Kadima Support UK Limited

Kadima Support UK Limited No 146

Inspection report

146 Carlingford Road
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Date of inspection visit:
18 October 2016

Date of publication:
13 December 2016

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

We inspected this service on 18 October 2016. The inspection was unannounced. Kadima Support UK Limited No 146 is a care home registered for a maximum of six adults who have mental health needs. At the time of our inspection there were five people living at the service. A sixth person was in the process of gradually moving into the service.

The service is located in a large terraced house with access to a back garden.

There is no inspection history for this service as a new provider took over the running of the service in October 2014.

At the time of the inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they 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.

Medicines were administered safely but the temperature for storage was not routinely recorded. This was of concern as the efficacy for some medicines is reduced if they are stored outside of the specified storage temperature range. Following the inspection the temperature at which medicines is stored is now being recorded daily.

There was a calm and relaxed atmosphere at the service on the day of the inspection. We saw staff talking and working with people in a calm and respectful manner.

People told us they felt safe and that the home was a good place to live. Staff were aware of the importance of safeguarding adults and knew what to do if they had any concerns.

People living at the service were independent and went out to meet friends and participate in hobbies and activities without support. Staff offered assistance with appointments where required, monitored and supported people with their mental health needs and ensured they had appropriate additional professional support if their needs changed.

The service was clean and food was stored and labelled hygienically.

Risk assessments were up to date, detailed, and provided advice for staff to manage identified risks. The needs of people at the service were extremely complex and staff demonstrated skills in managing those people's needs and risk behaviours in a sensitive manner.

Staff had been carefully recruited and we could see that regular supervision took place with staff. Staff told us they felt supported and there was always management support available.

The registered manager was very experienced and knowledgeable regarding the needs of the people living at the service and provided outstanding leadership to the staff team. His knowledge and skills in providing training in health improvement issues were utilised across the provider's other services and this was positive for all the people living at the services. Some people had given up smoking as a result of the training and support.

The registered manager had efficient, effective quality monitoring systems in place and so the service was very well led. In addition senior managers undertook quality assurance audits on a three monthly basis and provided feedback to the registered manager.

There was a record of essential inspections and maintenance carried out.

We have made a recommendation in relation to the recording of training for staff.

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. Medicines were stored and administered safely.

Risk assessments were in place, were detailed, up to date and provided guidance for staff in managing identified risks.

Staff were safely recruited.

People living at the service told us they felt safe living there.

Is the service effective?

Good

The service was effective. Staff had received the relevant training and had the skills and knowledge to provide care and support to people.

Staff received supervision on a regular basis, and told us they felt well supported.

People using the service were supported to attend health appointments.

People living at the service, relatives and health and social care professionals spoke very highly of the service.

Is the service caring?

Good

The service was caring. We observed good interactions between staff and people using the service.

People told us the staff were able to provide support without being intrusive.

People told us the staff listened and responded to their views and requests.

Is the service responsive?

Good

The service was responsive. Care plans were detailed,

comprehensive in scope, relevant and updated regularly.

The service demonstrated a range of ways in which it provided person centred care.

People living at the service and their relatives told us they knew how to make a complaint.

Is the service well-led?

Good

The service was well led. The registered manager fostered an environment of trust, and by offering a reflective service provided good support to people with very complex care needs.

There were quality assurance processes in place to ensure the service was of a good quality.

People living at the service, relatives and associated health professionals spoke very highly of the registered manager's ability and skills in managing the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

This inspection took place on 18 October 2016 and was unannounced. The inspection team comprised of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 looked at information CQC held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the visit, we spoke with the registered manager, one member of staff and four people living at the service.

We checked medicines storage and records related to medicines. We looked at care records for three people using the service. We talked with four people living at the service.

We looked around the premises. We asked to see people's bedrooms but they chose not to let us view their rooms. We looked at records relating to the management of medicines and maintenance of the service. We looked at training records and supervision records for three members of staff. We also looked at the recruitment process for two members of staff.

After the visit we spoke with two relatives of people who used the service and two health and social care professionals.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service and were unanimous in their praise of the service. One person said "The staff are alright, if you know what I mean. They make you feel safe and supported but without being too supportive. I really like it here." Another person told us "This is the best place going. There is flexibility, we can all do our own thing, which is the point. Isn't it?" A relative told us this was the first time in her family member's life that he told her he had felt safe. He had lived at a number of services in the past and this was by far the best in their view.

