

Kazlum Support Ltd

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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

Kazlum Support Limited provides personal care and support to people with a learning disability living in mid Devon and Exeter. Some people are living in their own homes and others are living in shared supported living houses. Most people, that Kazlum provide support to, do not receive personal care; they require support with daily activities, including some prompting to carry out their own personal care. At the time of inspection, three people did receive personal care. The provider also runs day services which some people receiving support from them attend. The Care Quality Commission do not regulate day care services.

At the last inspection completed in August 2015 and Sept, the service was rated Good, although we found a breach of Regulation 11 of the Health and Social Care Act (2008) Regulations 2014. This was because the service was not operating within the requirements of the Mental Capacity Act (2005).

At this inspection, we found the service had addressed this and was now meeting all the regulations.

This announced inspection took place on 27 and 28 September 2017. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. We found the service was good in all domains.

Why the service was rated as good.

People looked calm and relaxed with staff who understood their needs and ways of communicating. Staff interacted positively with people and helped them engage in activities which they enjoyed and were meaningful to them.

There were sufficient staff to meet people's needs. Staff had been recruited safely and were well trained and supported to do their job effectively. The management team valued staffs' experience and ideas. Staff were encouraged to continue on-going learning through national qualifications and training to meet individual's needs.

Care records were complete and up-to-date. They provided detailed information about people's risks, needs and preferences. They also described how these should be met in care plans. Care plans were reviewed regularly and staff were able to describe how they worked with them. The person and their family were involved in developing the care plans. Medicines were stored, administered and recorded safely.

People's relatives were confident and complimentary about the care provided. They said their views would be listened to and actioned if they had concerns or complaints, although they had not had to make one.

The service was well led by a registered manager/provider who had outlined the aims and objectives of the organisation. This included providing care which put the person at the centre, involved family and worked in a culture of openness and transparency. Staff felt they worked well as a team and described it as caring.

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 remains Good.

Is the service effective?

Good ●

The service was rated Good.

Staff worked within the requirements of the Mental Capacity Act 2005 and supported people to be as independent as possible.

People were supported to maintain good health and access healthcare services

People received good care from staff who had been trained to perform their roles.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Kazlum Support Ltd

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 checked 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 comprehensive inspection took place on 27 and 28 September 2017. The inspection was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also reviewed the service's Provider Information Return (PIR), which the provider had submitted in January 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We met two people who used the service and one relative. We also spoke with the registered manager, a director of the provider organisation, an administrator, a senior care worker and three care workers. After the inspection we contacted another relative but did not receive a response. We asked for feedback from nine health care professionals; we received two responses. We also emailed all staff working for the provider to get feedback. We received three responses. We looked the care records for two people including medicine administration records. We looked at records in relation to the management and governance of the service.

Is the service safe?

Our findings

People were unable to tell us whether they felt safe, however we observed their body language and facial expressions. These showed they were comfortable and relaxed with staff. Staff were skilled at understanding people's complex communication needs. For example, staff recognised how one person was able to show they did not want to eat a particular meal at that time.

A relative said staff were very good at working with their family member, ensuring they were looked after and safe. They said "Very good; very professional."

There was sufficient staff for the number and needs of people who were using the service. The registered manager said they determined staffing levels on a day to day basis, depending upon what support people needed and when they needed it. Staff rotas showed that staffing levels varied throughout the week. Where people required more than one staff to support them, such as when they were out, this was identified and staff were on duty to support them. A member of staff said there were "sufficient staff to support people and, when there may be a change of occasion or circumstances, the company always accommodate."

There were robust recruitment processes which ensured only staff who were suitable to work with vulnerable people were employed. This included carrying out checks on new staff before they started work. Staff were only confirmed in post once all relevant checks had been completed.

People were protected against the risk of abuse. Staff received training on understanding abuse and knew what action they should take, including how to report concerns. A member of staff said "If I felt in any doubt there was an issue of abuse I would go straight to my/the house manager and report my concerns." The registered manager had reported concerns appropriately to the safeguarding team at the Local Authority and to the CQC.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. A member of staff commented "I do administer medication; I have been observed doing so by my manager and have had the appropriate training, along with many years of previous experience." Medicine administration records (MARs) were captured on the electronic care record system. Where people lived in shared accommodation, medicines were stored in locked cabinets in people's bedrooms. Records had been completed correctly with no gaps or anomalies. Senior staff monitored MARs and where an error had occurred, they had taken appropriate actions, including re-training of staff.

