

Modus Care (Plymouth) Limited

Kanner Project

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 26 and 27 February 2018. Breaches of legal requirements were found. We served a warning notice on the registered provider. Warning notices are part of our enforcement policy and tell the provider where they were not meeting their legal requirements. They told them they had put this right by 1 June 2018. This was because the systems in place to monitor the quality of the service were not effective. After this inspection the provider wrote to us to say what they would do to meet the legal requirements in relation to the Regulation 17 breach in Well-Led.

We undertook this focused inspection on the 2 and 3 July 2018. We undertook this focused inspection to confirm that the provider now met the legal requirements of good governance (Regulation 17). The first day of the inspection was unannounced. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kanner Project on our website at www.cqc.org.uk.

Kanner Project provides care and accommodation for up to five people with learning disabilities who at times might display behaviour that others could be perceive as challenging. On the day of our visit five people were living in the service and each had their own self-contained living accommodation within the home. Modus Care (Plymouth) Limited owns Kanner Project and has three other services in Devon.

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

The registered manager had left in July 2017. A new manager had been appointed and was going through the Commission's process to become the registered manager for Kanner Project.

At this inspection we found there had been improvement in establishing systems and processes to help ensure compliance with the regulations. These required time to embed.

Leadership and governance of the service had improved. The service was working collaboratively with the local authority improvement team, new audits were being implemented and the manager, regional manager and senior team were were monitoring the quality of service provision closely, through a service improvement plan. The registered manager had also started attending forums where best practice was discussed.

We could not improve the rating for Well-Led from the existing rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Action had been taken to develop the leadership and quality monitoring within the service to enable the service to be well-led.

Systems in place to monitor the quality of care had been developed and were in use to monitor the quality of care. Action was taken promptly when issues were identified.

The manager was receptive to inspection feedback and worked collaboratively with external agencies to improve people's care.

We could not improve the rating for Well-Led from the existing rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Kanner Project

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.

We undertook a focused inspection of Kanner Project on 2 and 3 July 2018. This inspection was completed to check improvements to meet the legal requirements after our comprehensive inspection on 26 and 27 February 2018. The team inspected the service against one of the five questions we ask about services: is the service well-led? This is because the service was not meeting the legal requirements in this area.

The inspection was unannounced and undertaken by one inspector for adult social care on 2 July 2018. The second day of the inspection, 3 July 2018 was announced and was undertaken by one inspector for adult social care.

Prior to the inspection we reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. Notifications are reports on specific events registered people are required to tell us about by law. Before the inspection we also sought feedback from professionals involved with the service. This included health and social care professionals.

During the inspection we spoke and met with all five people who lived at Kanner Project. Most people at the service had limited verbal communication skills. We also spent time reading their care plans and talking to staff at the service about their health and support needs. We discussed the care of all people at the service with the manager, deputy manager and staff. We looked at two care records and risk assessments in detail. We also spoke with three visiting professionals.

During the inspection we reviewed the quality monitoring policy, accidents and incidents, the staff training matrix, staff supervision, looked at the staff rota, the service improvement plan, looked in all of people's accommodation and the communal areas of the service and external garden areas.

We spoke with five support staff in addition to the deputy manager and manager. The inspection was

supported by the area manager who we also spoke with and who attended feedback.

Is the service well-led?

Our findings

At the last comprehensive inspection in February 2018 we found the provider did not have adequate systems and processes in place to ensure the quality of the service. The provider sent us an action plan to address this area. At this inspection we found improvements to the processes in place to ensure robust quality monitoring of the service.

The registered manager of Kanner Project left the service in July 2017. A new manager had been appointed to manage the service. They were in the process of registering with the Commission to become the registered manager at Kanner. They were supported in their new role by the regional manager and area manager.

Following the last inspection, a detailed service improvement plan had been developed. This was monitored closely by the provider's senior management team and the manager of the service every two weeks. This was in place to monitor the improvements required.

Staff told us they felt more supported by the provider and the systems and processes in place. At the last inspection we found staff morale was mixed. Staff at this inspection shared that they now felt more supported, "It's better – we have a manager"; "[X – the new manager] is able to lead the team". Other staff told us, "It is more organised, [X- the manager] is very on top of things, very positive" and, "Staff are more supportive of each other, management are listening, [X – manager] is really good, very effective, gets things sorted, never too busy for anyone. We needed that leader, role model and good leadership to make the team come together." All staff we spoke with confirmed they felt listened to, empowered by the leadership team, communication was better and the manager was approachable. Staff were supported by processes including one to one's (supervision), team meetings, a new newsletter and counselling. Staff told us they felt engaged in the changes being undertaken at the service and able to contribute their ideas.

