

Guy Peters

# Kit Care Agency

## Inspection report

27a Chesapeake Road  
Chaddesden  
Derby  
Derbys  
DE21 6RB

Tel: 01332230222

Date of inspection visit:  
17 May 2018

Date of publication:  
06 July 2018

### 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

This was an unannounced inspection that took place on 17 May 2018.

We carried out an unannounced comprehensive inspection of this service on 6 October 2016. Two breaches of legal requirements were found. This was because the registered manager failed to demonstrate that people's care was always provided in line with the principles of the Mental Capacity Act 2005 and systems and processes were not in place to ensure the quality and safety of the service.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. At this inspection we found that action had been taken and both breaches had been met.

Kit Care Agency is registered to provide personal care for up to 10 adults with learning disabilities or autistic spectrum disorders. At the time of this inspection 10 people were using the service.

This service provides care and support to people living in a 'supported living' setting, so they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service has a registered manager. 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.

The service had a caring, family atmosphere. The staff treated people with kindness, respect and compassion. They knew the people they supported well and were knowledgeable about their routines, likes and dislikes, and personal preferences.

People and relatives were involved in planning people's care. Care plans were personalised and provided staff with clear instructions about how to support people in the way they wanted. People took part in activities they enjoyed, for example college, volunteering, attending day centres, and accessing the community.

People felt safe at the service. Staff knew how to protect people from harm. Risks to people were assessed and their safety monitored. People told us that having enough staff available to support them made them feel safe. They also said staff helped them to have their medicines safely.

Staff were knowledgeable about the Mental Capacity Act 2005 and sought people's consent before providing them with care and support. People were encouraged to express their views and be actively

involved in making decisions about their lives. They told us staff always asked them what they wanted before assisting them with their daily routines.

Staff supported people to shop and cook for themselves and to eat healthily. Staff were trained in nutrition and encouraged people to have a balanced diet and remain hydrated. People had access to healthcare services and specialist support when they needed it.

People told us they would speak out if they had any concerns about the service. The service's complaints procedure was pictorial and user-friendly. If people did complain staff addressed their concerns and worked with them to bring about a resolution.

The service was well-led and people and relatives made many positive comments about it. They said it was a safe, happy place where people were respected and valued. Managers asked people and relatives for feedback on the service and made changes where necessary.

The managers and staff were open, friendly and helpful. People, relatives and staff said they liked the family atmosphere at the service. Relatives told us they could visit the service at any time and were always made welcome.

The managers carried out regular audits which led to improvements being made to the service. They worked in partnership with other health and social care professionals to ensure people's needs were met.

## 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 ●

This service was safe.

There were systems in place to protect people from the risk of harm and staff were knowledgeable about these.

Risks were managed and reviewed regularly to keep people safe from harm, injury and infection.

People were supported to take their medicines safely and the provider was committed to reviewing and learning from accidents and incidents.

### Is the service effective?

Good ●

The service was effective.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

People's needs were assessed and met by staff who were skilled and had completed the training they needed to provide effective care.

People were supported to maintain their health and well-being, and, where required, with their meals and drinks.

### Is the service caring?

Good ●

The service was caring.

The staff were kind, caring and compassionate and knowledgeable about people's preferences and diverse needs.

Staff supported people to be independent and to make choices. People's privacy and dignity was respected.

### Is the service responsive?

Good ●

This service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

A complaints policy was in place and information readily available to raise concerns. People knew how to complain if they needed to.

### **Is the service well-led?**

The service was well-led

Audits were completed regularly at the service to review the quality of care provided.

Managers and staff listened to people and relatives and took their views into account.

The service had a positive and open culture that was centred on the people using it.

The service worked in partnership with other agencies to bring about improvements.

**Good** ●

# Kit Care Agency

## **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 17 May and was unannounced.

The inspection team consisted of one inspector 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. Our expert by experience had experience in the care and support of people with learning disabilities.

We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with three people using the service, five relatives, and two social workers who had placed people at the service. We also spoke with the registered manager, the care manager, and three support workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records.

# Is the service safe?

## Our findings

People, relatives, and social workers said the service provided safe care. One person told us, "I feel safe because the staff keep telling me I am safe." Another person said, "I feel safe. I just do, I don't know why." Relatives and social workers referred to the service as, 'most definitely safe', 'extremely safe', and 'very safe'.

