

Modus Care (Plymouth) Limited Klein

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 

Overall summary

The inspection took place on 4 & 5 September 2015 and was unannounced. Klein provides care and accommodation for up to two people with learning disabilities who each have their own self-contained living accommodation within the home. On the day of our visit two people were living in the service. Modus Care (Plymouth) Limited owns Klein and has three other local services.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The

registered manager is also the registered provider. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We met and spoke to people during our visits. We observed people and staff were relaxed in each other's company and there was a calm atmosphere. Some of the people who lived in the service were not able to fully verbalise their views. People responded positively when

Summary of findings

asked if they liked living in Klein. All staff agreed that they felt people were safe living in the service. Staff knew people well and had the knowledge to be able to support people effectively.

Staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge about how to report any concerns and described what action they would take to protect people against harm. Staff felt confident any allegations or concerns would be fully investigated.

People's medicines were managed safely. People received their medicines as prescribed and received them on time. Staff were appropriately trained and records showed what each medicine was prescribed for. People were supported to maintain good health through regular access to health and social care professionals, such as dieticians and social workers.

When people were asked about the care and support they received, those able, responded positively while others responded with a smile indicating they were happy with the staff support. Care records were comprehensive and personalised to meet each person's needs. Staff fully understood people's individual complex behavioural needs and responded quickly when a person became anxious. People were involved as much as possible with their care and records documented how people liked to be supported. People were offered choice and their preferences were respected.

People living in the service could be at high risk due to their individual needs and additional support was offered when needed. People's risks were well managed and documented. People lived active lives and were supported to try a range of activities. Activities were discussed and planned with people's interests in mind.

People enjoyed the meals provided and they had access to snacks and drinks at all times. People were involved in planning of menus, food shopping and preparing meals.

People did not have full capacity to make all decisions for themselves, therefore staff made sure people had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

Staff said the registered manager was very supportive and approachable and worked in the home regularly. Staff talked positively about their roles.

People were protected by safe recruitment procedures. There were sufficient numbers of staff on duty to support people safely and ensure everyone had opportunities to take part in activities. Staff received an induction programme. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs.

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs such as community nurses and GPs. Staff acted on the information given to them by professionals to ensure people received the care they needed.

There were effective quality assurance systems in place. Any significant events were appropriately recorded, analysed and discussed at staff meetings. Evaluations of incidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the service. People met with staff on a one to one basis and were able to raise concerns. Feedback was sought from people living in the home, relatives, professionals and staff.

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?

This service was safe. There were sufficient skilled and experienced staff to support people.

Staff had the knowledge and understanding of how to recognise and report signs of abuse. Staff were confident any allegations would be fully investigated to protect people.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

Medicines were administered safely and staff were aware of good practice.

Good



Is the service effective?

The service was effective.

Staff had received the training they required and had the skills to carry out their role effectively.

Staff understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People could access appropriate health and social care support when needed.

People were supported to maintain a healthy and balanced diet.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect by caring and compassionate staff.

People were encouraged to make choices about their day to day lives and the service used a range of communication methods to enable people to express their views.

People were involved in the care they received and were supported to make decisions.

Good



Is the service responsive?

The service was responsive.

People received individual personalised care.

People had access to a range of activities. People were supported to take part in activities and interests they enjoyed.

People received care and support to meet their individual needs.

There was a complaints procedure in place that people could access.

Good



Is the service well-led?

The service was well led.

There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager. There was open communication within the staff team. Staff felt comfortable discussing any concerns with the registered manager.

Good



Summary of findings

There were systems in place to monitor the safety and quality of the service.	
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Klein

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector on the 4 & 5 September 2015 and was unannounced.

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. We also reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we met and spoke with both people who used the service, the registered manager and five members of staff. We also spoke to a health and social care professional and two relatives.

We looked around the premises and observed and heard how staff interacted with people. We looked at two records which related to people's individual care needs, two records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People who lived at Klein said “yes” when asked if they felt safe living there and staff spoken with all strongly agreed that they felt people were safe. A relative said; “Yes-definitely” when asked if they felt their relative was safe.

Staff told us there were sufficient numbers of staff on duty to keep people safe. Staff were visible throughout our inspection and they had time to sit and support people, as well as engage people in activities.

