

Kerensa Support Limited

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Inspection report

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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

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.

About the service

Kerensa Support is a supported living service providing personal care. The service provides support to people living in their own homes so they can live as independently as possible. The service was supporting 6 people who received personal care who lived in their own supported living settings.

Not everyone using the service received a regulated activity; CQC only inspects the service being received by people who are provided with the regulated activity of 'personal care', for example which includes help with tasks such as personal hygiene and eating. Where they do, we also take into account any wider social care provided.

People's care and housing are provided under separate contractual arrangements. The CQC does not regulate premises used for supported living; this inspection looked at people's care and support.

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

The service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture.

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

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 Right support:

Relatives spoke positively about the support and care their family member received. They commented, "We cannot believe how fortunate we are" and "[Peoples names] are probably the most settled they have been in years."

The model of care and setting maximised people's choice, control and independence. The supported living settings had easy access to the local community and amenities.

The supported living services are staffed by a team leader and dedicated small staff team who know people. People were supported by enough staff on duty who had been appropriately trained. The registered manager and head of care had oversight of the services and provided support. Relatives were complimentary about staff skill and experience. Comments included, "Staff are excellent."

Staff were recruited safely. The staff team had the appropriate levels of knowledge and skills to support people and responded to their individual needs and choices. Staff were supported by a system of induction, training, supervisions, appraisals and staff meetings.

People received their medicines in a safe way and were protected from abuse and neglect. People's care plans and risk assessments were clear and up to date.

Staff supported people to make choices about their daily lives and engage in activities, that were tailored to their individual needs and promoted their independence. People were supported to maintain and develop relationships

People received support to maintain good health and were supported to maintain a balanced diet where this was part of their plan of care.

Right care:

People received good quality person-centred care that promoted their dignity, privacy and human rights. There was a strong person-centred culture within the staff team.

Care plans had been created for each person to help ensure consistent approaches were used by staff when supporting people. Staff knew people well and demonstrated an understanding of people's individual care, behavioural and communication needs. This helped ensure people's views were heard and their diverse needs met.

Right culture:

The ethos, values, and attitudes of management and care staff ensured people led confident, inclusive and empowered lives. Staff created an environment that inspired people to achieve their goals and ambitions.

People lived as they wished, and staff supported people to do the things they enjoyed.

Relatives, health and social care professionals and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 26 August 2021 but did not provide a regulatory activity until March 2022. This is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Kerensa Support Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in four 'supported living' settings. 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.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We announced the inspection a few days in advance to ensure that people would give us permission to visit them in their home. Before we visited the supported living settings, we discussed infection control processes for people, staff and inspectors, with reference to COVID-19

What we did before the inspection

Before the inspection, we reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 14 November 2022 and ended on 18 November 2022. We visited the location's office on 14 November 2022 and met with the registered manager, head of care and director. A person who the service supported visited the office with 2 support workers and told us of their experience of the support they received from Kerensa Support.

We visited 2 people in their own home. We spoke with the 2 staff supporting them.

We reviewed 3 people's care records. We looked at staff records in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the service and quality monitoring systems.

We spoke with 4 relatives about their experience of the service. We received 3 emails from health and social care professionals regarding their experience of the service. We also received 3 emails from staff.

On the 18 November we met with the director of the service and the registered manager at the location's office to clarify certain areas and provide feedback.

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 of this newly registered service. We have rated this key question good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Relatives told us they felt people were safe using the service and were well cared for. Comments included, "Everyone is more relaxed" and "[family members name] isn't having any more falls."
- Health and social care professionals felt the service was safe. Comments included "I have no concern or negative feedback for Kerensa Care currently."
- Local safeguarding procedures were well understood by managers and the staff team. Where concern had been identified that may impact on people's wellbeing these had been identified and appropriately reported.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of their risks and how to keep them safe.
- Risks to people's safety and wellbeing were assessed and well managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors.
- Risk assessments were regularly reviewed and updated to ensure they reflected people's current needs.
- Risks were managed in a way that did not restrict people's freedom and right to independence.
- The service worked closely with the person, their relatives and health and social care professionals in order to adapt and change the way people were supported if issues arose. A relative commented, "Staff are very good with diversions for [person's name], they know how to talk with [person], for example perhaps we should do this, and steer them in another direction - they learnt that."

Staffing and recruitment

- Relatives and staff all told us they felt there were enough staff on duty to meet people's needs. Where people were assessed as needing specific staffing ratios, to meet their care needs and when going out in the community, this was always provided.
- The service did not use agency staff. Staff absences were covered by existing staff and management. This meant people always received care and support from staff they knew and trusted.
- The rota system was used effectively and consistently, which resulted in people receiving safe and timely care. People had agreed the times of their support, and no one reported ever having had any missed support hours.
- The service recruitment practices were safe and necessary disclosure and barring service checks and

references had been completed.

Using medicines safely

- Where medicines were being administered 'covertly' (disguised in people's food) this had been discussed with relevant health and social care professionals to ensure this was undertaken in the person's best interest.
- Medicines were managed safely to ensure the person received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- When medicines were prescribed to be given 'when required' we saw that person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.
- Medicines audits were completed on a regular basis. Where there were medicine errors, these were investigated to minimise risk of reoccurrence.