People were kept safe because risks had been clearly identified, reviewed and measures put in place to mitigate any risks. For example where a person was at risk when being driven, there was clear guidance for staff to follow to ensure the person, the driver and other passengers were kept safe. A member of staff commented "people are fully risk assessed and supported safely in all aspects, whether they are in their familiar surroundings or out and about, on holiday..."

Good infection control policies, processes and procedures were being followed to keep the people safe from the risks of infection. For example staff would remind people about washing their hands before eating.

Is the service effective?

Our findings

At the last inspection in August and September 2015, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff were not working fully within the requirements of the Mental Capacity Act 2005 (MCA).

At this inspection we found the provider was meeting this regulation. We checked to see whether the service was working within the requirements of the Mental Capacity Act 2005 (MCA). Where people lacked capacity to make decisions, MCA assessments and best interest decision meeting records were available. Where there were concerns about a person's ability to make a particular decision, staff followed the correct procedures.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for people living in supported living are called the community Deprivation of Liberty Safeguards (DoLS). Applications for DoLS for people in supported living are made by the local authority directly to the Court of Protection. However staff working with people who were living in supported accommodation, who have had a DoLS authorisation, need to be aware of the requirements and work within them. Staff at Kazlum were aware of the people who had a DoLS authorisation in place and were working within the requirements.

Care workers understood the importance of empowering people to be independent as possible and make their own decisions where possible. Staff described how they supported people with decision making. These included giving options to people and watching for their responses to these. This helped people to have some independence and retain control over some aspects of their lives. For example people were offered choices about what to eat and drink as well as what activities they would like to do. A social care professional commented "[the staff] approach overall was person-centred, involving the individual in all decision-making processes."

People were supported by staff who were knowledgeable about their needs and how they should be supported. Relatives said they believed care workers were skilled and experienced in delivering effective care and support. One relative said "I really trust them. Staff worked with me initially, which helped to slowly introduce them to [person]." A health professional commented "Overall, I was confident that service provided by Kazlum supported this [person] safely and effectively during [their] stay with them and I would happily use this service again."

People who used the service were unable to comment on the skills of their staff team, but it was clear from our observations that staff were skilled in being able to work effectively with people with complex communication needs. They were able to interpret what people wanted or did not want from gestures and noises.

Staff said they felt they had training and support to do their job effectively. A staff member commented "We have full training ... as well as any additional training anyone may require." A senior member of staff said

they carried out supervision with care workers every six to eight weeks. Training records and supervision records confirmed this.

New staff received an induction to ensure they had the skills and knowledge needed to undertake their role. Where they had not worked in a care setting before, the induction was aligned to the Care Certificate. The Care Certificate is a national set of minimum standards designed by Skills for Care that social care and health workers that should be covered as part of induction training of new care workers. A member of staff commented "The induction was very thorough, I had the opportunity of a day when I just observed before my induction and when my induction was completed I was also shadowing, all ensuring I had the knowledge to fulfil my role."

Staff were encouraged to develop their skills further by undertaking additional training and nationally recognised qualifications in care. One care worker said "The company is always enthusiastic to promote this."

People benefitted from being offered a varied and nutritious diet. Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs. For example, specialised diets or supplements. People were supported with drinks and snacks throughout the day.

Staff described how one person was a very slow eater which meant they allowed an hour for them to eat breakfast. They explained "[person] is very slow, they can't be rushed, so we just take it at their pace and allow for it."

People's health care needs were well met. Care workers liaised with families and healthcare professionals as needed. For example the staff team worked closely with the person's GP, dentist and learning disability specialists to support their well-being.

Is the service caring?

Our findings

A relative gave positive feedback about the kind and caring nature of staff who worked for Kazlum, saying "They are really kind and very helpful with [person] and with me." A social care professional commented "The staff appeared caring, respectful and skilled."

We observed care workers showed kindness and affection to people. Staff were friendly, caring and warm in their conversations with people. Staff made good eye contact with people and used gestures and touch to communicate. A member of staff commented "I feel we all care for the service users immensely, we share experiences to aid and promote wellbeing, we share opportunities/venues/holidays they might like to participate in, we all concern ourselves with giving them the best and most person centred care possible, with plenty of good nature and humour always respecting their privacy, choice and dignity at all times."

