

# Home Group Limited

# Kent PBS Service

## Inspection report

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Website: [www.homegroup.org.uk](http://www.homegroup.org.uk)

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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

Kent PBS is an agency providing personal care to two people in individual supported living houses. Care and support is provided over a 24-hour period including overnight staff. Kent PBS offer a service to people who are living with mental health needs or learning disabilities, transition from secure settings, to the community to live as independently and safely as possible. The homes people live in are owned by Kent PBS and are people have separate tenancy agreements for this.

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

The manager told us, "I am extremely passionate about what we do. We have seen so many positive outcomes for our people that evidence that what we are doing is changing people's lives and that's what we are here to do."

People told us, "I am very happy here. [staff] help me with things I need help with, not just doing everything for me. I love my home; it feels like my home. People felt safe and staff were informed about people's histories and relevant sensitive information to keep them safe and supported correctly.

Systems and processes used by Kent PBS were relevant, appropriate and kept up to date in real time and risk assessments were personal, detailed and identified warning signs and what to do in an emergency guidance for staff.

There were adequate levels of staff to keep people safe, with varying skills needed to support people with their needs and staff supported people to minimise the risk of infection and to stay as safe as possible during the COVID- 19 pandemic.

People's medicines were managed in a safe and responsible way.

The manager and staff were open and honest when things had gone wrong and lessons learned from these were shared.

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

The service worked with external health and social care professionals and specialist learning disability teams to provide effective joined up care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People's choices were maximised and supported to develop more control and independence whilst remaining safe.

Right care:

- Care is person-centred and promoted people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives

People were involved in planning their care from initial assessment. People were given control and choice about how they wished to be supported and could make choices about their support and smaller important details such as how they would wish their home to be decorated.

Staff we observed were patient, informative and treated people with respect and kindness.

Houses were single dwelling properties. There were no offices in people's homes and except for in an emergency staff did not have keys or allow access by themselves.

People were supported to participate in activities that were relevant to them. Staff had assisted people to host social events such as BBQ and were planning for one person to have the tattoo that they had always wanted.

Complaints were actively encouraged and there was an open and honest culture in dealing with issues raised.

People and staff knew who the manager was and who the senior team were. The service had a clinical occupational therapist, clinical psychologist as well as a manager who was a registered mental health nurse all involved in planning and implementing people's care and support.

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

Rating at last inspection

This service was registered with us on 13 December 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been inspected previously.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Kent PBS Service

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager who was in the process to be registered with the CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided until the registration process is completed.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service. We spoke with four members of staff including the manager, clinical occupational therapist, team leader and a support worker. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding training and knew how to identify and raise concerns. One person we spoke with told us, "I am very happy here, I am safe and if I wasn't, I know exactly who I could go to."
- Staff working with people had been fully informed of people's needs and histories of when they were supported in secured services, which enabled staff to safeguard people from risks and identify any potential triggers.
- Documentation used by the service was online and staff updated records in real time, so other staff and the manager had access to the most up to date and accurate information required to keep people safe.
- Staff we spoke with demonstrated the correct procedures in reporting concerns of abuse. Staff told us the manager was very approachable and supportive. They were also able to raise concerns outside of the organisation if necessary.
- The service had an on-call system which provided support to staff outside of normal office hours. This meant that night staff had someone they could contact if there were any concerns when supporting people.

Assessing risk, safety monitoring and management

- Individual risk assessments were in place for people and were completed by the manager and clinical occupational therapists over a number of weeks before people moved into their homes. Risk assessments had been completed with the person's multi-disciplinary teams which included professionals that had worked with the person in a hospital setting and the staff from the service who would be supporting them in the community.
- People's support plan and risk assessments had detailed histories of people. Life histories contained sensitive information staff and visiting professionals needed to be aware of. This information was on a need to know basis and was treated in a dignified way.
- Behaviour that may escalate tension, immediate support to keep people safe, external professional contact details and emergency response plans were all considered and highlighted on people's risk assessments giving staff clear guidance of what to do in an emergency.
- People's risk assessments had been reviewed regularly and updates had been made so all information contained was relevant and up to date.

Staffing and recruitment

- Records showed staff had been recruited in a way that ensured suitability to work in a care setting. Staff had completed an application form and a values-based interview with a set score required to be achieved by potential recruits. Records we reviewed had references, including one from the most recent employer

and application forms provided full employment history. A Disclosure and Barring service (DBS) check was completed to assist preventing unsuitable staff from working with people who required care and support.

