Care Quality Commission

Modus Care (Plymouth) Limited

Kanner Project

Inspection report

Colesdown Hill
Plympton
Plymouth
Devon
PL9 8AA
Tel: 01752 482670
Website: www.moduscare.com

Date of inspection visit: 10 October 2015
Date of publication: 11/11/2015

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

Overall summary

The inspection took place on 10 October 2015 and was unannounced. Kanner Project provides care and accommodation for up to five people with learning disabilities who displayed behaviour that could be perceived as challenging to others. 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. Modus Care (Plymouth) Limited owns Kanner Project and has three other services in Devon.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager is also the registered provider. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

We met and spoke to people during our visit. People were not able to fully verbalise their views and used other methods of communication to tell us their views, for example by using pictures and symbols. We therefore spent time observing people for short periods.

During the inspection we observed people and staff relaxed in each other's company and there was a calm atmosphere. A relative commented; "No one else could do a better job." One staff said; "Enjoy being here and happy working here."

A relative said they believed their relative was safe living in Kanner. All staff agreed that they felt people were safe living in the service. Staff knew people well and had the knowledge to be able to support people effectively.

Staff understood their role with regards to ensuring people's human rights and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by staff. Staff had undertaken safeguarding training and had a good knowledge of what constituted abuse and how to report any concerns. Staff described what action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated.

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as GPs and dentists. People were supported by Modus Care behavioural support teams. Staff acted on the information given to them by professionals to ensure people received the care they needed.

Care records were comprehensive and personalised to meet each person's needs. Staff fully understood people's individual complex behavioural needs and responded quickly when a person required assistance. People were involved as much as possible with how they liked to be supported. People were offered choice and their preferences were respected.

People needed a minimum of one to one staffing at all times, with some people requiring two or three to one staffing. Staff agreed there were always sufficient staff to meet this requirement. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. New staff received an induction programme. People were protected by safe recruitment procedures.

People living in the service could be at high risk due to their individual needs and additional support was offered when needed. People's risks were well managed and documented. People lived active lives and were supported to try a range of activities. Activities were discussed and planned with people's interests in mind.

People enjoyed the meals provided and they had access to snacks and drinks at all times. People were involved in food shopping and preparing snacks and meals when possible.

People did not have full capacity to make all decisions for themselves, therefore staff made sure people had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

Staff described the registered manager as being very supportive, very approachable and very hands on. Staff talked positively about their roles.

There were effective quality assurance systems in place. Any significant events were appropriately recorded, analysed and discussed at staff meetings. Evaluations of incidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the service. People met with staff on a one to one basis and staff knew people well and used this to recognise if people seemed upset. Feedback was sought from relatives, professionals and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
This service was safe.

There were sufficient skilled and experienced staff to support people.

Staff had the knowledge and understanding of how to recognise and report signs of abuse. Staff were confident any allegations would be fully investigated to protect people.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

Medicines were administered safely and staff were aware of good practice.

Good

Is the service effective?
The service was effective.

Staff had received the training they required and had the skills to carry out their role effectively.

Staff understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People could access appropriate health and social care support when needed.

People were supported to maintain a healthy and balanced diet.

Good

Is the service caring?
The service was caring.

People were treated with kindness and respect by caring and compassionate staff.

People were encouraged to make choices about their day to day lives and the service used a range of communication methods to enable people to express their views.

People were involved in the care they received and were supported to make decisions.

Good

Is the service responsive?
The service was responsive.

People received individual personalised care.

People had access to a range of activities. People were supported to take part in activities and interests they enjoyed.

People received care and support to meet their individual needs.

There was a complaints procedure in place that people could access.

Good

Is the service well-led?
The service was well led.

There was an experienced registered manager in post who was approachable.

Good

Summary of findings

Staff were supported by the registered manager. There was open communication within the staff team. Staff felt comfortable discussing any concerns with the registered manager.

There were systems in place to monitor the safety and quality of the service.

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 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.

The inspection was undertaken by one inspector on the 10 October 2015 and was unannounced.

Before the inspection the provider completed a Provider information return (PIR). 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 also reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we met and spoke with three people who used the service and seven members of staff. After the visit we spoke via telephone to two relatives, two health and social care professional and the registered manager.

We looked around the premises and observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs, four records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

People had complex individual needs and could display behaviour that could challenge others. We therefore spent time observing people for short periods and spoke with staff and relatives to ascertain if people were safe. A relative said; "Yes-definitely" when asked if they felt their relative was safe. One staff member said; "People are definitely safe living here."