Staff were trained in safeguarding and protecting people was discussed at meetings, one-to-ones, and annual appraisals to ensure staff were clear on their responsibilities. The staff we spoke with knew who to report concerns to both in and out of the service. One support worker told us how they'd noticed a person had an unexplained injury. They'd immediately reported this, in line with the service's safeguarding procedure, and the issue was promptly addressed.

Records showed that previous safeguarding concerns had always been reported to the local authority and people's family members or other representatives. However, they hadn't always been reported to CQC as notifications. We discussed this with the registered manager and care manager who said this was a result of them not being clear about the criteria for this. They agreed that in future all safeguarding concerns would be promptly reported to CQC.

Risks to people were assessed and their safety monitored and managed so they were supported to stay safe. One person told us they had a sensor mat by their bed and if they got up in the night the staff came to support them. The person said this made them feel safe. A relative said, "[Person] is very safe they even moved [person] to a ground floor bedroom to make them safer."

People had individual risk assessments covering aspects of their care where they needed extra support to stay safe. These included areas such as mobility, activities, and personal care. Staff were knowledgeable about where people might be at risk. For example, one staff member told us a person they supported needed regular activities and stimulation to prevent their mental health deteriorating. Another staff member explained the strategies they used to help keep a person safe whilst out in the community.

People were supported to maintain their own health and safety at the service. For example, they were trained in fire safety and had pictorial fire prevention leaflets to remind them what to do. One person told us, "If the fire alarm goes off I have to rush into the garden. The staff have told me where to go."

People told us that having staff available to support them made them feel safe. One person said, "It feels safe here because staff are always around when you need them." Another person told us that once, when they needed support in the middle of the night, "I called the staff and they came straight away." The person said they found this reassuring.

Records showed there were enough staff employed to meet people's needs. People had shared hours, when staff were available to them as a group, and designated one-to-one hours. This enabled people to remain safe and supported while in their homes and also when they went out into the community for everyday and leisure activities. The managers told us that staffing levels were flexible and if, for example, someone was

unwell extra staff would be brought in to support them.

Staff were safely recruited in line with the provider's recruitment policy. Staff confirmed they had not been allowed to start work at the service until the provider had obtained the required documentation to show they were safe to work at the service including proof of identity, a satisfactory DBS (criminal records check), a full employment history, and references.

People told us staff helped them to have their medicines safely. One person told us how their medicines were kept securely. They also said, "The staff come and help me [with my medicines]. They always come on time." Another person told us they were responsible for their own medicines supported by staff. They said staff ensured their medicines never ran out.

Medicines were safely managed at the service in accordance with current guidance and good practice. The provider's policies and procedures on the safe management of medicines were followed with regard to obtaining, storing, dispensing, administering, and disposal. Staff were trained in the safe handling of medicines and were able to discuss people's medicines with them if requested and explain what they were for.

The managers had systems in place to reduce the risk of infections. Staff were trained in infection control practices and used personal protective equipment, including gloves and aprons, when they were supporting people with personal care. They helped the people learn about how to keep their home's clean. A relative told us, "The accommodation is spotlessly clean."

Lessons were learnt and improvement made if things went wrong at the service. For example, staff told us that after safeguarding incidents where behaviour that challenges was involved, they had a debriefing session with management. This provided them with support, where necessary, and looked at ways of preventing further similar incidents.

If people using the service needed extra support, and staff extra training, this was provided. For example, in response to a particular incident, members of a NHS learning disability team came to the service to work with and support staff. This helped to ensure a person was able to continue to use the service safely.



## Is the service effective?

### Our findings

At our previous inspection on 6 October 2016 the registered manager failed to demonstrate that people's care was always provided in line with the principles of the Mental Capacity Act 2005

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for consent.

Following this inspection the provider sent us an action plan stating how they intended to ensure consent to care and treatment was always sought in line with legislation and guidance. At this inspection we found the provider had followed their action plan and the breach in regulation was met.

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was now working within the principles of the MCA. People's mental capacity was assessed when they came to the service. Where possible, people signed their care plans to show they were in agreement with them. All the people using the service were assessed with regard to understanding their tenancy agreements and best interest's decisions made following consultations with people, their relatives and social workers. One person told us they felt unrestricted at the service and had their own key.

Staff were trained in the MCA and sought people's consent before providing them with support. Staff understood the principles of the MCA, including people's right to decline their care. Consent was a theme throughout people's care plans and sought on a daily basis for routine decisions, for example those relating to choosing meals and taking medicines. Staff used the MCA Code of Practice to guide the way they worked with people and referred them to the local authority if significant decisions needed to be made or it might be necessary to restrict them to keep them safe. In this way staff helped to ensure people were supported lawfully in line with the MCA.