Preventing and controlling infection

- People were supported to be involved in cleaning tasks and caring for their home.
- People were protected from the risk of infection and cross contamination including COVID-19.
- The service had an ample supply of PPE. Staff had received training in the safe use of PPE. Their practice reflected current guidance.
- Some people found it difficult to tolerate staff wearing masks in their own home. Current infection prevention control guidance, risk assessments and consultation with appropriate professionals had occurred to ensure people and staff were protected.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. The staff team discussed accidents/incidents as learning opportunities and the patterns of events were closely monitored by the multi-disciplinary teams. Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring

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 of this newly registered service. We have rated this key question 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

- People's needs were assessed prior to them receiving support services, so that they could confirm they were able to meet individual needs safely and effectively.
- People and their family, together with reports from health professionals contributed to the assessment, which included their presenting needs and the person's preferences and routines.
- The person along with their family and relevant health and social care professionals were involved in the development of a 'transition programme'. This meant that the placement was built around the person's needs. For example, the development of a bespoke staff team, who were trained and skilled to support the person's needs in their own home and completed at the person's pace. This meant the person was then supported by staff who understood their needs.

Staff support, training, skills and experience

- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident, and their competence was assessed before they started to provide support independently. Staff told us they felt very supported during their induction period, commenting, "The training was fantastic and very informative, I learnt a lot on those three days [induction], and this prepared me physically and emotionally for my job"
- As the service was new, there was a comprehensive training course for staff to complete. The provider identified some gaps in staff training and was actively monitoring this. Staff told us, "I have done other trainings before with other companies, but I found the one we did with Kerensa very comprehensive and enlightening."
- Staff were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meeting's were held to enable staff to raise any issues and share ideas. Staff told us they were well supported by management.
- Relatives were complimentary about staff skill and experience. Comments included, "Staff are excellent."
- Health and social care professionals were complimentary about staff skill and commented, "Staff appear well trained and competent in their skills of adjusting their support for the individual."

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

- People with staff support planned their own menu and where able went food shopping. Staff knew people's food likes/dislikes, and these were catered for.
- People were encouraged to eat a varied and healthy diet and their nutritional needs were being met.
- Where required, staff supported people with preparing their meals.

- Some people had been supported to change their diet and be involved in more activities. This resulted in people becoming physically fitter, more active and had lost weight.

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

- People were supported to attend regular health appointments, including their GP, and learning disability services.
- Staff understood people's anxiety about attending health appointments and proactively supported them. For example, we saw a person tell staff they were anxious to attend an upcoming dental appointment. Staff immediately reassured the person and told them they would attend the appointment with them, and would change their shift if necessary, to support them.
- People's health conditions were well managed. Staff were proactive in making timely referrals to health professionals when they had concerns around a person's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were supported in accordance to the requirements of MCA. Staff consistently took the least restrictive option when supporting people to stay safe and independent. They sought people's consent before they delivered care and support to them.
- For people who lacked capacity, the registered manager understood the importance of ensuring necessary applications for the authorisation of restrictions had been made appropriately.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interest.

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 of this newly registered service. We have rated this key question 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

- Relatives spoke positively about the support and care their family member received. They commented, "We cannot believe how fortunate we are" and "[Peoples names] are probably the most settled they have been in years'
- Health and social care professionals also provided positive views on the caring approach by staff to people they supported. Comments included "Overall I have a very positive relationship with the team, and I feel they are amazing at what they do."
- There was a relaxed atmosphere in the person's home and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- The way staff spoke about people they supported showed they genuinely cared for them. They talked about people's wellbeing and were focused on providing the right support to improve people's lives.
- Staff knew people well. Staff told us they had time and support to develop the relationships required to tailor communication and support people in a way that made them feel like they mattered. Staff comments included, "Kerensa is just one happy family where people respect each other and treat each other with love and dignity."
- Staff respected people's individuality and supported them in a non-discriminatory way. Staff had received training in equality and diversity and knew how to support each person in a way that took account of their abilities and lifestyle choices.

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

- Staff supported people to make decisions about their care as independently as possible. Representatives where needed were involved in decisions about the care of people they supported.
- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and which activities they engaged with.
- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make even the smallest of decisions.
- People's care plans contained background information about people's personal history and their known routines. This meant staff were able to gain an understanding of people and engage in meaningful interactions with them.

Respecting and promoting people's privacy, dignity and independence

- People could be as independent as they wished to be. The systems within the service supported them to maintain life skills they have and promoted their independence.
- Everything about how the service operated, and the way staff provided care and support was focused on the individual person and involving them in their care. Where any daily routines had been developed, these were in place to meet people's needs and wishes, rather than to benefit staff.
- The values of the service were based on enabling people to live as fulfilling live as possible and achieve the best possible outcomes. Staff comments included, "At Kerensa we do our best to empower people to develop and grow. The company has been exceptional in maintaining this value."
- People's right to privacy and confidentiality was respected. Confidential information was kept securely.

