

Kelso Care Consortium Limited

# Kelso Care Consortium Limited Supported Living Services

## 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

Kelso Care Consortium Ltd provides personal care to people within supported living flats.

The service provides support for people with learning disabilities or autism. At the time of the inspection there were five people using the service who received a regulated activity, such as personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Relatives felt that their loved ones were safe. Staff knew how to escalate issues and concerns and were aware of potential risks when providing support. People received their medicines appropriately, as required. Staff used correct equipment, such as gloves and aprons when assisting people. Accidents and incidents were managed appropriately.

Staff received an effective induction and an appraisal. Staff had received training and felt able to support people confidently. People felt that staff supported their individual needs and requirements. People received food and drinks as required and attended any medical appointments. People were supported in the least restrictive way possible and in their best interests.

Staff were kind and caring towards people. People were given choices and were able to make their own decisions as far as possible. Staff supported people to be independent and ensured that people's privacy and dignity was maintained.

Relatives felt involved in the development of care plans. Care plans provided staff with information about people's needs and preferences and how they would like these to be met. A complaints procedure was in place and relatives knew how to raise concerns and felt confident these would be addressed.

Relatives and staff thought the service was managed well. The Registered Manager was described positively in the way they managed the service. Systems were in place to monitor the delivery of the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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.

# Kelso Care Consortium Limited Supported Living Services

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Care Act 2014.

### Inspection team

The inspection was undertaken by one Inspector and an Assistant Inspector.

### Service and service type

This service provides care and support to five people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a Manager Registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or Registered Manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with two care staff, the Registered Manager, the Nominated Individual and a visiting professional. We reviewed a range of documents and records including the care records for two people, two medicine records and three staff files and training records. We also looked at records that related to the management and quality assurance of the service.

#### After the inspection

We spoke with two relatives about their experience of the care provided and one member of staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us staff provided support, which kept people safe. One relative said, "I have no concerns about [person's] safety. If there are any concerns the staff will let me know and if [person] does something the staff haven't seen them do before they will contact me to ask my opinion". A staff member told us, "People are 100% safe, the service is all citizen led. Everything we do, we do with consent, we never do anything the citizens aren't happy or comfortable with their needs and safety always come first, we always have their best interests at heart."
- Staff were aware of their responsibilities to report safeguarding concerns. One staff member told us, "I know the process for safeguarding, I would be able to make a referral to the local authority myself". We saw that where required safeguarding issues had been referred to the appropriate authorities.
- Staff were able to describe what they would do in the event of an emergency situation. One staff member gave an example of calling medical professionals in a low-level situation but calling emergency services if the situation required it.

Assessing risk, safety monitoring and management

- Staff members told us they thought that risks to people were managed well. One staff member said, "Risk assessments are all outcome based and can clearly identify citizens needs and can help them achieve those outcomes safely. It is clear and concise, and the citizens sit with us and say what they would like to do and we consider the risks. We [staff] always refer to the risk assessments in place".
- Risks to people were assessed and these included, but were not limited to; people's specific health needs, their environment, accessing the community, behaviours demonstrated and medicines. We saw that risk assessments included actions taken to maintain the safety of people using the service, an example being guidance for staff to recognise when people may become agitated and strategies to take in response.
- Checks were carried out on the facilities and equipment, to ensure they were safe. This included fire safety systems, and electrical equipment. Personal Emergency Evacuation Plans [PEEP] were in place and gave details for staff on how to support people in an emergency situation.

Staffing and recruitment

- Relatives told us there was enough staff on duty to meet people's needs. One relative told us, "I feel there are enough staff. Staff come and go but the core staff are brilliant and when new staff come in they obviously pick up quite quickly from the way the others operate because I've never seen any problems. A staff member said, "There are enough staff to support people well".
- We saw that the staffing rota for previous weeks reflected the levels of staff that we were told about during the inspection.
- Records confirmed required recruitment checks had been completed before staff commenced work, these

included references, a work history and a Police check which ensured potential staff were suitable to work with vulnerable people. Checks had also been undertaken to ensure that workers had the correct clearance to be employed in the role.