Care workers treated people with dignity and respect. Care workers were discreet when people needed support with personal care. For example asking them quietly if they wished to go to the toilet.

Care workers supported people to meet their choices and preferences. People were supported to be as independent as possible. Care workers said they encouraged people to do as much for themselves as possible. For example, what they wanted to eat and drink and how they wanted to spend their time. They said one person loved disco and karaoke. A member of staff described how a person enjoyed going to a rugby match every Saturday where they would have a cider, which they really enjoyed.

Staff were knowledgeable about people's family and history. They were able to describe their background and what was important to them, including key relationships.

Is the service responsive?

Our findings

People received personalised care. A detailed assessment of needs and preferences was completed prior to any new person receiving the service. Each person had a detailed care plan which included information about their risks, needs, preferences and what staff needed to do to keep them safe and well. Care plans were uploaded onto a computer system which staff were able to view online. This meant staff were able to check all aspects of a person's care including any changes that had been made since they last worked with them. Wherever possible people and their families were involved in the development and review of their care plan.

Wherever possible people and their families were involved in the development and review of their care plan. These were reviewed regularly and when people's needs changed.

Relatives felt the service was responsive to people's, and their own, needs. One relative said "They will alter the times to suit me, which helps a lot." They also said that they were kept informed about the person's care on a regular basis. This included photographs being sent showing the person involved in an activity. The relative said this gave them the reassurance they needed that their family member was happy.

People were supported to enjoy a variety of hobbies, interests and outings. There were dependent on their complex needs and tailored to ensure they could be included and participate in both small group activities as well as by themselves. Activities included visits to coffee mornings in a local town, art and craft sessions, karaoke, disco, relaxation in a sensory room, as well as outings to the local town and places of interest.

Where necessary, staff found ways to support people to do activities. For example, one person enjoyed making cakes, but was unable to stand for the period of time. Staff had arranged for the person to help mix the cake at a table, which the person enjoyed.

Relatives said they knew how to make any concerns or complaints known and would be confident they would be responded to. A relative commented "Never had a complaint."

Is the service well-led?

Our findings

The provider's aims and objectives included 'We will build services around an individual's needs and aspirations. We will not fit a person to a service. We will, wherever possible, ensure that any activities requiring support will be carried out and shared with others in the local community. Whenever possible we will support people to make new friends outside of the home. We will consult individuals in the decision-making at all times regardless of level of disability. We value the knowledge held by parents of the individual and other family members. We value the knowledge held by parents of the individual and other family members.'

We found that these aims were understood and shared by the staff. A member of staff commented that they were "proud to be part of such a caring team, who genuinely puts the service users to the front of everything to give them the best opportunities and support we possibly can to just enjoy life to the full."

People benefitted from a service which was well-led by a provider who was also the registered manager. The registered manager had a senior team who worked alongside staff for part of their working week. The registered manager would also, on occasions, work with staff. This meant he and the senior team had an understanding of the people and staff within Kazlum.

The registered manager had an open and inclusive management style. A relative confirmed they could talk with the registered manager about any issues or suggestions they may have. Minutes showed there were regular staff meetings which staff were encouraged to attend. A member of staff commented "Whether it be our thoughts, opinions or others, we are always given the opportunity to express ourselves."

The service undertook annual surveys to gain further feedback. This year's survey was in the process of being collated; a summary of their findings included the results of surveys sent to people using the service, families, visitors/professionals and staff. The 2016 survey had been collated and analysed; a report of the findings was available on the provider's website. This showed a high level of satisfaction with the care provided. Where concerns were identified an action plan had been drawn up to address the issues found.

Systems and audits were also used to drive up improvement. Checks were carried out on the environment people were supported in, for example water temperatures, refrigerator and freezer temperatures and fire equipment. Care plans were reviewed and audited monthly. The senior team monitored incidents and accidents; where these occurred, actions were undertaken to reduce the risk of recurrence. A relative commented "They are really open and honest. [Person] had an accident, and they kept me fully informed about it." A member of staff said "We always keep family informed and up to date."

Records both at the service office and in people's homes were well maintained, clear and comprehensive. Some records were computerised and these were maintained in accordance with the Data protection Act.

The registered manager understood their responsibility to keep CQC informed of any notifiable events, providing additional information promptly when requested and working in line with their registration.

The inspection report and rating was displayed at the provider's premises and on the provider's website.