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 of this newly registered service. We have rated this key question good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Staff had a good understanding of people's individual needs and provided personalised care.
- People's care plans provided staff with detailed information about their abilities, the risks they faced and how they should support them in line with their preferences. These were reviewed monthly or as their needs changed. Multi-disciplinary meetings were held to review the persons care and identify future goals.
- Staff were clear that the care plans were up to date and that they reflected the care and support each person received.
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers.
- Relatives were updated, and their views sought regarding their family members progress and future goals. Comments included, "We have monthly meetings and discussions as and when needed - every other month (the head of care) now joins us - this is better as this means the managers at the top know what's happening."
- Health and social care professionals were complimentary about the care provided, comments included "I have found them very responsive and flexible in regard to changes within service. They have gone above and beyond for one particular client and absolutely practice in a person centred, strengths-based manner" and "They are person centred and have the appropriate skills and knowledge to support individuals with complex needs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, and care plans contained information on how they communicated. Staff had sought advice from each person, their relatives and health and social care professionals in how best to communicate with each person they supported in a meaningful way. We observed people and staff communicating effectively together throughout the inspection.
- Some people were unable to share their opinions verbally and different methods of communication had been developed. Staff had a comprehensive understanding of these methods which included signs, pictures and objects of reference. For example, a person showed us a picture book they had made and pointed to a particular musical and then the radio. Staff then played a song from the musical they had chosen.
- Information was provided in pictorial as well as written format so that it was presented in a manner the

person could understand. For example, the registered manager had developed pictorial staff rotas so that people knew who would be supporting them.

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

- People were supported to access activities within and outside the service. People had restarted some activities following the lifting of lockdown restrictions. People had photographs showing what activities they had been involved in and a record kept of how they responded to the activity.
- Staff supported people to maintain relationships with their family and friends.
- Staff were committed to supporting people to live as full a life as possible by helping people to fulfil their wishes and aspirations.
- Care plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- People had the opportunity to raise concerns during their care plan reviews
- Relatives told us they would be confident to speak to the management or a member of staff if they were unhappy. Relatives told us they had no concerns.

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 of this newly registered service. We have rated this key question good.

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

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

- There was a defined organisational management structure and regular oversight and input from the directors of the company.
- The registered manager had oversight of the service. A Head of care had recently been appointed and as they became more familiar with the service, they would be more involved in the oversight and support of people and staff. Each supported living service had a team leader and a dedicated staff team.
- Feedback from health and social care professionals were positive about the management of the service. Comments included "[registered managers name] in particular is amazing!"
- Staff were very motivated by and proud of the service. They told us they felt valued and were well supported. Comments included, "In conclusion I would like to reiterate that I am very happy to be part of this company. I am proud to be associated with a company that treats its employees well and strive each and everyday to make sure they provide exceptional services to their clients. Providing care at its best" and "The management at Kerensa is amazing there are always willing to go the extra mile to assist us to perform our duties to the best of our abilities. They are approachable, helpful and have helped me over and above their line of duty to make sure that I am settled in my new job. Not only me but my family as well. The management is understanding and concerned about the welfare of their employees."
- As the service was newly registered, quality assurance and auditing systems designed to drive improvements in the service's performance had just been implemented. These systems need time to embed to provide evaluation of the service.
- The directors had notified CQC of incidents in line with the regulations.

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

- There was a strong emphasis, within the staff team, on meeting people's individual needs and staff demonstrated a thorough understanding of people's differences and individual preferences.
- We observed that staff had good relationships with the people they supported, and they were treated well. Staff were committed to providing the best possible care and support for people and achieving positive outcomes for them.
- The culture within the service was open and centred on people who used the service. People, relatives and staff had easy access to the registered manager/ head of care, directors and team leaders when needed. A relative told us "I've got nothing but praise."

- Staff were complimentary about the leadership of the provider. Comments included, "Straight from when I was employed I have been very supported, and know they I can go to management if I have any concerns and they will do whatever they can to help, I was even told that if I need to talk about anything I am able to visit management or contact them via phone or email. I feel that they are always able to make time for me if I ever need to.
- Health and social care professionals were complimentary about the service. Comments included, "Management is responsive when there are issues raised for the person they support, ensuring actions are taken appropriately and in a timely manner."
- The provider's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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 management team understood their regulatory requirements and responsibilities. This included acting on the duty of candour when needed. People and relatives were kept informed of any events or incidents that occurred with their family member.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- Staff and the directors/registered manager/ head of care took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.

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

- Staff meetings were held and were an opportunity to share ideas about how to develop and improve people's experiences. Staff said they could talk to management at any time, feeling confident any concerns would be acted on promptly. Staff commented "You feel included and part of this lovely company.
- The service sought the views and opinions of people using the service, their relatives, staff and professionals. This was done via care plans reviews as well as from staff meetings and day to day contact with people and their families.
- A monthly newsletter was shared with all people, relatives and employees to provide an update on the service, plus encouraged them to share their ideas and views for the ongoing development of the service.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The service worked collaboratively with healthcare professionals and commissioners to ensure people's needs were met.
- Health and social care professionals confirmed there were good working relationships with the service.
- Where changes in people's needs or conditions were identified prompt and appropriate referrals for external professional support were made.