People received individual support and the service liaised with Modus Care behavioural specialists to support people who displayed behaviour that could be perceived as challenging to others. Staff managed each person's behaviour differently and this was recorded into individual care plans. One professional confirmed the importance of staff continuity, as this enable staff to recognise if this person was becoming anxious. There were sufficient skilled and competent staff to ensure the safety of people. For example staff had completed training in breakaway techniques to help keep people and staff safe.

Records detailed the staffing levels required for each person to keep them safe inside and outside the service. For example, staffing arrangements within the home were a minimum of one to one and two to one to help keep people safe. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. Clear protocols were in place for staff to follow to keep people safe. Staff confirmed that if people needed extra staff they were able to provide this for example when people displayed behaviours that could be seen as challenging.

People lived in a safe and secure environment. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. Care plans and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe. Records included up to date personal evacuation plans for each person. These plans helped to ensure people's individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way. Visitors were required to sign in and staff checked the identity of visitors before letting them in.

The service had whistle blowing and safeguarding policies and procedures in place. Posters were displayed that provided contact details for reporting any issues of concern. Staff confirmed they had up to date safeguarding training and were fully aware of what steps they would take if they suspected abuse and were able to identify different types of abuse that could occur. Staff said; "Zero tolerance of abuse here." Staff said they were aware of who to contact externally should they feel their concerns had not been dealt with appropriately for example the local authority. Staff were confident that any reported concerns would be taken seriously and investigated by the registered manager.

People's finances were kept safely. People had either family members or appointees to manage their money. Receipts were kept where possible to enable a clear audit trail of incoming and outgoing expenditure and people's money was audited to help keep people's money safe.

Incidents and accidents were recorded and analysed to identify what had happened and actions the staff could take in the future to reduce the risk to people. This showed us that learning from such incidents took place and when necessary, appropriate changes were made. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. For example if people had an episode of behaviour that challenged the staff, this was discussed with Modus Care behavioural support teams. This helped to keep people safe.

People could be at risk when going out therefore each person had up to date risk assessments in place. For example, where people may place themselves and others at risk, there were clear protocols in place for managing these risks. Staff spoke confidently on how they supported people when going out. Staff confirmed they were provided with information and training on how to manage risks for individuals to ensure people were protected.

People's medicines were managed safely. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff completed appropriately training and confirmed they understood the importance of the safe administration and management of medicines. Staff were knowledgeable with regards to people's individual needs related to medicines. People had risk assessments and clear protocols in place for the administration of medicines and emergency medicines.

Good

Is the service safe?

The service had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

Good

Is the service effective?

Our findings

People who lived at the Kanner Project were not able to fully verbalise their views and used other methods of communication, for example pictures and symbols.

People were encouraged to make choices on many areas of their lives, such as what activities people wanted to partake in. People made choices on what food they wanted to eat. People had their specific dietary needs met and people had access to pictures of meals they could choose to have. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy, balanced diet. People were encouraged to help prepare their own snacks and drinks. People who required it had their weight monitored. Staff were familiar with the nutritional requirements of people.

People lived in a home that was regularly updated and maintained. Staff talked through recent upgrades in the home and further upgrades planned to ensure people lived in a suitable environment. For example scaffolding was erected around the house to fit a new roof. One flat was currently under complete refurbishment. Staff confirmed the home was suitable for most of the people who lived there and any adaptations needed would be carried out. However one person's environment needed updating and a significant amount of repairs to make it suitable. The registered manager said more suitable environment was being sorted to support this person. A relative confirmed they were also involved with looking at more suitable accommodation to meet their relative's needs.

People were supported by knowledgeable, skilled staff who effectively met their needs. Staff confirmed they received appropriate training to support people in the service for example learning disability training. One staff member said; "Modus care is a very supportive company." Another staff member said; "Good quality training offered." Staff completed a full induction programme that included shadowing experienced staff. Staff confirmed they did not work with individuals until they understood people's needs. One staff confirmed they were given sufficient time to read records, shadow experienced staff and work alongside staff to fully understand people's complex needs. Training records showed staff had completed training to effectively meet the needs of people, for example epilepsy training. Displayed was the services commitment to the staff completing the Care Certificate (A nationally recognised training course) as part of their training. Ongoing training was planned to support staffs continued learning and was updated when required, for example training booked included autism. Staff said; "Spot on when it comes to refreshing and updating training."

Staff confirmed they received one to one supervision and yearly appraisals. Staff said they had opportunities to discuss any concerns they had during these meetings. Team meetings were held to provide the staff with the opportunity to highlight areas where support was needed and staff were encouraged to share ideas about how the service could improve. Staff meeting records showed staff discussed topics including how best to meet people's needs effectively.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe.

Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. Staff gave people time and encouraged people to make simple day to day decisions. For example, what a person liked to drink. However, when it came to more complex decisions the relevant professionals were involved. For example, one person had required dental treatment. A best interests meeting had been held to discuss the treatment needed and risks of not having the dental treatment. The GP and dental team had been involved in the decision making process. This process helped to ensure actions were carried out in line with legislation and in the person's best interests.

People had access to a range of community healthcare services and specialists including dieticians. Staff communicated effectively to share information about people, their health needs and any appointments they had such as dentist appointments or annual health checks. Staff were mindful of each individual's mannerisms which

Good

Is the service effective?

might indicate they were not well or in pain. When staff became aware that people were unwell, appointments were made with a local GP or the persons named consultant psychiatrist. Healthcare professionals visited people at Kanner as some individuals found visiting hospitals difficult.

Good

Is the service caring?

Our findings

People were supported by caring staff who treated people with patience, kindness and compassion. Interactions we observed between people and staff were positive. We visited each of the living areas in Kanner and they all had a relaxed and calm atmosphere. Staff asked and informed people what they were going to do before they provided any support and asked people if they were happy and comfortable with us visiting them. We observed staff providing support to some people during our visit. Staff informed people what they were doing at every stage and ensured the person concerned understood and felt cared for. A relative said; "Thankful he's well looked after- very caring."

People's behavioural needs were clearly understood by the staff team and met in a positive way. For example people had one to one, two to one or three to one support. When people became anxious additional support was provided by other staff in the service to help calm the situation.

People were supported by staff who had the knowledgeable to care for them. Staff understood how to meet people's needs and knew about people's lifestyle choices and respected people's diversity. Due to people's complex needs we were only able to spend a short amount of time with people. To avoid causing distress to people, staff ensured we left immediate if people were becoming upset due to our presence. This showed us the staff knew people well.

Staff knew the people they cared for well and some staff had worked at the home for many years. Staff were able to tell us about people's likes and dislikes, which matched what people, had recorded in care records. For example staff knew who liked to stay in bed later. People were supported people to maintain choices.

People were supported to express their views and be actively involved in any decisions making if possible about their care and support. Staff knew people well and what was important to them such as their structured daily routines on all areas of their care. People had access to individual support and advocacy services, for example Independent Mental Capacity Assessors (IMCA). This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned. The home states in their Service Users Guide that "staff will help you find an advocate if you wish." Three of the four people have a named advocate available to them showing the provider enable people to be as independent as possible.

People were supported to maintain relationships with family members some who visited regularly and were very much involved in their relative's lives.

People could spent time with their families in their private rooms. Staff understood what privacy and dignity meant in relation to supporting people with personal care. We observed staff knocking on people's living areas to gain entry. Staff demonstrated their respect for people's privacy by ringing the main house bell to gain access to the home. One professional stated that they had always observed staff respecting people's privacy.

Staff spoke to people respectfully and in ways they would like to be spoken to. Staff were attentive and responded quickly to people's needs, for example when people started to become anxious they received prompt support from staff.

Good

Is the service responsive?

Our findings

People's individual needs were assessed prior to admission and a more in depth care plan was developed as they settled into the home. Health and social care professionals, family and friends were involved in this process to ensure the home could respond to people's needs and be a part of the assessment and the care planning process where appropriate. Staff took time to get to know people so they knew how people liked to be supported. People were not able to be fully involved in their care plans, however they were enabled to attend the staff link team meeting to hear and observe discussion on updating care records. People were encouraged to be involved as much as possible in planning and reviewing their own care and making decisions about how they liked their needs met. People had guidelines in place to help ensure their specific behavioural needs were met in a way they wanted and needed. Staff knew when people were upset or becoming agitated and staff followed written guidance to support people. For example there were guidelines for many areas of people's lives including when people went into the community.

People's well-being in relation to their health care was clearly documented. Care records held health screening information and hospital passports detailing people's past and current health needs as well as details of health services currently being provided. Health screening information and hospital passports helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. Health and social care professionals confirmed they visited the home and were kept informed about people's wellbeing. This helped to ensure staff responded to people's health needs.

People had a 'Things you need to know about me" folder that told a brief story about the person's life, their interests and how they chose and preferred to be supported. Staff said plans had been put together over a period of time by the staff who worked with the person who knew them best. Regular reviews were carried out on care plans and behavioural guidelines to help ensure staff had the most recent updated information to respond to people. A relative confirmed they attended their relatives review, involved with the care plan and encouraged to make suggestions.