- New staff were recruited specifically for individual people. The manager assessed people's needs and what support they required in their new home. The manager recruited staff for this person to ensure staff had the correct skills to support them. During COVID restrictions, newly recruited staff were introduced to the person using video calling, however, there were plans in place to ensure these introductions will be completed in person once safe to do so.
- There were suitable numbers of staff to support people. The manager used a dependency tool to determine staffing levels in each house and these correlated with the support a person was assessed as requiring.
- Staff were encouraged to apply for promotions within the service. We spoke with one member of staff who had recently been promoted. This member of staff had to apply and complete the providers recruitment process in the same way as an external applicant would. The manager is in process of implementing a development pathway for staff to work towards achieving professional goals.

#### Using medicines safely

- People were supported to have their medicines by trained staff. Each house had a team leader who were responsible for oversight of medicines.
- People were supported to manage their medicines as independently as possible, ranging from prompts to take medicines themselves to supervision ensuring people were safe to do so. One person was living with a medical condition that at times was variable. Staff had individual guidance and instructions on how to assist the person to manage this, including 'what ifs' to monitor and 'as and when' medicines guidance.
- Shift leaders completed daily medicine counts and team leaders completed monthly audits of people's medicines to ensure correct medicine storage and amounts were present.

#### Preventing and controlling infection

- The service had an up to date infection prevention and control (IPC) policy which had been updated appropriately for the COVID- 19 pandemic with the latest government guidance. The manager had completed an internal IPC audit in August 2021 which highlighted the procedure for visitors to people, detailed all staff were regularly tested for COVID-19 and actions to take to minimise the potential of an outbreak of infection.
- Risks to people accessing community settings had been thoroughly assessed and people we spoke with were wearing personal protective equipment (PPE) such as masks.
- Staff were observed using correct PPE and they reported there were appropriate amounts to access.
- People's homes were clean and people we spoke with told us that they cleaned their homes regularly, either by themselves or with support from staff. Environments had been assessed for any risks of infection and actions were in place to minimise this.

#### Learning lessons when things go wrong

- Accident and incident records were reviewed. Incidents had been reported appropriately and in a timely manner. All staff had training on raising concerns on the providers online system. The manager received an alert when a new record was created so this information was reviewed correctly.
- Incidents were reviewed and assessed whether they required referrals to external partner agencies such as local authority safeguarding teams, the police or the CQC. Referrals were made to appropriate agencies and recorded. Once complete, the manager identified lessons that could be learnt from the incident and actions needed to minimise the risk of reoccurrence.
- There was an open and transparent culture within the service and staff told us that they felt listened to by the manager which encouraged staff to raise concerns when necessary.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- Individual care plans and risk assessments were completed. Care plans had a detailed history of a person's medical history, their interests/hobbies, cultural needs, cognitive ability, mental wellbeing etc. enabling staff to understand and provide appropriate care to each person. Care plans covered all protected characteristics under the Equalities Act 2010.
- People's care plans were created by staff with the person who it was relating to. This enabled care to be provided to people in the way they wanted and to achieve what they wanted to achieve. All care plans and risk assessments reviewed, were person centred and reviewed regularly. Updates had been made when there were changes in needs.
- Some people receiving support had conditions imposed on them by local judicial systems. This information was shared and discussed in an open and honest way with immediate circle of care and the professionals involved. This enabled staff to support the person in the safest way and minimise risk of these conditions not being met.
- People were able to cook for themselves and staff assisted where necessary. Staff accompanied people to complete their shopping at local food stores and provided information and guidance on healthy eating.

Staff support: induction, training, skills and experience

- Newly recruited staff completed an induction programme with all required mandatory training, before providing support to people. Staff shadowed experienced staff to get to know people in the service and for people to build relationships with staff who would be supporting them.
- Training provided was both online and face to face. Training records reviewed showed all staff had up to date training and some staff were studying for further qualifications and development such as for The Qualifications and Credit Framework and the care certificate.
- The service had a team of staff with varied skill mix. The manager was a registered mental health nurse and was supported by a clinical occupational therapist, clinical psychologist and positive behaviour support workers.
- There was a supervision process in place, known in the service as 'brilliant conversations'. The manager had these conversations with the deputy manager, clinical occupational therapist and psychologists. Support staff had supervisions with their team leaders. Since COVID-19 restrictions limited face to face meetings, the manager set aside time each week where they had made themselves available for anyone to talk to them which was informal and not minuted, this was to provide a 'safe space' and enable staff to have contact with peers, minimising the risk of feeling isolated.
- Staff we spoke with told us that they had a very good work/life balance and felt supported by the

management team. One member of staff told us, "I had a check in call with [manager] the other day. This was just them contacting me to make sure I'm ok. That I'm not struggling, and that work wasn't impacting on me. I thought that was brilliant and really appreciated it."

