Liaise Loddon Limited

Karibu Place

Inspection report

37-39 Mulfords Hill
Tadley
Hampshire
RG26 3HY

Tel: 01256812663

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Karibu place is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided. Both were looked at during this inspection. At the time of our inspection there were five people living in the service.

The service supported people with learning disabilities, autism and people who displayed behaviours which challenge. Staff did not wear anything that suggested they were care staff when coming and going with people.

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

People's experience of using this service:
We received positive feedback about the service and the care people received. The service met the characteristics of Good in all areas.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways:
● People were encouraged and supported to make choices about their care and support. Staff used individualised communication techniques to support people to express themselves.
● People were supported and encouraged to maintain their independence through engaging in activities of their choice.
● People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

● People received safe care. Medicines were managed safely and there were enough staff to support people and keep them safe both in the home and in the community.
● People were supported by skilled staff with the right knowledge and training.
● Staff had respectful caring relationships with people they supported. They respected people's dignity and privacy, and promoted their independence.
● People's care and support met their needs and reflected their preferences. The provider upheld people's human rights.
● Effective quality assurance processes were in place to monitor and improve the quality of the service. There was a positive, open and empowering culture.

Rating at last inspection:
This was the first inspection of the service.

Why we inspected:

This was a planned, first inspection of the service.

Follow up:
We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated Good. We will continue to monitor the service through the information we receive.

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.

Detailed information is in our safe findings below.

Is the service effective?

Good

The service was effective.

More information is in our detailed 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.

Karibu Place

Detailed findings

Background to this inspection

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

Inspection team:
● The inspection was completed by one inspector and an assistant inspector.

Service and service type:
● This service is a care home. It provides care for people living with a learning difficulty, autism and behaviours which challenge. Younger adults receive care and support at the service.

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

Notice of inspection:
● We gave the service 24 hours' notice of the inspection visit because the service provided care and support to people who were not accustomed to having strangers enter their home. We did not wish to cause them any unnecessary distress.

What we did:
Before the inspection the provider sent us a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the site visit we spoke with two people, the registered manager, the home manager, the chef, a positive behavioural support specialist, the positive behavioural support coordinator, the provider's induction manager, a member of care staff, and a visiting healthcare professional. We also observed people

receiving care and support. We reviewed three people's care plans and medicines administration records. We also reviewed the provider's overall development plan, the staff rota, audits related to quality and safety in the service, the incident log, infection control policy and the provider's complaints file.

After the site visit we spoke with one member of care staff and one relative. We also reviewed additional evidence sent to us by the provider including the staff training matrix, records of mental capacity assessments, best interest meeting decisions and the provider's annual quality assurance survey.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

● Systems and processes were in place to protect people from abuse. Staff we spoke with understood risks to people and ways to keep them safe.
● The registered manager understood their safeguarding responsibilities and ensured staff knew which actions to take if they suspected someone was at risk of harm .

Assessing risk, safety monitoring and management
● Systems and processes were in place to monitor and manage risks in the service. Staff had been trained in safe techniques to use to keep people safe when people displayed behaviours which challenged.
● Staff used personalised assessments to help people stay safe without restricting their freedom. Risk assessments reflected people's individual needs.
● The registered manager had plans in place to manage risks such as adverse weather and events which could interrupt the service. These were clearly outlined in the business continuity plan

Staffing and recruitment
● Rotas we reviewed showed there were enough staff to keep people safe and support their needs and choices. This included extra staff members to support people if they wished to go out to pursue leisure activities.
● The provider had used safe methods to recruit staff who were suitable to support people.

Using medicines safely
● Staff were trained to administer people's medicines safely. Staff we spoke with told us they were supported with regular supervision and regular medicines administration competency observations.
● We reviewed people's medicine's administration records. These were all completed correctly and we did not see any errors or gaps.

Preventing and controlling infection
● Staff understood how to prevent the spread of infection and used personal protective equipment such as gloves and aprons when giving care to people. Staff responsible for preparing food had completed their food hygiene training.
● Staff used guidance from the provider's infection control policy to help prevent the spread of infection.

Learning lessons when things go wrong

● The registered manager kept a record of incidents. Incidents were documented in people's care plans. This included the events leading up to the incident, behaviours people exhibited and strategies used by staff to provide reassurance to people, diffuse any anxiety and safely support people who displayed behaviours which challenge.

●Staff also reflected on incidents to identify techniques to support the person and prevent future incidents.

Good

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People received detailed, individualised assessments from staff who had been appropriately trained.
- Staff followed national guidance when making assessments for people. The service used a 'person centred planning team' when writing people's care plans. This included people's assigned key workers, the registered manager and behavioural support staff.
- Care plans were written in partnership with people and with their family members where appropriate.
- It was possible to 'see the person' from reading their care plan. Plans were written from the perspective of the person and described their preferences, interests, positive traits and abilities.

Staff support: induction, training, skills and experience
- Staff completed a thorough induction based on the care certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed the provider's mandatory training such as moving and handling, as well as training specific to people's individual needs, such as care of people who may have behaviours which challenge.
- Members of management staff provided regular, tailored, hands on training to care staff.
- Staff were supported by senior and management staff through a structured programme of supervision. This included appraisals and competency observations.
- Staff were also supported by the specialist positive behavioural support team. They provided training and techniques for staff to support people effectively.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to maintain a healthy diet and were encouraged to make meal choices.
- The chef was appropriately trained and had devised a menu which was regularly rotated.
- People were also able to choose meals they wanted to eat and were supported to go for meals in restaurants.