People's care plans were personalised and reflected people's wishes. People had information recorded about what activities they enjoyed. Staff got to know people through reading their care plans, working alongside experienced staff members and through the person themselves. Staff knew what was important to the person they supported such as their personal care needs and about people that mattered to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People joined in activities that were individual to their needs. People's social history was recorded. This provided staff with guidance as to what people liked and what interested them. Staff told us of one person's recent short break holiday and how much they enjoyed it. We observed this person smiling when this holiday was discussed with them. One professional confirmed the person who they visited attended swimming, walking, visits to restaurants and the theatre. This professional confirmed that this person communicated their choice on what activities they wished to partake in and were listened to by staff.

Observation of staff's interactions with people showed they understood people's behavioural and communication needs and we observed staff communicating with people in a way they understood. Records included information about how people communicated and what they liked and did not like. Staff knew what signs to look for when people were becoming upset or agitated and responded by following written guidance to support people for example giving people their own space.

People were supported to go to local areas and maintain links to ensure they were not socially isolated or restricted due to their individual needs, for example people visited the local shops. One person went shopping during our visit. People were encouraged to maintain relationships with those who mattered to them. Staff confirmed relatives and friends visited often. Relatives confirmed they were able to visit when they wished.

People's choices were respected. Staff confirmed people's choices and decisions were respected including what they wanted to wear and what they wanted to eat and drink. Staff used pictures and symbols to assist people with choices.

Good

Is the service responsive?

Staff received handovers when coming on duty and were given time to read people's individual daily records. This information helped to ensure the staff provided updated effective support to people. Staff confirmed discussions on changes in people's health needs as well as any important information in relation to medicines or appointments.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their families and professionals. The policy was available in a format everyone was able to understand. Family and health and social care professionals knew who to contact if they needed to raise a concern or make a complaint, but told us they had no complaints. However one family had raised some issues with the registered manager about their relative's environment. The relative and registered manager confirmed this was currently being dealt with. Another relative told us; "If I have any concerns I talk to […] (the registered manager)" and went onto say their concerns are responded to immediately.

Good

Is the service well-led?

Our findings

Staff, health and social care professionals and a relative spoke well of the registered manager and the service. Comments included; "The registered manager is approachable - definitely!" A relative said; "No one could do a better job (in caring for their relative)."

Kanner was well led and managed effectively. The service had clear values including offering respect independence and choice. This helped to provide a service that ensured the needs and values of people were respected. These values were incorporated into staff training.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the organisation. For example the home had a deputy manager to provide support to staff on a day to day basis. Staff spoke highly of the support they received from the deputy manager and registered manager. During our inspection we spoke with the deputy manager and the staff on duty. The registered manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

Health and social care professionals who had involvement in the service, confirmed to us communication was good. They told us the staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support. One said they felt there was a general sense of openness which was evidenced in the sharing of information.

Staff told us the registered manager was available and approachable. Staff were able to raise concerns and confirmed that concerns raised were dealt with straight away. Staff agreed there was good communication between the team and they worked well together. Staff felt supported. Staff felt the registered manager had an "open door" policy, was visible and ensured all staff understood people came first. The relaxed leadership style of the management team encouraged feedback, good team working and sustained good practice.

Staff were enthusiastic, motivated and hardworking. Many staff had worked for the company for a number of years. They shared the philosophy of the management team. Staff meetings were held to enable open and transparent discussions about the service, and allowed staff to make comments on how the service was run. This updated staff on any new issues and gave them the opportunity to discuss current practice. Staff told us they were encouraged and supported to participate. Shift handovers, supervision and appraisals were seen as an opportunity to look at improvements and current practice. The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

People were involved in the day to day running of their home as much as possible. Though residents meetings were not held, due to people's complex needs, the registered manager said staff were encouraged to talk, listen and observe if people had concerns.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures, for example audits on care records. Records showed regular checks were undertaken of the environment. Annual audits related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests were carried out. We saw in the maintenance records that there were areas which had been noted as needing repair and these had been followed through promptly. The registered manager sought verbal feedback regularly from relatives, friends and health and social care professionals to enhance their service.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager or the provider. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.

The registered manager had signed up for the "Certificate of Commitment". This shows the registered manager had pledged "to deliver high quality care and support so the public and have confidence in the service we provide in our communities." The certificate awarded to the service was

Good

Is the service well-led?

displayed showing the service's commitments. The registered manager said they had signed up to this to demonstrate the service's commitment to providing a high quality service.