One staff member shared concerns about the staffing levels. They told us the staffing levels people required were not always adhered to. On the particular day concerned there had been significant short-term sickness. We spoke with the manager about this and reviewed the staff rota and staff allocation sheet. The manager was investigating the concerns raised with us and looking at systems in place to ensure people received their funded staffing levels at all times and that the staff online rota matched the allocation sheet. We were informed recruitment was ongoing to fill four staff vacancies and reduce the use of agency. We were informed agency staff received an induction prior to working with people to ensure they understood their needs. Processes were also in place to manage sickness absence. This would help ensure consistency for people.

The systems in place to record, monitor and analyse accidents and incidents within the service had improved. The manager was recording these, checking for any themes and they were then reported on the provider's system. This had led to positive changes in the service for example, the lead for "positive behaviour support" within the provider's organisation was visiting the service regularly. Staff told us, "There is more input from the behavioural team, they are supporting staff on the ground." In addition, the skills staff

needed to work with people safely, communicate with them and support their care needs was being considered and a plan was in place to develop staff. Staff were receiving training in supporting people's behaviour, medicine management, autism and asperges, Makaton (a sign language), food hygiene, nutrition and hydration, safeguarding and health and well-being. Staff training was being monitored closely, new learning packages had been developed and a plan was in place to address shortfalls.

Systems were being embedded to learn when things went wrong. For example, an incident occurred shortly before the inspection. Staff reported this promptly to the manager and relevant authorities and this was being investigated at the time of the inspection. Consideration was being given to further improve some processes to reduce the likelihood of a reoccurrence for example looking at additional security of the premises and IT systems. Staff were working closely with external agencies to identify any further action which could be taken to reduce risk and keep people safe.

The manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Communication systems within the home were improving. Staff who worked with people closely had regular link meetings to discuss people's care and share ideas and observations. One staff told us, "I'm part of the link meetings, I'm putting ideas forward / worries – we discuss it all." They confirmed minutes of these meetings were circulated to staff unable to attend. The communication book was used during handovers and shift planners. Staff were re introducing a white board in their new downstairs office so information was easily visible. The told us they felt this would aid communication.

The manager had only been in post a short time and was in the process of getting to know people and reviewing their care plans and risk assessments. There were plans in place to develop hospital passports for people (these are simple guides to people's care and health needs should they require hospital admission) and look at developing these in formats people would understand. The manager had a plan for how these would be reviewed and kept up to date following this process.

The Accessible Information Standard (The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for adult social care services to comply with AIS) was being considered as part of the service's improvement plan. The complaints and safeguarding information for people was in a pictorial format people could understand. Some people had pictorial activity plans and pictures of food were being used to help people chose what they might like to eat. There were systems in place to assess and review people's communication needs so information was in a format they could comprehend.

Systems were being developed to involve people in care planning where possible or their family / advocates as appropriate. The chef shared with us how they had involved people in developing the menu and taken their preferences into consideration, for example one person like food they could put of a fork and softer foods. Their meals met their wishes and needs.

At the last inspection we had concerns about the environment. A detailed plan to include communal and individual areas of the service had been developed to address the environmental refurbishment which was required. Some areas had been improved to protect people's privacy, for example by new external fencing. Some people had been involved in purchasing new furnishings to make their individual areas more comfortable. There were plans in place and quotes being obtained for work in the kitchen and some

people's rooms which required greater refurbishment. Where damage had occurred, this was being recorded and repaired promptly by the maintenance team. External contractors were involved where required. We saw the newly refurbished flat which had been completed.

During the inspection we spoke with the new area manager and new manager about the governance arrangements in place to ensure continued improvement and compliance with the regulations. A new compliance system was in place to monitor accidents, audits, complaints. These were completed by the manager and reviewed by the senior team. A "mock" inspection was planned by the area manager. The regional manager also undertook regular visits to the service and completed quality checks. This had helped identify areas for improvement. These systems were still being developed, reviewed and embedded therefore we could not be assured at this inspection they would be sustained or lead to improved services at this time. We will check this again at the next comprehensive inspection.

The manager was engaging with local groups such as the dignity and care forum meetings run by the local authority to develop more links with the local community. There was greater engagement with the local learning disability services, the local authority and people's funding authorities were checking people had been reviewed.

The local commissioners and quality improvement team were working closely with the service at the time of the inspection and staff and the manager had found the advice and support helpful. The registered manger was now attending local forums where good practice was discussed and shared and had also registered for a leadership course run locally.