Modus Care (Plymouth) Limited

Kanner Project

Inspection report

Colesdown Hill
Plymouth
Devon
PL9 8AA

Tel: 01752482670
Website: www.moduscare.com

Date of inspection visit:
07 March 2019
11 March 2019

Date of publication:
25 March 2019

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

Kanner provides care and accommodation for up to five people with learning disabilities. On the day of our visit four people were living in the service and each had their own self-contained living accommodation within the home.

People's experience of using the service

People using the service benefitted from caring, dedicated staff. People living at Kanner were unable to verbally express their views to us but we observed they looked comfortable and at ease with staff. Relatives told us their family members were treated with kindness, compassion and respect.

People were placed at the heart of the service and involved in decisions as far as possible. People's family, professionals and advocates told us people's care was individualised.

People's care was provided safely. The staff team were consistent, staff knew people well and supported them to move safely around the service if needed, and when they were out of the home.
People's medicines were well managed.

People's risks were known and managed well, promoting independence as far as possible. Positive behavioural support plans were in place for staff to follow to support their care of people.

People were protected from discrimination because staff knew how to safeguard people. Staff knowledge of people meant they were alert to signs of change which may indicate someone was not happy.

People lived in a service which had a positive culture and was led by a committed registered manager and staff team.

Kanner had worked hard to develop good relationships with local professionals supporting people's care for example the local authority, commissioners and learning disability service.

Rating at last inspection:

At the last inspection the service was rated as Requires Improvement (The last report was published 8 August 2018). At this inspection the overall rating had improved.

Why we inspected:

This was a planned inspection to look at improvements the service had made following the previous rating.

At this inspection we found improvements had been made. People's risks relating to their health needs and the environment were known and care planned. Incidents were recorded and monitored for any themes and to reduce the likelihood of a reoccurrence. The environment had improved for people and staff working at the service. Maintenance was on-going to promote safety. The leadership at the service was stable. Monitoring of the service to ensure the quality and safety of people was undertaken.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns we may bring our inspection forward.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Kanner Project

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. 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 carried out by one inspector and a specialist advisor. This is a person with knowledge and skills about this type of service and expertise in learning disability care.

Service and service type:

Kanner Project (known as Kanner) is a "care home". People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Kanner provides care and accommodation for up to five people with learning disabilities. On the day of our visit four people were living in the service and each had their own self-contained living accommodation within the home.

The service a manager registered with the Care Quality Commission. Registered managers 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:

The first day of the inspection was unannounced.

The inspection took place on 7 and 11 March 2019.

What we did:

Before the inspection, we reviewed:

•□The Provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
•□Notifications we had received. These are events within the service the provider is required to tell us about.

•□The previous inspection report.

During the inspection we met everyone currently living at the service, we:

•□Reviewed 4 people's care records.
•□Reviewed records of accidents, incidents.
•□Discussed the complaints process.
•□Reviewed audits and quality assurance reports
•□Observed the care of people where possible.□
•□Observed staff interaction with people.
•□Spoke with staff about their training, support and people's needs.

We spoke with:

•□One relative
•□6 Staff members
•□The deputy manager
•□The registered manager
•□The regional manager
•□The local authority improvement team
•□The local learning disability service
•□The local advocacy service

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

● There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with. Staff had received training in protecting people from harassment, discrimination and harm.
● Team meetings, handovers, reviews with external professionals and one to one meetings with staff were used as an opportunity to discuss safeguarding processes.
● Family members, professionals, advocates and staff supported people to make choices in their personal lives where they were unable to make these themselves.
● People we met in their flats and in the communal areas of Kanner appeared comfortable with staff.