People told us there was no tension between people living at the service and this was positive. Staff knew about the importance of safeguarding adults and knew what to do if there were any concerns. We could see that safeguarding concerns raised in the last 12 months had been dealt with appropriately by the registered manager and staff. Staff understood whistleblowing which is how to raise concerns about poor practice to the employer.

People living at the service knew what medicines they were prescribed and what they were for. Medicine stocks and records tallied and were stored securely. The registered manager had knowledge of the medicines the service held for people. As medicines were stored for a short period and had been risk assessed as safely stored at room temperature, the registered manager had not been taking the temperature at which medicines were stored on a daily basis. However he had ordered thermometers and undertook to take daily temperatures as part of his on-going risk management of medicines.

People living at the service had risk behaviours that could place them and others at risk of harm. Risk assessments were detailed, comprehensive, covered a wide range of issues and offered advice for staff in how to manage the risks. We looked at the preparation of care records including risk assessments for a person who was transitioning into the service. Vital information was gathered to support staff in assisting this person to live safely in the community, and to minimise risks to other people living at the service and in the wider neighbourhood. The registered manager explained he attended meetings relating to people's needs for up to two years before they moved to the service to ensure the transition for both the person and the community was safe. Other risk assessments viewed had been reviewed within six months, updated as necessary and were in a format that was easy for staff to read and understand.

There was one member of care staff on duty during the day and one staff member awake at night. The registered manager worked during weekdays so was able to offer support and he explained that he was able to book additional staff as required.. This meant the registered manager could respond to changes in staffing requirements quickly if people's health deteriorated or they needed additional support to attend appointments.

We looked at the accident and incident recording at the service and could see that the registered manager ensured these were dealt with appropriately, that relevant professionals were involved and liaised with, and any learning was shared with the wider staff team.

Staff recruitment was managed centrally by the organisation, but the registered manager sometimes participated in the recruitment process. He explained that finding people with the right attitude and temperament was vital in supporting the people living at the service. We checked records for two staff and found that recruitment checks, including Disclosure and Barring Service checks, were carried out before staff started working with people. This meant the provider had satisfied themselves that staff were considered safe to work with people who used the service.

The service was clean and we could see that chemicals were safely locked away. Food was stored and labelled safely, and there were colour coded mops and chopping boards for use so we could see infection control measures were in place at the service.

Essential maintenance and safety checks including gas, electricity and fire equipment had taken place at the service so the building was considered safe for use by the provider.

Good

Is the service effective?

Our findings

People told us they thought the staff were skilled in providing support to them. We were told "The staff are alright. I have been to a few places, but here it seems to be different. It will take me time to work it out, but I think it is because previously I have had people looking for things or stories or what they expect. Here the staff are not overbearing and that isn't too bad. It certainly helps." Another person told us "The staff here understand that I do things by myself and the staff are not 'in my face'. They know when to offer privacy and care and that is good."

We could tell from talking with people that the staff were non judgemental and strived to provide a homely environment that was free of tension and anxiety. Many of the people living at the service had moved there from hospital wards which were often challenging environments to live in.

The registered manager was explicit in his view that staff needed to have the 'right attitude' to work with people living at the service and when behaviours occurred talked through with staff how to address the issues from a problem solving approach. The registered manager had a good understanding of people's pasts and the possible impact on their current behaviours and told us "[persons name] is someone that needs nurturing." Relatives were unanimous in their praise of the service, in particular the skills and expertise of the registered manager. One relative told us "[registered manager's name] is the anchor" for the service.

We could see from records that there was extensive involvement of other health professionals. People who were able independently attended health appointments, others who needed more support with setting them up or attending were offered this support. People attended appointments for blood tests, depot injections as well as dentists and opticians.

Health and social care professionals told us the service supported people who had long term chronic mental health needs, many of whom needed extremely sensitive and intensive support to enable them to remain in the community. One professional told us "He [registered manager] has a superb and proactive approach towards risk evaluation and management which is why the service is a popular choice among my colleagues and authorities." He also told us "All the staff I have had contact with reflect the importance of shared information, shared knowledge of risks and trigger behaviours."