Staff working with other agencies to provide consistent, effective, timely care
- Staff worked in partnership with professionals from health and social care to meet people's needs.
- Records we reviewed showed that after completing assessments of people's needs, staff referred appropriately to professionals including a consultant clinical psychologist.

Supporting people to live healthier lives, access healthcare services and support
- People were supported to access appointments with dentists and other professionals as required. Staff

continuously reviewed people's health needs to ensure they received timely, appropriate support.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● The registered manager had appropriately submitted DoLS applications. They had notified us of these applications in line with legislation.
● Staff understood the principles of the MCA. They supported people to make their own choices as much as possible.
● People's care plans showed decision specific mental capacity assessments had been completed and the relevant professionals and family members had been involved in these.
● Records showed that if people were unable to make an informed decision about an aspect of their care, decisions were made on their behalf and in their best interests. These decisions had been thoroughly explored and documented. Evidence we reviewed showed appropriate professionals such as social workers had been involved in the decision making process.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- Staff had caring, respectful and appropriate interactions with the people they supported. During the inspection we observed a member of staff speaking gently to a person. The member of staff used gentle hand touches. When the person asked for a hug the member of staff reciprocated.
- Staff were highly responsive to people's emotional needs. They used different techniques to reduce people's anxiety. These were documented in people's care plans and were individualised. We observed staff using these techniques during our inspection visit.
- Staff had a thorough understanding of the need to promote equality and diversity. Staff knew people's interests and preferences and supported them to access community activities. One person had recently moved to the home which was further away from their family and community club. Staff supported them to continue to maintain relationships with the club and make visits to their family.

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

- People were encouraged and supported to express their views. Staff held conversations with people regularly to plan care which met their preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff gave us examples of how they ensured people's privacy and dignity was promoted.
- The provider had appropriate systems in place to protect people's confidential information. They used a password protected e-mail system to send information.
- Staff told us about how they ensured people's information was kept secure. One staff member said, "For females it's always appropriate to have females giving personal care - informing them of your intentions – working with them. You respect their choices."

Good

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
- Staff planned care and support in partnership with people. Care plans showed staff held regular reviews with people to assess their needs and make any necessary changes.
- People's needs were captured in care plans which contained detailed information about how they wished to receive care and support.
- The provider complied with the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.
- Before the inspection visit staff had produced pictorial explanation sheets for people. This helped people understand why we were visiting and helped reduce any feelings of anxiety about our visit.
- Each person's care plan included a communication support plan. This contained detailed information about techniques used to help people communicate, such as themed, pictorial emotions cards.

Improving care quality in response to complaints or concerns
- The provider had a policy in place for dealing with complaints. This was available in an easy read format and had been placed in each person's room.
- Records we reviewed showed complaints were dealt with promptly and thoroughly investigated.

End of life care and support
- At the time of our inspection, staff were not providing care to anybody at the end of their life.
- The registered manager told us that if people were in need of end of life care, they would hold sensitive conversations with their families where appropriate. Staff had sent bereavement questionnaires to people's families to ensure arrangements for funerals were recorded.
- Staff had not discussed end of life care with people as their assessments had shown this would be distressing as they would not understand what end of life care meant.

Good

Is the service well-led?

Our findings

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

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

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

- The registered manager displayed a strong person-centred ethos. They were committed to delivering individualised care which met people's needs and preferences and celebrated their positive qualities. This was shared by the staff team, who supported people to achieve their goals and ambitions.
- Staff we spoke with told us about how they worked in partnership with people and their families to plan personalised care and support.

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

- The registered manager maintained a detailed understanding of quality and safety in the service. Their monthly 'service review' included audits of record keeping and the condition of people's rooms. The service review included actions for staff, timescales for completion and dated records of completed actions.
- Records we reviewed included the provider's annual quality audit by senior managers. These covered areas such as building maintenance, recording of fridge temperatures and medicines storage. As the service was new, only one annual quality audit was available for our review so we were not able to see if any improvements had been actioned.
- Staff were clear about their roles. This was confirmed by staff we spoke with. One staff member told us, "I've always been aware of what my job is – I think it's all pretty clear."

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

- People who used the service were supported to give feedback about the care provided. Staff knew people's needs well and were able to support their different communication methods.
- People were supported and encouraged to access leisure activities in the community.
- A relative we spoke with told us they felt engaged in it. They said, "I have an app on my phone - I can see everything my [relative] does- they always ring me - communication is very good."

Continuous learning and improving care

- Staff were supported and encouraged to reflect on care provided. This helped them reflect on successful practice and identify any improvements.
- The registered manager's incident log recorded occasions when people had displayed behaviours which challenge and the interventions staff used to manage the scenario. This helped the registered manager ensure staff were using safe behavioural support techniques with people to help manage behaviours and

anxiety.

Working in partnership with others

● Records we reviewed staff worked in partnership with health and social care professionals to meet people's needs and promote their wellbeing. This included nurses and clinical psychologists.

● The provider had policies and procedures in place to work in partnership with agencies such as social services and the police if any safeguarding concerns were raised.