Assessing risk, safety monitoring and management

•□At the previous inspection we found people and staff were not always kept safe by the system in place to analyse incidents. People now benefitted from a service that recorded incidents and learned lessons from mistakes quickly to enhance safety.
•□Incidents at the service were recorded and investigated.
•□People's risks were assessed and safely managed. Risks related to people's behaviour, communication, health, continence and nutrition were documented and known by staff.
•□Professionals, family and advocates were involved in these discussions.
•□Support plans contained clear protocols and staff guidance to help protect people at home and in the community.
•□Support plans and policies at the service minimised restrictions on people's freedom, choice and control as much as possible.
•□Frequent in-house discussions and meetings with professionals were used as forums to share information about people, discuss any changes in behaviour and consider care and treatment plans.
•□Environmental checks were undertaken to maintain people's safety for example fire tests. Evacuation plans were in place for people.

Staffing and recruitment

•□There were enough staff available to support people according to their needs. Some people required a high staffing ratio to support their needs, for example one to one staffing.
•□The staff team was small, consistent and stable. This was because some staff had worked at the service for many years.

•□Recruitment was values and skills based.
•□Background checks continued to be completed before new staff started working at the service. This ensured staff were safe to work with people and of good character.

Using medicines safely

•□Medicines were stored, recorded and administered safely. Medicine Administration Records (MARs) were completed in line with best practice guidelines.
•□Staff were able to describe the action they would take if they identified a medicines error.
•□Staff were trained in medicine management and their competency checked.
•□There were PRN protocols (as required medicine sheets) in place. These are instructions detailing when people may require these medicines and how people liked to take their medicine.
•□No one at the service had their medicines given without their knowledge.
•□Regular reviews of people's medicines were in place and reductions and changes monitored closely.
•□There were plans in place to change the way the medicine keys were managed to improve safety.

Preventing and controlling infection

•□Personal protective equipment such as aprons and gloves were available for use when supporting people with personal care tasks. Staff had training in infection control and food hygiene.
•□People lived in a clean home.

Learning lessons when things go wrong

•□Any accidents and incidents were recorded and highlighted to the registered manager. These were audited for themes to identify any trends or patterns so preventative action could be taken to prevent a reoccurrence.
•□The regional manager had oversight of incidents within the service.
The provider and registered manager had learned from their previous inspection and taken steps to make sure there were systems in place to monitor the safety and quality of the service.

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, relative and professional feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

• At the last inspection we found people's goals were not always clear so people's outcomes hard to measure. The staff were working on this area at the time of the inspection and considering people's goals and wishes.
• Assessments had been undertaken prior to people moving to Kanner. These took into account people's needs and abilities, the support they would require, and the other people who lived at Kanner. People's physical, mental and social needs were considered.
• Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when people's needs changed. Staff worked closely with professionals following their recommendations to improve people's outcomes.
• Handovers, link meetings, keyworker meetings and external reviews discussed people's care. We spoke with the registered manager about these linking with people's goals and wishes to monitor people's progress and achievements.
• Technology was used to improve people's experience and support independence. For example, one person was now using video communication (Skype) to talk and see their family. Radios were used by staff to improve internal communication and staff safety. The service was also looking at raising funds for a "magic table" to support and stimulate people with physical and / or sensory needs.

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

• The staff team worked across organisations to ensure people received effective care. Regular reviews with health and social care professionals were arranged. A professional told us, "They have regular core team meetings to discuss clients. One of my clients has regular MDT meetings which I am a part of." Another shared, "Kanner putting lots of time and effort into ensuring they can more effectively meet [x – person's name] needs. They are effectively taking on recommendations from professionals.
• People had routine health checks for example dental care, eye tests and annual reviews with their doctors.
• The service was looking at opportunities to promote people to live healthier lives and increase their exercise. For example, people who were encouraged to walk more by visiting dogs and swimming.
• Staff had recently undertaken Health and Well-being champion training and were considering how their own well-being could be improved through locally run mental health courses and smoking cessation.