Since our last inspection staff had developed and improved the service's assessment documentation. This was now more personalised and focused on what the service could offer to meet people's needs in the way they wanted and improve their quality of life.

The assessment documentation covered people's background, cultural needs, and the support they needed to live independently. It included a section called 'Tell us about yourself' to help staff get to know people and support them to settle at the service. For example, staff were made aware that one person, 'Can be shy at first but soon becomes chatty'. This helped to ensure that staff had some understanding of a person's

character and personality when they came to the service.

Other sections in the assessment covered personal care, mental capacity, health and well-being, and aspirations and goals. This information formed the basis for people's initial care plans which were developed and updated as necessary. The managers were aware of the protected characteristics under the Equality Act and the service provided care that met people's needs without the fear of discrimination.

Most people came to the service over a period of time beginning with short visits, followed by 'sleepovers' and longer stays. This helped to ensure the service was right for the person and their needs could be met in the way they wanted. The managers said the views of other people using the service were taken into account as it was important that those using the service got on well with each other to maintain the happy and settled atmosphere at the service.

People, relatives and social workers said the staff had the necessary skills to meet people's needs and provide them with effective good quality care. One person said, "The staff are great because they know how to help me when I need help." Another person said, "The staff are always doing training and they are good at their jobs." Relatives described the staff as: 'very competent'; 'brilliant'; and 'very good'. A social worker told us, "The staff are excellent."

Staff had an induction and ongoing training to help ensure they could meet people's needs including courses on general social care skills and working with people with learning disabilities. If staff needed additional training this was usually provided. For example, an epilepsy nurse had been to the service to train staff on how to deal with seizures and advise them on making the environment safer for people living with this condition. Staff had also had training in the use of recovery medicines for people with epilepsy. A staff member told us how, as a result of this training, they were able to provide more effective care to meet people's needs.

However we were made aware at the inspection visit that at least one member of staff had been subject to incidents of behaviour that challenges when they had been held by a person and temporarily prevented from leaving an area. We discussed this with the managers and it was agreed that staff would benefit from 'breakaway' training to enable them to remove themselves from potentially difficult situations. The managers said they would ensure this training was made available to staff who needed it.

People were supported to eat and drink enough to maintain a balanced diet. People and relatives told us people shopped and cooked for themselves, supported by staff where necessary. One person said, "It's up to us what we eat although staff do try and get us to have healthy things." Another person told us they had a favourite food that wasn't particularly healthy and staff had supported them to cut down the amounts of this they ate. They said this was making them healthier. A relative told us, "My [family member] goes shopping and chooses what food they want."

Staff were trained in nutrition and understood the importance of supporting people to have a balanced diet and remain hydrated. One person told us, "I drink tea, coffee, water and orange juice. Staff tell me to have lots of drinks." Records showed that each person had their own individual arrangements for their meals. Staff ate with some people to keep them company and supported them to increase their social skills. People had individual storage areas and fridges for their food and could choose whether they ate with others in a communal kitchen/diner provided by the landlord or on their own in their homes.

Staff supported people to access healthcare services. One person told us, "I make my own [medical appointments] but staff go with me if I want them to." A relative told us, "They [the staff] only call us in an

emergency as they sort out all [person's] minor stuff, routine doctors, dentists, etc. We are very confident in their abilities to manage [person's] appointments and it is nice that we feel that [person] is being looked after." Another relative said, "They sort everything they let me know if there's anything major but I absolutely trust them to sort everything out for [person]."

Records showed each person had care plans for their health needs and access to a range of healthcare professionals including GPs, dentists, and opticians, and also to specialist learning disability services. Staff worked closely with healthcare professionals to help ensure people's healthcare needs were met as effectively as possible.

Although this service was not responsible for the adaptation, design and decoration of the premises where people lived, they provided support where necessary to ensure people's accommodation was suitable for them. They worked with the people's landlord to make changes to their environment where necessary. For example, they supported people to have ramps fitted to improve accessibility and one person to have a washer/drier installed to make it easier for them to use laundry facilities. They also supported a person to have alterations made to their accommodation to increase their privacy, and another person to have cupboards adapted so they were the right height for the person. This was evidence of the service ensuring people's living arrangements were suitable for them.

# Is the service caring?

## Our findings

People told us the service had a caring, family atmosphere. One person said, "As soon as I visited for the first time I liked it – the feel of it." Another person told us, "We all get on well here – staff and service users – we are like a family."