We could see that regular supervision took place with staff, and staff told us they felt supported in their role. One staff member told us "I like working here, I get to know the people and also make a difference in supporting choice. It is important not to offer help which imposes your view on people, but to be there and step back. Its a subtle difference."

Staff had received a comprehensive induction which covered key areas including safeguarding adults, administration of medicines, mental health needs and health and safety issues. Staff kept up to date with information with refresher questionnaires on a yearly basis which were then discussed in supervision. Questionnaires were wide ranging and covered safeguarding, whistle blowing, medicines administration,

health and safety and issues of capacity. Additional training was also provided through face to face training in key areas.

The registered manager was also a qualified smoking cessation and motivational interviewing trainer and had provided training to staff at this service and other local Kadima services. This was positive as motivational interviewing training is utilised by a number of services to assist people to embed changes in their lives.

Whilst we could see that this training had taken place records were not all held in a format that senior managers could easily access and check had taken place, as part of the quality assurance process.

We recommend that training records are stored in a format that is easy to understand and access as part of the quality assurance process.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was no-one deprived of their liberty at this service, and staff had a good understanding of the importance of consent. People were encouraged to sign care records and we saw evidence of this.

People told us they were happy with the food. People prepared their own breakfast and lunch and then the evening meal was prepared by staff or other people at the service. One person told us he enjoyed cooking for others so regularly gave the service a shopping list to buy items he wanted to cook for dinner. The cupboards were well stocked and people could put items on the shopping list which were then bought.

The service was spread over three levels accessed by stairs so would not be suitable for people with physical mobility needs. This was not an issue for people living at the service at the time of the inspection.

Good

Is the service caring?

Our findings

People were positive about the home and said they were given autonomy. The atmosphere was relaxed and we were told the service was "the best place going". One person told us "They are alright by me, they respect how people do things differently. People have choices here. It isn't like that at other places I have stayed."

During our visit we observed warm, good natured and positive interactions between people and staff. People we spoke to said staff were "good people". We saw that people were happy to be greeted by staff and responded to their greeting and conversation. We saw complimentary thank you cards from relatives, one said "I would like to thank you for all the care, kindness and love that you have shown".

People told us the staff were kind and caring. For example, "There is food bought for a birthday celebration. For mine, I couldn't have birthday cake, as I didn't want one due to having [named] health condition. But we had other food and a celebration, my sister makes me cakes which are suitable for [health condition]. The staff also gives us a present for our birthday in the form of a voucher, which is very caring." A family member told us that the staff had offered to support her relative to see another family member as the usual route was unavailable due to rail repairs. This was a kind and considerate solution to a problem.

The staff approach was gentle and attentive and the registered manager said "we always tell people when they live here the staff are in the background. This is your home we want it to feel relaxed and for you to feel comfortable". This was illustrated by a comment from one person living at the service "The staff understand that I like to be left alone. I know they are there, but they know I will ask them for help if needed. They are not intrusive and to me that is better to where I have lived before. It is that sort of thing that builds trust."

Staff were conscious of the needs of people whilst they were going about their work, for example not wanting to wake someone from their sleep as this person had a disturbed sleep pattern. The registered manager also told us that they waited for people to come to them for medicine and so fitted in with their schedule rather than imposing their own. If a person had a requirement to have medicines at a particular time they would remind them.

People told us that their privacy and dignity was respected. One person told us "I have more freedom here and the staff respect me. That makes a difference, I have my room the way I want it and I have friends to visit. Things like that make me feel valued." One relative told us the staff had got the support "just right" and this meant her family member was comfortable and well cared for.

We saw that medicines were offered in a private space and saw staff knocking on doors and waiting for a reply before entering. In care files confidentiality agreements were signed by people and they indicated who could access their details and care notes which were locked in the office. All people living at the service had a key to their room so their privacy was respected and were free to come and go independently.

People were provided with information and explanations that were specific to them. The registered manager explained how they adapt their communication information to different people depending on

their preferences. They explained that for example they might sit down with one person on a one to one basis, or in a group and use conversation or computer presentations to support that person to understand their health condition in more depth.