Staff support: induction, training, skills and experience

• Before starting work at the service new employees completed an induction. Staff new to care were required to complete the online Care Certificate. The Care Certificate 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. It's made up of the 15 minimum standards which staff complete during their induction.
• All new staff shadowed more experienced staff before starting to work unsupervised. Staff competencies and confidence were observed by the registered manager and deputy manager to assure high standards were maintained.
• Staff training covered the provider's essential training for example safeguarding, equality and diversity and training specific to the people supported at Kanner for example, breakaway, autism, positive behavioural support and communication skills. The training was updated as required and staff told us they could request extra training if necessary. The registered manager now monitored training more closely.
• Many staff had undertaken external training in additional areas since the last inspection for example in health and wellbeing and diversity and staff were keen to develop these roles within the service.
• Regular supervision (one to one) sessions were now embedded within the service. Staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported and annual appraisals of staff performance was occurring.

Supporting people to eat and drink enough to maintain a balanced diet

• People were encouraged to eat a varied diet. A cook was employed and staff also prepared meals for people. People were given a choice of foods and alternatives were available if they did not like the main meal. Due to the size of the service, staff knew people's likes and dislikes well. Photos of meal ideas were shown to people to help them chose what they might like to eat.
• People's nutritional risk and weight was monitored. Some people were prone to weight gain due to their health needs and medication. Referrals to professionals were made promptly when people's needs changed for example if they had gained / lost weight or their health declined.
• The registered manager was monitoring the quality of the meals and checking nutritional value following previous concerns raised by some staff. The cook was also due to undertake an external course in this area.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

• People were not always able to give their verbal consent to care, however staff explained how they would verbally ask people for their consent and offer pictorial choices if appropriate prior to supporting them, for example before assisting them with their personal care tasks or an activity.
• Staff worked closely with professionals and family and best interest meetings were held when required, for example if people might need an operation to improve their eyesight, flu jabs or health checks.

Adapting service, design and decoration to meet people's needs

• At the last inspection we raised concerns about the environment. Some parts of the service were cold for people and looked in need of refurbishment. Improvements had been made and Kanner was a more welcoming, "homely" environment for people now.
• People's living areas had been refurbished where required, new furniture in place and heating considered where required. One flat had beautiful flowers staff had painted on the wall.
• A relative shared, "They have been throwing money at the place, the changes are positive."
• A new, large kitchen was available for people to use with staff support and communal areas had been painted.
• Fencing around the property had been improved to maintain people's privacy in their garden areas.
• Ongoing maintenance occurred, for example decoration of one of the vacant flats was in progress.

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

● People we met and observed looked content and at ease with staff. People looked happy in the photo's we were shown of people undertaking activities or spending time with family. People living at the service mattered to staff.
●Feedback from family included, "The young people looking after him make him happy."
●Professionals all commented on how caring the service was, "The change in value base and the anxiety felt by the team around [X – person's name] distress evidences that they are a caring service and this is ever improving" and, "There has been a real shift in how staff support [X – person's name] in terms of prioritising his quality of life."

• Staff were positive and affirming when they spoke to us about individuals who used the service.
• Staff recognised that people could sometimes find it difficult to express and manage their emotions and were empathetic and understanding in their approach.
• Most people living at Kanner had limited verbal communication skills. Staff knew people well including their non-verbal sounds, behaviours and facial expressions that indicated how they were feeling. Staff sought accessible ways to communicate with people.
• Communication passports were used to guide staff. These included the important things to people and about people for example the things they enjoyed, the people who were important to them and their favourite activities.
• Communication guidelines were in place. For example, staff guidance included staff to speak slowly and clearly whilst using Makaton signs if people needed time to process information.
• Visual picture cards were used to support people's choice of food and activities. For example some people could pass their preference picture to staff to indicate their choice / liking.
• People looked comfortable, warm and cared for in their flats. People looked clean and dressed appropriately.
• Staff knew what might cause anxiety for people, for example too much notice of an event / activity and these guidelines were clearly recorded in people's care records.
• People benefited from the care and attention of staff. People looked happy and were smiling as they returned from trips out or were engaged with activity with staff in their flats.
• Care plans contained information about people's abilities, skills and backgrounds. Staff knew people's likes and dislikes for example favourite foods, activities and those who preferred male staff to support them.
• People's birthdays were known and celebrated with a cake and party if they wished.
• Special occasions were celebrated for example, family visits if they lived far away.