The staff treated people with kindness, respect and compassion. One relative told us, "The staff are very caring they are very good at understanding [person] and being able to manage their needs." Other relatives and social workers told us the staff were caring. Their comments included: 'the staff are lovely'; 'the staff are extremely caring'; and 'the staff are very caring'.

The staff team knew the people they supported well and were knowledgeable about their preferred routines and the people who were important to them. They knew their likes and dislikes, hobbies and interests, and personal preferences. They understood that people liked time alone and also to come together as a group. One staff member told us, "We all [people and staff] get on so well, we're like a family. It's very homely here and I love the atmosphere."

People were supported to express their views and be actively involved in making decisions about their care and support. People told us staff always asked them what they wanted before assisting them with their daily routines. One person said, "Nobody orders me about here. I decide what I do." A relative told us, "[Person] gets to choose what things they like to do and they go on lots of trips and days out."

Records showed people were consulted and encouraged to make choices about how they wanted staff to support them. For example, one person's records included a document they had signed which stated, 'If you are poorly is it OK for staff to come into your room to help you?' A staff member told us, "We offer people choices about everything. This is part of them becoming independent. They get to decide most things and it's only occasionally we need to involve families or social workers if we're worried about the choices they're making."

Staff supported people to maintain contact with their families or friends and see them as often as they wanted to. Relatives told us staff communicated well with them and they could contact the service at any time to check on the well-being of their family members.

People, relatives and social workers told us staff supported and respected people's privacy and dignity. One person told us, "The staff would never just barge into my flat. They always knock and ask permission first." A relative told us their family member was always treated with dignity and respect and that the staff were 'extremely compassionate'.

Information about an advocacy service was made available to people where appropriate. An advocate is a trained professional who supports, enables, and empowers people to speak up. The managers told us the advocacy service worked with people who didn't have a relative or other representative to support them, and they would refer people to this service if they were unrepresented and needed independent support.

## Is the service responsive?

### Our findings

People and their relatives were involved in planning people's care. Personalised care plans reflected their views and showed they had been consulted throughout the process. One person told us they knew about their care plans and could look at them whenever they wanted to. Relatives said they were consulted when care plans were developed and updated. One relative said, "Yes I am and I can just speak to them [the staff] at any time as they are always keen for feedback." Another relative told us, "My [family member] is involved in saying what she needs or wants to do."

Care plans were personalised and provided staff with clear instructions about how to support people in the way they wanted. They showed that staff prompted people, as far as possible, to do things for themselves in order to be independent. If people became distressed case plans advised staff how to respond to this in the way that was best for the person concerned. For example, one person's care plan stated, 'Talk to [person] and if that doesn't work leave [person] to have some space until they calm down.' In challenging situations staff were told to 'use simple clear communication' and encourage people to talk about what was distressing them. This meant that staff had the information they needed to provide people with responsive and compassionate care.

Care plans contained the information staff needed to meet people's equality, diversity and human rights (EDHR) needs. Care plans reflected people's rights relating to dignity and autonomy, such as how the person chose to receive their care and support. All the staff we spoke with were knowledgeable about each person's beliefs and preferences, and were able to tell us how they supported people with choices that met their individual and cultural needs.

In order to comply with the Accessible Information Standard, managers and staff looked at ways to make sure people had access to the information they needed in a way they could understand it. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information was made available to people in an easy read or pictorial format. For example, if people wanted support in a particular area they ticked a green 'thumbs up' symbol to show this.

Staff supported people to take part in activities they enjoyed, for example, college, volunteering, attending day centres, and accessing the community. One person told us they did a wide range of sporting and social activities which they enjoyed. Another person said they enjoyed shopping with their keyworker. A further person said staff supported them to plan their activities. They told us, "Staff write down what I'm going to do [activities] on my calendar so I know what's going on."

People told us they would speak out if they had any concerns about the service. One person told us, "If I have any problems I've got a phone and I can call the staff. They are always nearby." Another person said, "Anything wrong and I tell one of the staff and they sort it." They said they had complained their bedroom was cold at night. They told us, "[The care manager] fixed it straight away."

Relative also said they would complain if they needed to. One relative told us, "I would just speak to the staff but I am very happy and have no concerns." Another relative said, "I've raised concerns before and they have been resolved."

The service's complaints procedure was pictorial and user-friendly. It told people the different ways they could complain including speaking to staff, writing a letter, and using a complaints post box at the service.