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

- People were supported in their own home by Kent PBS staff and by a larger multi-disciplinary team (MDT). The MDT included health care professionals, psychiatrists and specialist behavioural services. The person and support workers attended a weekly video conferences where all aspects of care and support were discussed. During these meetings people were encouraged to discuss how they were feelings and raise any positive/negative feedback.
- People's support plans included health action plans. These plans were in place to monitor people's physical health such as weight, family history, vaccinations and medication which helped staff assist and advise people to make informed decisions about their health.
- Staff supported people to make healthcare appointments, reminded them to go and attended with them to provide support.
- Staff supported people with their physical health care needs such as diabetes. Staff helped people to seek advice from the appropriate healthcare professionals when needed.

Adapting service, design, decoration to meet people's

- People had previously lived in a setting that provided higher levels of care and support and included a more restrictive environment, such as a hospital. This meant some people needed support of staff to maintain safety while at the same time encourage greater independence.
- People were involved in where they were going to live from an initial assessment. People's support needs are assessed by the clinical occupation therapist and decisions made relating to appropriate housing. The provider looked for suitable accommodation to purchase for people. The provider's housing team made appropriate adaptations to the property and people were also asked how they preferred the property to be decorated.
- People's houses were personal, and people told us they felt it was their home. One person we spoke with had decorated their home with personal belongings, film memorabilia and photos.
- Staff do not hold keys to people's homes. There were keys available for emergency situations, however generally staff knocked on people's doors to for access.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All people being supported by the service at the time of inspection had the ability to consent to care and treatment and to be involved in the inspection process.
- People were supported to live independently as possible. This included assisting people to make their

own decisions and remain as safe as possible without increased restrictions.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- The manager and staff we spoke with, told us they have seen a big impact on people's lives since moving into the service. People had previously been supported in a more restricted environment for long periods of time and were becoming more independent and confident in what they wanted to achieve.
- Staff had been trained in positive behaviour support and were able to respond to people's individual needs in a positive way, treated people with dignity and supported people to achieve their goals.
- People had been fully involved in the service and appeared happy and content in their homes.

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

- People had been fully involved in developing their plans of care. People were involved in weekly meetings with professionals to discuss how their support was going and if any changes were needed.
- People were involved in decisions about how they wished their home to be decorated, supported to purchase furniture and how this was arranged.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us, "This is my home, I have it the way I like it." There were no offices in people's homes, apart from a room for overnight support staff to sleep and keep important documentation. Staff knocked on the front door to be allowed access. One person told us they weren't happy some support workers were not washing up their crockery after themselves. The person raised this with the team and reminders were added to staff handovers. The person told us, "This has really improved since I raised it, so I'm glad I did"
- Staff supported people to maintain and increase their independence. Encouragement was given to help people manage their own domestic tasks. These included cooking, washing their clothes, keeping their homes clean and managing their finances.

# Is the service responsive?

## Our findings

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

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

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

- People's support plans were developed with them and were individual to their needs. People were involved in multi-disciplinary meetings, before being discharged from previous care settings, where they were asked how they wished to be supported. This gave people opportunity to make their preferences known before support began.
- People were supported with a 'soft transition' into their own homes. This was a staggered move into their property starting with two to four hours in the property, then six to eight hours and then building up to overnight stays, before moving in permanently. This enabled people to gradually build confidence and not be overwhelmed with dramatic changes in support.
- Staff knew people well and understood their preferences. We observed good relationships between people and their support staff, which we were told were, "Built on trust and respect." One person told us, "The staff treat me really well. They respect me and know what I need."
- Staff supported people to reach their goals and not be overly restricted. One person wished to go on a trip. Staff assisted the person to manage their finances for this and completed risk assessments to achieve this safely. One person really wanted to have a tattoo, the manager and clinical occupational therapist had plans in place to achieve this goal.