Records detailed the staffing levels required for each person to keep them safe inside and outside the service. For example, staffing arrangements within the home were one to one and two to one to help keep people safe. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. The registered manager said if people needed extra staff they were able to provide this for example when people displayed behaviours that could be seen as challenging.

People were provided with a safe and secure environment. Staff checked the identity of visitors before letting them in. Smoke alarms were tested weekly and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. People’s needs were considered in the event of an emergency situation such as a fire because people had personal evacuation plans in place. These plans helped to ensure people’s individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way.

The service had whistle blowing and safeguarding policies and procedures in place. Posters were displayed that provided contact details for reporting any issues of concern. Staff had up to date safeguarding training and were fully aware of what steps they would take if they suspected abuse and were able to identify different types of abuse that could occur. Staff said; “I’d have no hesitation in contacting the registered manager immediately.” Staff said they were aware of who to contact externally should they feel their concerns had not been dealt with appropriately for example the local authority. However, staff were confident that any reported concerns would be taken seriously and investigated.

People’s finances were kept safely. People had appointees to manage their money. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people’s money was audited.

Incidents or accidents were recorded. These were analysed when needed to identify trends and discussed amongst the team to enable staff to avoid any repetition and reduce any further risk to people. This showed that learning from such incidents took place and appropriate changes were made. The registered manager kept relevant agencies informed of incidents and significant events as they occurred for example the local learning disability team. Staff received appropriate training and information on how to ensure people were safe and protected. For example staff had completed Modus’s positive behavioural training to support people who displayed behaviour that could be perceived as challenging to others. This helped to keep people safe.

People identified at being of risk either inside the service or when they went out into the community had clear risk assessments in place. For example, where people may place themselves and others at risk, there were clear guidelines in place for managing these.

People’s medicines were managed safely. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. Staff were knowledgeable with regards to people’s individual needs related to medicines. People had risk assessments and clear protocols in place for the administration of medicines and emergency medicines.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. For example, disclosure and barring service checks [DBS] had been made to help ensure staff were safe to work with vulnerable adults.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available to reduce the risk of cross infection.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. Staff confirmed they received appropriate training to support people in the service for example learning disability training.

Staff completed an induction programme that included shadowing experienced staff and staff confirmed they did not work with individuals until they understood people's needs. One newly employed staff confirmed they were given sufficient time to read records, shadow experienced staff and work alongside staff to fully understand people's complex needs. Training records showed staff had completed appropriate training to effectively meet the needs of people, for example learning disability awareness training. Discussions with staff showed they had the right skills and knowledge to meet people's individual needs. The registered manager confirmed all new staff would complete the Care Certificate (A nationally recognised training course) as part of their training. Ongoing training was planned to support staffs continued learning and was updated when required, for example training booked included communication skills. Staff said; "There is always plenty of training on offer."

Staff received annual appraisals and regular supervision. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Staff members confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings and records showed staff discussed topics including how best to meet people's needs effectively.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe.

The staff confirmed they continually reviewed individuals to determine if a DoLS application was required. The registered manager informed us if people had been subject to a DoLS application and authorisation to keep them safe. Each authorisation recorded the people involved in the decision making. Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. Staff said when it came to more complex decisions such as when people's mental health may deteriorate, restriction were in place to help keep people safe. Staff understood a professional body would need to be consulted.

Records showed a best interest meeting had been arranged to discuss a person moving into the service and if it was in the person's best interest. This helped to ensure actions were carried out in line with legislation and in the person's best interests.

People were encouraged to make choices on many areas of their lives, such as what activities people wanted to partake in. People made choices on what food they wanted to buy, cook and eat. People were encouraged to prepare their own snacks and drinks. People who required it had their weight monitored. Staff were familiar with the nutritional requirements of people.

People had access to local healthcare services and specialists including dieticians. When people either informed staff or staff became aware that people were unwell, appointments were made with a local GP or the persons named consultant psychiatrist. Staff sought people's consent before making an appointment for one person. We observed one person attended the local GP practice as they were feeling unwell. This helped to ensure people's health was effectively managed.

Care records held information on people's physical health and detailed people's past and current health needs as well as details of health services currently being provided. Health plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. Healthcare professionals confirmed they visited the home regularly and were kept informed about people's wellbeing. This helped to ensure people's health was effectively managed.