The managers told us they had recently had six complaints via the post box after the care manager said they were going to get rid of the service's pet fish because no-one was looking after them. Six people complained so the care manager had a meeting with them to discuss the way forward. It was agreed that the fish could stay if people took turns in caring for them which people said they would do.

People were encouraged to think about how they would like to be supported at the end of their lives and what arrangements they would like in place. At the time of our inspection the service wasn't providing end of life care to any of the people using it. The managers said that if they were asked to provide this service they would ensure that staff received appropriate training to enable them to support people so they remained comfortable, dignified and pain-free.

## Is the service well-led?

### Our findings

At our previous inspection on 6 October 2016 the registered manager failed to demonstrate that systems and processes were in place to ensure the quality and safety of the service. We also found that records were not always complete and feedback had not been sought to evaluate and improve the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Following our inspection the provider sent us an action plan stating how they intended to ensure that the governance of the service was effective. They said they would carry out regular audits and provide opportunities for stakeholders to share their views on the service. At this inspection we found the provider had followed their action plan and the breach in regulation had been met.

People told us the service was well-led. One person said, "It's very good here, it's running well." Another person told us, "If I think something can be improved I tell [the care manager] and they improve it." We saw that people got on well with the managers and staff and spoke openly and confidently to them.

Relatives made many positive comments about the service. One relative told us, "I can't think of anything they could do better. We know [person] is very safe there and we are very happy with the care they are receiving." Another relative said, "I think the place is brilliant. This is what social care in this country should be like." Social workers said they liked the service because people got out and about a lot and were well-integrated in to the local community.

People, relatives, and social workers told us they were asked for their feedback on the service both formally, through quality assurance questionnaires, and informally when managers and staff asked them for their views. One person said, "I get a questionnaire and fill it in myself." A relative said their family member regularly received questionnaires. They told us, "We help [person] to complete them." Another relative said, "I am always encouraged to just speak to staff about anything."

We looked at the results of the latest annual quality assurance surveys carried out in 2017. Seven people, eight professionals, and one relative had responded. People said they were safe and happy at the service. Professionals said people were safe and happy and they would recommend the service. The relative said they were satisfied with all aspects of the service. They commented, "I never hear any complaints [from family member] and they are always happy and relaxed."

Eleven staff were also asked for their views and were mostly positive about the service, although one person said they would like more advanced training in behaviour that challenges. We addressed this issue with the manager and they agreed to provide this.

Audits prior to our inspection had covered aspects of the service including care records, medicines, staffing, and health and safety. Some of these had led to improvements, for example, an audit of complaints

management had led to managers introducing a more user-friendly complaints procedure. However, the audits hadn't been brought together to give an overall view of how the service was performing. We discussed this with the managers who told they wanted to improve their audit system and move from an 'off the shelf' system to one that was more suited to the service. Following our inspection they sent us an example of their new audit programme which covered all aspects of the service and clearly identified where actions were required.

People told us they got on well with the service's care manager. One person said, "[The care manager] is honest and I like that in a person. Especially a manager. I can trust them." Another person told us, "I know [the care manager] is in charge. I see them every day." The care manager worked at the service full-time and met regularly with the registered manager. The registered manager was based at one of the provider's other services. The managers also had regular informal contact with the provider who they said was a caring person who wanted a family atmosphere at the service.

Staff told us they were well-supported and had regular supervisions, meetings and appraisals. One staff member told us, "[The care manager] is proactive and gets things done instantly, not next week. They will stay till 10pm if they need to talk things through and sort out problems. They're the best manager I've ever worked for." Another staff member said, "The management are caring – that's why I stay here. In fact, the whole staff team are caring and work hard. I would recommend this place to anyone because people are happy here."

Relatives said managers and staff were open, friendly and helpful. One relative told us, "They have a really good team and that gives a really nice atmosphere. It's reassuring for me to know [family member] is happy, well-looked after and safe." Another relative said, "I don't have to worry about [person] at all and it is by far the best supported living they've had. It is more than our family could have ever hoped for [person]." Relatives told us they could visit the service at any time and were always made welcome. A social worker told us, "I very often turn up unannounced and that is no problem."

The service worked in partnership with other agencies to develop and improve. For example, the managers told us that through listening to local authority staff they had improved people's experience if they needed to go to hospital. They had done this by ensuring people had helpful documentation with them to give hospital staff a better understanding of their communication and other needs. They had also improved fire procedures at the service following consultation with local authority staff.