The home adopted a holistic approach to the wellbeing of people living there. For example, care files included in depth knowledge of physical and psychological health needs. People told us there was an awareness amongst staff of issues wider than mental health related matters, in the service. The registered manager was able to discuss in detail how the staff approach took into consideration the needs of different people and how these needs affect their behaviour and how they wanted to be supported.

Peoples' faith and cultural needs were understood by staff, we saw that there was halal food on offer and separate storage was provided for vegetarian food. The registered manager told us that when they had people living in the service with a particular faith they had supported them to attend the mosque and church.

Staff knew the people they were caring for and spoke with empathy about people and demonstrated knowledge of health and emotional needs and how this presented itself. During the inspection we saw staff responding to needs quickly, for example adding food items to a shopping list that a person requested and arranging to buy it that day. One person told us "Here is an example. I had stated that I liked Pot Noodle and found it easy to prepare and enjoyed them. The next day the staff had done this, they bought Pot Noodles for me. But it shows a point, that they actually cared to listen to my likes. That builds up trust."

Advocacy services were advertised in communal areas. Care files showed that people were supported by a range of relatives, care staff and professionals from the local community. There were no restrictions on people visiting, visitors could stay until 10pm and just needed to let staff know if they would like an overnight stay elsewhere.

People's independence was being promoted, the registered manager explained where appropriate support was reduced to get people ready to move on and "get into the mind set of taking care of themselves". Examples included getting people to self-medicate or arrange their own appointments. Care staff said that people chose how much support they get with day to day activities such as laundry or cooking. One person told us they enjoy cooking and often cooked for other people at the service.

Good

Is the service responsive?

Our findings

The service was responsive. We saw in care files that an in depth assessment of needs was done in collaboration with people and supporting professionals such as social workers and psychiatrists before they moved into the service. The initial needs assessment included diagnoses, relapse indicators and the objectives of the placement. Support plans addressed how to meet specific needs identified in the needs assessment. These included areas such as use of alcohol or illicit drug use as well as people's emotional or mental health.

The registered manager told us that they often went to the ward where people were referred from and met with them several times over several months to prepare them for moving out into the community. For one person the registered manager had been attending meetings for two years prior to the moving to the scheme. The registered manager told us there was a trial period for people to come and stay at the home to see if they liked it and wanted to live there. Some visits took place during the day, some were overnight stays and occasionally people went on the day trips to meet other people living at the service prior to moving in.

The registered manager said "It's all about encouraging people to take the lead in their care". Peoples care needs were reviewed regularly with care files having up to date six monthly reviews and notes from monthly or three monthly key working sessions. The registered manager told us that each person had a key staff member to work with who would be a permanent member of staff. People could choose to change their key staff member, and the registered manager was an additional key worker for everyone living at the service. Care documents and notes had an option for people to sign and in cases where this section was blank it was dated and noted it was declined after offering.

During our inspection we saw the registered manager and care staff responding to peoples' needs quickly throughout the day. People were observed spending time with staff cooking, watching television and engaging in conversations. People told us the service was flexible, for example one person was given a double bed because they preferred it to a single. The registered manager told us that one person had requested lino in their bedroom instead of carpet and the home supplied it and had it fitted.

People worked with staff to plan the activities weekly, this was reviewed daily. For example we were told if nobody wanted to go to the cinema a meal out was planned instead. There was a mix of activities that took place inside and outside the service. We saw a weekly timetable of activities such as visiting the library and reading newspapers, cooking and shopping, cinema outings and a weekly day trip. People told us that they enjoyed the weekly outing; the registered manager said this was a way of supporting people to avoid isolation and engage with the wider community. Trips were shared with other local services so there was an opportunity to meet new people. The registered manager told us that he was planning to improve the activities on offer and look at educational opportunities for people if they wanted this.

There was a complaints procedure which we saw displayed in communal areas of the home. We looked at the complaints records and there had been one complaint in 2016 which had been recorded as responded to within one day and to the satisfaction of the complainant. From the complaint the registered manager

responded with practical and creative suggestions to resolve it. The registered manager told us that feedback was gathered yearly from key stakeholders, we saw a file with feedback from relatives and professionals with yearly feedback forms. In the last 12 months one relative said "This is the first place my [person's name] can call home, safe, secure and not afraid" and another said that at the home their relative had had "on-going advice and responsive care". Feedback from a professional was "I think all staff are responsible, supportive and reliable".