Is the service caring?

Our findings

People who lived in Klein were supported and cared for by kind and caring staff. We observed the atmosphere in the home to be warm and welcoming. The interactions between people and staff were very positive. People, when asked, agreed that they were well cared for. A relative said; “The staff are very caring, they all have halo’s!”

People’s behavioural needs were clearly understood by the staff team and met in a positive way. For example people had one to one or two to one support. When people became anxious additional support was provided by the staff of their choice to help calm the situation.

People were supported by staff who had the knowledgeable to care for them. Staff understood how to meet people’s individual needs and knew about people’s choices to promote independence. Due to people’s complex needs we were only able to spend a short amount of time with people. To avoid causing distress to people, staff ensured we left immediate if people were becoming upset due to our presence. This showed us the staff knew people well.

People living in the service needed minimum input with meeting their care needs however staff confirmed people needed some prompts. This helped people remain independent. Staff were observed treating people with kindness and compassion. People, when asked if the staff were kind, said “yes.” One staff member said; “We encourage people to be as independence as possible.”

People’s well-being was clearly documented. Care records held hospital passports detailing people’s past and current health needs as well as details of health services currently being provided. Hospital passports helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups.

Staff knew the people they cared for well and some staff had worked at the home for over 14 years. The staff were

able to tell us about individuals likes and dislikes, which matched what people, had recorded in care records. Staff knew who liked to stay in bed later. People were supported people to maintain choices and remain independent.

People were supported to express their views and be actively involved in making decisions about their care and support. People had access to individual support and advocacy services, for example Independent Mental Capacity Assessors (IMCA) and advocate services. This helped ensure the views and needs of the person concerned were documented and taken into account when care or treatment was planned.

People’s privacy and dignity was respected. Staff understood what privacy and dignity meant in relation to supporting people. For example, people liked to spend time on their own and this was respected. One staff said, “When people want time on their own we move out of their living area until they call us again.” We observed the staff respecting people’s privacy by knocking on entry doors to people’s private space. Respecting people’s dignity, choice and privacy was part of the home’s philosophy of care. People were dressed to their liking and the staff told us they always made sure people made a special effort to look smart if they were going out with their family. Staff spoke to people respectfully and in ways they would like to be spoken to. Staff knew those people who enjoyed joking with staff and were courteous with those who preferred a more formal conversation. One person had a list of “What would you be happy for your parents to know” and staff respected people’s wishes to maintain their privacy and confidentiality.

Staff showed concern for people’s wellbeing. For example one person who was prone to reoccurring infections was offered support to attend appointments. Staff were attentive and responded quickly to people’s needs, for example when people started to become anxious they received prompt support from staff.

Is the service responsive?

Our findings

People's individual needs were assessed prior to admission and a more in depth care plan was developed as they settled into the home. Health and social care professionals, family and friends were involved in this process to ensure the home could respond to people's needs. Staff took time to get to know people so they knew how people liked to be supported. Friends and family were encouraged to be a part of the assessment and the care planning process where appropriate. Staff confirmed that one person had an extended transition period to move into the service due to their complex needs. People had a "living at (Klein) guide" which documented, in an easy read format, pictures of the home and staff team to assist this person have a smooth transition.

People had care plans which contained information about each person's needs and how they chose and preferred to be supported. For example one person had requested to always have at least one female carer and this was adhered to. People had guidelines in place to help ensure their individual care and behavioural needs were met in a way they wanted and needed.

People were encouraged to express their views and be actively involved in making decisions about the care and support they received. Care plans were personalised and reflected people's wishes. For example, care plans held information about how best to support people if they became anxious. People had information recorded about what activities they enjoyed. Staff got to know people through reading their care plans, working alongside experienced staff members and through the person themselves. Staff knew what was important to the people they supported such as their personal care needs and about people that mattered to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People were involved in their care planning as much as possible. We observed one staff member going through part of one person's care plan with them during our visit. Records recorded people's behavioural needs and how staff were to respond to people if they became challenging. People had clear guidelines in place to support staff in managing people's needs. For example there were guidelines for many areas of people's lives including when

people went into the community. Staff said plans had been put together over a period of time by the staff who worked with the person who knew them best. Regular reviews were carried out to ensure staff had updated information on people.