• Staff had undertaken training on equality and diversity and staff demonstrated respect and understanding for the people living at Kanner and their diverse needs.

Respecting and promoting people's privacy, dignity and independence

• People were supported to maintain their independence as far as they were able, for example washing the areas they were able to reach, shampooing their hair and supporting with household tasks.
• Staff were mindful of people's privacy and dignity and gave them space when it was appropriate and safe to do so.
• People were supported to make sure they were dressed appropriately for the weather if they were going out.
• If staff were entering people's flats, they knocked on people's door before entering their room.
• Staff knew to close curtains when providing care and to cover people up to maintain their dignity when providing personal care. Windows had privacy film to prevent anyone seeing inside people's flats.
• People's religious needs were asked about as part of the assessment and staff respected people's beliefs. One person did not attend church but liked hymns. People's sexual needs were known and discussed as part of their care.
• Staff, professionals, family and advocates were involved in supporting people to express their views and discussions decisions about people's care. Staff had people's best interests at heart.
• People's routines were known and recorded in detail. Those with close family, friends or those with the legal authority to make decisions on behalf of people were consulted and involved appropriately.
• Staff maintained links with people's family, invited them to review meetings and they were always available for informal discussions about people's care.

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

• At our previous inspection we had concerns about the assessment process, the care planning and goal setting process, and the lack of information available to people in a format they could read. We found these areas had improved significantly.
• People were assessed prior to their move to Kanner. The assessment checked people's needs could be met by the service and their preferences for care were known. The assessment process considered the current mix of people currently at the service and skill mix of staff.
• Care plans were detailed and contained information which was specific to people's individual needs, the routines they liked and those important to them. However, there was limited information about people's social needs, future goals and aspirations and how the service would support people to meet these goals. There was more information on day to day support required than on supporting people with life wishes and goals. For example, swimming was on one person's list of activities but they had not been for some time. Their care plan did not identify the steps to support this person to go swimming, an activity they enjoyed. Staff talked about people's aspirations but there were not plans for implementation.
• We discussed this with the senior staff team and by the second day of the inspection the staff team had started to work with people to consider what their wishes and goals might be.
• The registered manager had already identified further work was required to look at the purpose of people's link, key worker and review meetings so people's support plans and goals could be monitored.
• There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. For example communication plans with pictures and large font, fire instructions with symbols and easy read information.
• People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others as required.
• Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to communicate with people if they were distressed.
• The service provided an individualised service able to flex as people's needs changed. For example, staff shared that one person seemed less happy than they had been a few months previously. Staff were considering physical and psychological reasons for the change with the professionals involved.
• People enjoyed activities to their personal taste and individual needs. For example, one person loved their slinky toy and going for drives. Swimming, eating out, shopping, walks, films and smoothie making were amongst some of the activities enjoyed.
• On the day of the inspection it was World book day and staff were dressed up as particular well-known story book characters. A donkey visit was also being arranged for people to enjoy.

• On-line records were kept and these detailed what people had done during the day and information about their physical and emotional well-being.

Improving care quality in response to complaints or concerns

• There were known systems and procedures in place to manage complaints. This was visible to people who used the service in an easy read format and in visual faces.
• There had been no complaints since the previous inspection.
• We asked family what they would do if they were worried or unhappy and they told us they would speak with staff.

End of life care and support

• People living at Kanner were young. However, due to their health needs this was an area the registered manager recognised required developing.
• Discussions had started with the local hospice to explore this area.