Feedback was captured from people through notes from monthly meetings and it was noted that people were asked for any menu ideas, ideas for activities and feedback every month. Recorded in these notes was feedback from a person saying that they appreciated the staff always buying what they requested and doing the activities they liked and listening to their ideas. Another person said they found it helpful that if they were feeling unwell they were helped to make an appointment and given a lift to the GP.

Good

Is the service well-led?

Our findings

The service provided support to people with complex mental health needs and additional diagnoses. The registered manager was clear that the service aimed to integrate people back into the community, usually from hospital and normalise their day to day life whilst continually risk assessing their behaviour in a non-intrusive way. He told us "it is about developing a therapeutic relationship" between people living at the service and staff. The registered manager was clearly "proud of the atmosphere" at the service as he told us "people seem to enjoy it here."

We could see and this was confirmed by people living at the service, professionals and relatives that the registered manager provided excellent leadership in a number of ways. The ways in which the staff interacted with people was very supportive whilst at the same time managing risk and freedom of expression relating to unwise decisions.

For example, the registered manager explained that as particular items of food had gone missing from the kitchen, rather than challenge people in relation to this, he offered everyone the opportunity to have access to this type of food each day and to have a personal allocation of it in their rooms. His area of study outside of work, to become a doctor of psychology enabled him to view the behaviour of people in the context of their personal history. In this context the behaviour was entirely rational.

By problem solving this issue the staff team built up trust with individual people rather than set up a power dynamic which by its very nature was unequal, and could have contributed to unwise decisions and offending behaviour by people living at the service. One health professional told us it was testimony to the registered manager that placements of people with extremely complex mental health needs had not broken down. Another professional told us they viewed the registered manager as a safe and gifted pair of hands. Both relatives we spoke with said they would recommend the service to another family, and one person identified the registered manager as "crucial to the service."

In many ways, the registered manager lead by example, and showed empathy, compassion and the ability to reflect on practice which he also encouraged in the staff team. We could see that daily handover meetings took place to share information. Monthly staff meetings took place at which the needs of people who lived at the service were discussed as well as regulatory requirements relating to the CQC inspection domains, and safety issues. Staff told us they felt supported as the registered manager had an 'open door' policy and their views were valued. Staff had a variety of work backgrounds. For example, one member of staff was studying for their mental health nursing qualification at the time of the inspection as well as working part time at the service. The registered manager acknowledged and valued the differing skills the staff team could bring to the service.

The registered manager used his skills and knowledge to train his staff and staff from other Kadima services in innovative practice in relation to mental health and recovery, and in health prevention. This was extremely positive as people benefitted from this. One example was a person stopping smoking as a result of the intervention by the registered manager and the staff team.

The registered manager also undertook a 'talk' for people who were on the inpatient ward at the local hospital about the importance of finding the 'right' service to be discharged to, one that fitted with their personality and needs, not just provided the right accommodation. He told us that success or failure often hinged on finding the right support to adjust back into the community. One health professional told us they really valued "[registered manager's] approach."

The registered manager was clear that "we are part of a whole process" referring to recovery and moving from hospital to community, and this illustrated he understood the importance of working in partnership with the range of professionals involved with people living at the service.

With the exception of the training records which were difficult to audit, there were good quality assurance processes at the service. For example, the registered manager undertook checks of medicines stocks against records, temperatures were recorded for fridges and freezers on a daily basis and remedial action taken if too high. An environmental risk assessment took place monthly which was broad ranging to ensure all health and safety issues were addressed. The registered manager had systems to prompt him to undertake supervision, fire drills and all other building checks.

Quarterly quality assurance checks by senior managers ensured an independent oversight of the service as it focused not only on paperwork but the views of the people using the service. There were also three monthly management meetings which included the registered managers from local Kadima services and their managers. A senior manager told us this enabled the provider to share management information and obtain feedback from all the services, with a view to continually developing and improving the provision. There was also a staff forum across Kadima which ran every three months and a representative from each service attended.