People joined in activities that were individual to their needs. People's social history was recorded. This provided staff with guidance as to what people liked and what interested them. One person spoke of their plan to have a caravan holiday and plans to go shopping that day to buy the ingredients to bake a cake. Another person was due to attend a "woman's group" later this month. Staff told us of activities people attended, for example the bowling.

Observation of staff's interactions with people showed they understood people's behavioural and communication needs and we observed staff communicating with people in a way they understood. Records included information about how people communicated and what they liked and did not like. Staff knew what signs to look for when people were becoming upset or agitated and responded by following written guidance to support people for example giving people their own space.

People were supported to go to local areas and maintain links to ensure they were not socially isolated or restricted due to their individual needs, for example people visited the local shops for everyday items. One person went shopping during our visit. People were encouraged to maintain relationships with those who mattered to them. Staff confirmed relatives and friends visited often. Relatives confirmed they were able to visit when they wished and often enjoyed a meal at the service.

The complaints procedure was displayed in a picture format so people could understand it. The registered manager showed us a complaint received by one person living in the service. Records showed and the registered manager told us of the action they had taken to resolve this issue straight away. This concern had been responded to promptly and investigated in line with the service's own policy. Appropriate action had been taken and the outcome fed back to the person concerned via a one to one meeting. The registered manager and staff told us they worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had were communicated to the registered manager and were dealt with and actioned without delay.

Is the service well-led?

Our findings

People, relatives and health and social care professionals all spoke positively about the registered manager. Comments included; “Extremely well led” Another said; “Management here is amazing” A relative said; “Modus Care (the company that manage Klein) is one of the best.” I can’t speak highly enough of the manager.” One newly employed staff spoke highly of the support they received from the registered manager, deputy manager and all the staff since starting work in the company and said; “They (Modus Care) is a very positive company to work for.” Another staff said; They (Modus Care) always let us know about promotional jobs going and encourage and support us to apply.”

Klein was well led and managed effectively. The service had clear values including offering choice, independence and respect. This helped to provide a service that ensured the needs and values of people were respected. These values were incorporated into staff training.

The registered manager took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure. For example the home had a deputy manager to provide support to staff on a day to day basis. Staff spoke highly of the support they received from the deputy manager and registered manager. During our inspection we spoke with the registered manager, the deputy manager and the staff on duty. They all demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff. One staff said; “[...] (the registered manager) knows people well and works alongside us when needed. We have a good team who support each other.”

Staff told us the registered manager was available and approachable. Staff were able to raise concerns and agreed any concerns raised were dealt with straight away. Staff agreed there was good communication within the team and they worked well together. Staff felt supported. Staff said; “He (the registered manager) is willing to get his hands dirty and help out whenever we need extra support.” The registered manager had an “open door” policy, was visible and ensured all staff understood people came first. The relaxed leadership style of the management team encouraged feedback, good team working and sustained good practice.

Staff were motivated, hardworking and enthusiastic. Many staff had worked for the company for many years. They shared the philosophy of the management team. Regular staff meetings were held to allow staff to comment on how the service was run. This enabled open and transparent discussions about the service and updated staff on any new issues, and gave them the opportunity to discuss any areas of concern and look at current practice. Meetings were used to support learning and improve the quality of the service. Staff said; “I feel able to contribute and raise any issue.” Shift handovers, supervision and appraisals were seen as an opportunity to look at improvements and current practice. The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

People were involved in the day to day running of their home as much as possible. Though residents meetings were not always held, due to people’s complex needs, the registered manager said they encouraged the staff to talk to and listen and observe if people had concerns. One staff member said; “We always sit and have a one to one talk time so people can raise any issues.”

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures, for example audits on care plans. Records showed regular checks were undertaken of the environment, kitchen, bathroom and staff training to maintain standards. Annual audits related to health and safety, the equipment and the home’s maintenance such as the fire alarms and electrical tests were carried out. We saw in the maintenance records that there were areas which had been noted as needing repair these had been followed through promptly. The registered manager sought verbal feedback regularly from relatives, friends and health and social care professionals to enhance their service.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager or the provider. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.