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

• At the previous inspection we were concerned about the mix of people at the service, the low staff morale and the lack of governance within the service. We found at this inspection there was great improvement.
• Professionals shared, "[X – the registered manager] has been a great addition to Kanner. She has much more of handle on things than previous management and comes across as caring and compassionate with the best interests of the service users at the forefront of her work. Support given to staff by [X – the registered manager] and the senior management has improved. The staff team are getting more support from management in terms of regular team meetings and freeing them up for staff team supervision with Westbourne (the local learning disability service)."
• Staff were positive about the management of the service, "Vast improvement in house, nice place to work – I enjoy working again." Others shared, "Massive changes, feels so much better. They listen and are more approachable. You can give ideas now." Other feedback which was shared with us included, "[X- the manager] shows passion and positivity, gives the team praise and encouragement daily."
• Staff told us the registered manager was honest, approachable and always available for advice. We found the registered manager was knowledgeable about all the people they supported, passionate and committed. They shared in the PIR, "I was shortlisted to the final 3 for Manager of the Year within my company awards and recently have been nominated for Manager of the Year for the Outstanding Devon and Cornwall Care Awards 2019."
• The PIR informed us, "Listening to staff's thoughts, ideas and concerns has helped to improve the service and empowered the team to take ownership within the service. There is an open door policy for staff but additional weekday 10@10 sessions occur with staff and management to discuss ideas and gives staff another forum for discussion. Kanner staff culture is changing and is very focused on change for improvements. Enthusiasm and fun are a big part of our service to engage individuals and to motivate new practice." We observed this during our inspection.
• The registered manager shared with us they have used the opportunity of managing Kanner to develop their leadership style and used Skills for Care leadership framework. The staff had also developed in the past 12 months through training courses and under their leadership.
• The culture had improved significantly. Staff told us, "We have health and well-being champions who are bringing in new ideas"; "Staff morale is better and we like the 10@10 sessions." These were daily catch up meetings where staff shared information from training and news which might benefit people living at Kanner."
• The atmosphere at the service was warm, welcoming, friendly and inclusive. All staff put people first. The

people at the service had a voice through "My Voice Matters". Kanner staff were working on their own in-house values.
• The regional manager and registered manager were visible and known to people, professionals and staff at the service. The provider also visited the service and monitored progress. The PIR shared, "My organisation has also been extremely supportive towards myself and my team to help provide the means to change Kanner, situation and environment. I have been able to freely move with creating a vision with my team and this has been both emotionally and financially supported by my regional manager, PBS (positive behavioural support) team, directors and investors."
• Managers and staff were clear about their roles, and understanding quality performance, risks and regulatory requirements.
• Systems had been developed to ensure performance remained good. For example, there was an auditing schedule and the regional manager conducted their own quality checks. The governance system included regular checks on the environment, medicines, care plans and risk assessments. Structures were in place to support staff through team meetings, supervisions and ongoing training. The organisation of the service had significantly improved.
• The views of people where possible, families and professionals were sought. The feedback we reviewed was positive and included, "Great admiration for the team"; "Clearly worked tirelessly over the last 12 months" and, "A rewarding experience working with the Kanner team."
• The registered manager was aware of their regulatory responsibilities. For example, notifications were made appropriately and the Provider Information Return had been submitted on time.

Continuous learning and improving care

• Links with the local community were continuing to be built to continue to provide the range of new and on-going opportunities for people and staff.
• The provider and registered manager attended local conferences when possible to stay abreast of changes. Care magazines, best practice websites and the Commission's website supported the provider and registered manager to stay up to date. Local forums were attended and networks of support were being built.
• The registered manager was undertaking a leadership course with the local authority. They had used some of the suggestions from the course at Kanner for example the "Grumbles" and "Good news stories". Staff could write these down online and the management response / action was recorded.

Working in partnership with others

• The service had close working relationships with the local learning disability service and local authority.
• Feedback from the local authority included, "Responsive to QAIT (Quality Assurance Improvement Team) support and has worked hard at instigating changes to culture and working practice at Kanner"; "Provides regular oversight of Kanner's Service Improvement Plan" and "Attends the Leadership & Management programme and has been able to feedback at each session what changes have been implemented since the previous session. Very active participant and has developed good relationships with other care home managers."
• The provider and registered manager had worked with the Commission following the last inspection and were responsive to feedback during this inspection.