Meeting people's communication needs

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

- People's communication needs had been assessed appropriately. This helped staff to understand if any aids or specific instructions would be needed to enable people to be able to make their preferences known. People currently supported by Kent PBS did not require any specialist communication methods.
- People's care and support plans, including risk assessments were in a format that people could understand. Although staff used an electronic system to ensure all documentation was held securely, people had a paper copy in their homes. Easy read versions of some of the providers policies were in place, as required, such as how to make a complaint.

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

- Daily records of support people were receiving were reviewed. This documentation recorded staff had been watching films with people during the day and playing games or having a coffee with people.

- People's activities were individually planned with them, and staff had supported people with things such as woodwork, personalised social activities such as BBQ's and joining local community groups.

#### Improving care quality in response to complaints or concerns

- Complaint records were reviewed. There were details of previous complaints, who raised it, investigations that were completed and actions taken to mitigate risk of reoccurrence. There was a positive approach from the manager when receiving complaints or concerns about the service.
- People we spoke with were aware of how to make their feelings known if they weren't happy with any aspect of their support. One person told us, "I know who to go to if I'm not happy. I talk within my MDT; I can raise with my support workers or I go straight to [manager]."
- Changes to the service had been made as a result of previous complaints. For example, there had been a complaint made about items of missing property. The managers investigation found a full inventory had not completed when the person moved into the property. As a result of this complaint, shortfalls were identified, and inventories of people's property were completed as soon as people move into their homes.

#### End of life care and support

- There were no people being supported by the service at time of inspection with end of life care.
- The provider had policies and procedures relating to end of life care in place and the manager had extensive professional experience of providing this support.

# Is the service well-led?

## Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were at the centre of care and support planning. Managers, support staff and professionals met weekly with the person to discuss how goals and outcomes were to be achieved safely. People we spoke with told us, "I raise things at my [multidisciplinary] meetings. I say if I am unhappy or if I want anything changed."
- The service was focused on outcomes for people. Support packages moved in line with what people wanted to achieve. Feedback from people was positive, where staff supported people to be achieved things themselves and not just do it for them.
- There was an open and transparent culture at the service. The staff we spoke with were well informed about the vision for the service which focused around people's recovery, respect and independence.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager told us all staff had training on duty of candour, and they expected staff to follow the providers policy regarding this. The policy was shared with newly recruited staff when they started with the service. Staff we spoke with understood their responsibility of being open and honest when supporting people.
- Providers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The manager, on behalf of the provider, understood this role and responsibilities and notified CQC about all important events that had occurred and had met regulatory requirements.
- When things went wrong or there were incidents, the provider and manager were open and transparent about these and informed CQC and commissioners as appropriate.

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

- There was an experienced manager in post that was in the registration application process with CQC. The manager was a registered mental health nurse and kept up to date with relevant updates regarding best practice and professional development. These updates were shared with staff.
- Feedback was positive about the management of the service. People we spoke with knew who the manager was and how to contact them if they needed to.
- The provider and manager had a range of quality assurance checks in place to audit the quality and safety of the service and some of these were appropriately delegated to senior staff. These checks included

support plan audits, medicine records, infection control and cleaning schedules and recruitment files.

- The manager had clear team structures in place. Staff we spoke with were clear about who to report to and what responsibilities they had.
- People's care and support plans were completed on electronically. Records were password protected and audits were completed on what was being accessed. Records of daily activities and concerns were updated on the system allowing staff to access the most up to date information when supporting people.

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

- People's care plans were designed and completed with the person. People were able to make decisions about what was important to them and how they would like to be supported. People had other specific care plans, such as when admitted to hospital, to take with them which enabled other professionals to know how support people the way they wanted to be supported.
- The manager informed us there was not a current formal feedback processes in place for people to submit their experiences. However, this was in process of development and the manager and clinical occupational therapist contacted people regularly for feedback. People were encouraged to raise concerns, make suggestions or complain to any member of staff working for Kent PBS. All staff had completed training in dealing with complaints. One person told us, "If I'm not happy I make sure they know about it and I'm more than comfortable to do that."
- The provider had an internal social media system where staff were encouraged to interact with one another. There were groups where staff could join and discuss things that were important to them such as LGBTQ+ news and events.

Continuous learning and improving care; Working in partnership with others

- The manager, clinical occupational and clinical psychologists shared good practice across the providers services. The manager told us that they were supported by other professionals in the service and that the provider was a constant source of support.
- Since the service registered in December 2019, people had been moving into the service, one person at a time, to make sure people received the right support at important times. The provider and manager worked closely with many others, including psychologists, specialist learning disability teams and social care professionals to develop effective plans of transition from more secure settings.