

Modus Care (Plymouth) Limited

Kazdin

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Kazdin is a residential care home providing personal care to 3 people at the time of the inspection. The service can support up to 3 people. The service is in a residential area with two adapted wings with kitchens and bathrooms for the two people living in those areas of the service. There is an extensive communal garden and one person has their own private garden.

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

Right Support:

People were offered choice in aspects of daily living and could personalise their bedrooms and lounges. Arrangements were made for people to receive specialist health and social care support locally in line with people's assessed needs. The staff were actively encouraging people to develop their independence at their own pace, and for one person fighting for them to have access to a mobility vehicle again so they could get out more.

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.

Right Care:

Staff were kind and compassionate and knew what people liked and disliked and how they wanted their support provided. Staff supported people consistently and staff tailored their communication approach and shared learning and observations about people's changing needs, moods and preferences.

Right Culture:

The leadership team were focussed on people's strengths and wishes and worked with staff to create a culture of acceptance, understanding and celebrating people's strengths.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 March 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service well-led?

Good ●

The service was well-led.

Kazdin

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector visited this service.

Service and service type

Kazdin is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kazdin is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The previous registered manager had deregistered in December 2022. There was a new manager who had been in post for a week who was in the process of applying to register.

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with or met all 3 people living in the service. We sought consent for and were invited into people's rooms and areas of the service they lived in. We looked at the environment inside and outside including where food was prepared and the gardens. We spoke with 3 relatives and received feedback both written and verbally from 7 staff members, including the new manager, deputy manager and compliance and outstanding lead. We contacted health professionals and had feedback from 2.

As part of our inspection we reviewed a range of records relating to medicines, care planning, staff recruitment, building safety and safeguarding. We also looked at the governance of the service and reviewed records relating to audits and quality improvement.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff all told us they had no safety concerns about Kazdin. One person said, "My room is where I feel safe, them [the staff] I feel safe with them, I am respected." A relative also told us, "I have no safety concerns." Another relative said, "We are very confident [person] is very happy and safe, they are very careful."
- There were safeguarding processes in place and staff knew what to look for and what might need reporting. All staff had completed safeguarding training, where staff were due for a refresher this was booked in.
- Where incidents had taken place or there were concerns, safeguarding referrals had been made in a timely way to the local safeguarding authority and notifications made to CQC.
- Staff had a good understanding of restrictive practises and were able to discuss what this meant in practise. The service was not using restraint with any person. Staff were supported by the provider's specialist positive behavioural support practitioner where needed to explore different ways to support people as their needs changed.

Assessing risk, safety monitoring and management

- People were supported to take positive risks so they could enjoy going out and developing their independence. For example, one person was supported to learn how to make their own cooked breakfast for the first time in their life. The service balanced the risk the person may burn themselves with the benefits of learning new skills through gentle coaching and exploring different cooking equipment.
- Risks people faced were assessed and staff knew how to support people to manage risks from other people, their environment and around health needs. These were regularly reviewed. One staff member told us, "I read the risk assessments every time they are updated just to keep on top of it."
- The environment had been adapted in some ways to meet the needs of people. For example, hard corners had been softened in one person's environment. Safety checks were also undertaken for aspects of the environment such as gas safety. Fire drills and testing of alarms was taking place.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff had a good understanding of consent. We observed people being asked for consent by staff and staff offered choice and respected people if they wanted to make a potential 'unwise decision.'
- Documents were in place to show MCA assessments had taken place and best interest decisions were recorded.

Staffing and recruitment

- There were enough staff on shift at the time of our visits to meet the needs of people. The manager explained new staff were being recruited and due to start soon. A relative said "I do think there are enough staff, I see the same staff ... is very well staffed."
- We saw several agency staff members in the service. Staff also fed back agency staff were frequently in the service. We sought assurances about this and saw agency staff were provided with an induction into the service and were consistently the same members of staff. This reduced the impact on people of having to get to know new staff all the time. A professional said, "There does always appear to be sufficient staffing."
- Recruitment processes were robust and included application, interview, shadowing, and disclosure and barring service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely; Learning lessons when things go wrong

- Medicines were stored safely. The new manager identified there was no controlled drugs storage and had ordered storage to be installed in case any person living at Kazdin had them prescribed in the future.
- Staff had completed training in administering medicines and had regular competency checks.
- People's medicines were reviewed regularly to ensure what they were prescribed was effective. Where a PRN or 'as and when needed' medicine was prescribed there was a clear protocol in place for staff so they could understand what to try first and when it might need administering.
- Where learning took place it was shared with the staffing team. Incidents were analysed and improvements made as a result. The improvement and outstanding lead said, "A debrief is completed with staff to understand what happened, what we can learn and if the staff member is okay."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were mostly assured that the provider was promoting safety through the layout and hygiene practices of the premises. We gave feedback on one area of the kitchen that needed attention and discussed laundry processes with the manager.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach. Since our visit a contractor has been booked in to remedy the areas in the kitchen we discussed with the manager.

Visiting in care homes

- People had visitors in their home and there were no restrictions on families visiting their loved ones.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Though there had been a recent change in the management team staff were feeling positive about the arrival of a new manager. One relative told us, "I was worried about the change in management, but it has been managed really well, last week I spoke to the new manager, had a long conversation."
- Staff spoke fondly of working at Kazdin. One staff member said, "I love my job, Kazdin is where my heart is. The service users make my job worthwhile. To be a part of seeing a change in a person's life makes it so rewarding."
- A professional said, "They ask for advice and help and are always willing to try new things in a bid to help improve things for the residents."

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

- The new manager showed a clear understanding of regulatory requirements and how to access best practise guidance. Notifications were being sent to CQC as expected about incidents or events we would need to be told about.
- There was a robust system of audits and checks on aspects of day to day support. Oversight was given in the form of mock inspections by members of the provider's quality team and we saw where any issues had been identified action had been taken. Themes and trends in audits and reports were analysed by the provider and there was a service improvement plan in place.
- It is a condition of the registration of Kazdin that a registered manager is in post. Although this condition was not currently being met the provider had taken proactive steps to employ a new manager who was in the process of registering with CQC.

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

- People were respected and involved in how their care was delivered. The service proactively built on people's strengths and gave people a voice where they might not otherwise have one. One relative said, "They treat her more age appropriate, she is treated appropriately and with dignity, they protect her privacy and dignity in public."
- People were asked for their views and the service sought to understand from people how they could improve their care, using different communication techniques. For example, one person used a whiteboard

and one person had a dictionary created of the unique words they used. This meant staff could communicate more effectively and find out people's opinions or how they were feeling about something.

- Relatives told us the service communicated regularly with them and were open and honest when things went wrong.

Continuous learning and improving care; Working in partnership with others

- Staff were reflective about wanting to improve the support provided. Opportunities for learning were provided for staff in the form of training courses, through team meetings and learning from more experienced colleagues to enable deeper understanding and development.
- The provider was taking part in developing tools and initiatives to enhance its approach in supporting people with a learning disability and autistic people. For example, the provider had a reducing restrictive practise pathway and an autism practise group to upskill managers and leaders.
- Networking opportunities were used to connect with the sister services in Plymouth, other services through forums, and events where best practise could be shared.