to undertake certain activities, staff helped them to research other opportunities. For example, when one person no longer wished to go to one activity centre, staff supported and organised for them to go an alternative of their choice.
- People were integrated in the local community. One person worked at a dog kennels, a local farm, played football for a team and sang in a local choir. Staff also supported them to take part in special Olympics where they had their array of medals they had won on display. They proudly showed photographs of their achievements, such as driving a quad bike for the first time on a farm.
- Relationships with families were supported and relatives visited when they wished. Relatives felt part of

their family member's life and were involved in any decision making.

- People were also encouraged to maintain important relationships outside of the home. For example, one person was supported to have a partner and another person was supported to maintain relationships with their best friend who lived at one of the other services.
- The service supported people to widen their friendship network by visiting and spending time with each other at other services, such as families would. For example, two homes spending time and eating Sunday lunch together.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and that they would speak to the appropriate staff.
- Relatives said they felt listened and that any issues of concern would be addressed as there was good communication.
- Staff worked hard to resolve any niggles before they became a problem. This was demonstrated by the lack of number of complaints made.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were committed to providing high quality care which reflected people's preferences.
- The registered manager had developed a clear vision and strategy for the service. Staff said their aim was to deliver support in the best possible way for individuals.
- Interactions between staff and people were respectful and centred around doing their best for the people they supported.
- Staff said the registered manager encouraged an 'open culture' where staff could speak or drop in anytime to see them. One staff member said, "The registered manager is really good, and we have openness".
- The registered manager was open and honest when things went wrong and put in place steps to prevent a reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and senior staff were clear about their roles and responsibilities and led the service well.
- The registered manager understood their regulatory responsibilities to inform the Care Quality Commission about significant events at the service.
- There were systems in place to monitor the quality and safety of the service. The registered manager was extending these systems to cover more aspects of the service to identify any improvement needed.

● Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's opinions were regularly sought and acted upon through quality assurance surveys and meetings. A house meeting was held every week to discuss how the previous week had gone and for people to plan for the following week.
- A variety of meetings were held between management, senior staff and staff to feed back any concerns, issues and discuss plans.
- Staff had opportunities to discuss any issues at supervisions, but senior staff were receptive to suggestions on how to improve the service at any time in between.

- The service had developed strong links within the local community which people accessed and were part of.