#### Using medicines safely

- Relatives told us that people received their medicines when they required them and without any undue delay. One relative shared, "[Person] gets their medicines properly. I know they have specific time settings for them and I've been there when they do it [staff administer medicines] and every time it's the same time and the medications are all locked away afterwards". A staff member told us, "I feel confident to give medicines. I have a competency check done every three or four weeks and we get spot checked at random too. I have training and refresher training and managers do audits, if there are any errors they deal with it properly."
- We found medicines were given appropriately. Where people had refused medicines, contact had been made with a medical professional. Recording of medicines administered was in the main carried out effectively, however where there were gaps in recording this had been discussed with the staff involved and any appropriate action taken.
- There were clear written guidelines giving details for staff to follow for people who required medication 'as and when'.

#### Preventing and controlling infection

- A visiting professional told us, "The environment always seems to be pleasurable and it is of a fantastic standard. It's their home, the flat that I've seen is clean and tidy. [Person] is settled and really happy here".
- Staff told us they had access to protective personal equipment such as gloves and aprons to prevent the spread of infections.
- We found that regular checks were made of the environment by the Registered Manager.

#### Learning lessons when things go wrong

- We saw that where accidents and incidents had occurred these had been managed robustly and recorded in detail. Learning had been taken from incidents and actions put in place, such as a new handover system had been devised to ensure staff were fully briefed on all required information.
- The Registered Manager had oversight of any accidents and incidents and was aware of any emerging patterns and trends in order to mitigate future risk. An example being that professionals were involved when people had refused medicines and may be at risk from not receiving the correct dosage.
- Staff were aware of how to support people in relation to health and safety.
- The Nominated Individual told us that the service had been through a 'massive learning curve' and a lot of research had been carried out in relation to what support people could receive to ensure their tenancy agreements continued. There had also been a decision made to use space within the premises as a community area, rather than additional housing, as it was felt this would be more beneficial for people using the service.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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.

- Information was taken on people's needs prior to them using the service. We saw that detailed information was in place and that the provider was aware of the person's needs before agreeing to support them.
- Relatives told us that they had been asked for their input regarding the care that people required.
- We saw people's protected characteristics, as identified in the Equality Act 2010, were considered within their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexuality.

Staff support: induction, training, skills and experience

- Relatives told us they felt that staff members had the necessary skills and training to support people effectively. A staff member said, "Staff have good knowledge of citizens here. There are a few people who can't communicate with you to say if they are feeling unwell, so we have strategies in place where we know what to look out for, as we know how people usually present".
- Staff told us they received an effective induction. A staff member told us, "I was supervised at first and I had to shadow other staff. Then I did the Care Certificate and my mandatory training. They gave me lots of support and resources and I have been able to progress in my career". The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector.
- Staff told us they received regular supervision and had an annual appraisal. One staff member said, "We have regular supervisions and appraisals, I've not long had one actually [supervision] and it went really well they are useful".
- We saw where a staff member had a medical condition that may mean they may be taken ill whilst caring for people, there was a risk assessment in place to ensure that the care of the person would be maintained.
- A staff member told us, "The training is very 'hands on', which is good. I think that's the best way of learning, you can read about it, but the best way of learning is being shown". We saw that comprehensive training was in place and staff were up to date with training. Recent training included but was not limited to; Emergency First Aid, Adult Protection, Medicines Administration and Positive Handling. Staff had also received training in relation to people's specific health conditions or care needs.
- We saw that staff had received training in how to manage any challenging behaviours and spoke of how they would be able to defuse a situation and adopt the appropriate strategies in order to keep people safe.

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

- Relatives told us that people were encouraged to eat healthily and that they believed that their loved ones

enjoyed the food they were given or had assisted to prepare.

- Staff told us how people were supported to choose their own food, but encouraged to consider healthy options. One staff member said, "We try to provide a healthy option. Every Monday we sit down with all the residents and do an evening meal planner, so they can pick what they want. People have quite nutritional meals and go food shopping with staff. Saturday evenings we have takeaways and people can pick what they like. We have one person who is vegetarian and halal, so we support them with their needs. We are very good with cross contamination, one staff member will prepare the halal version, and another would do the rest so there is no cross contamination".
- We found that people were invited to a group evening meal, which they could decide whether to attend. The Registered Manager told us that this was put in place to ensure that people received a hot evening meal and were not isolated.
- Risk assessments were in place for people who may be at risk of weight loss or dehydration. Staff told us how food and fluid intake would be recorded if required and health professionals contacted where needed.

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

- Relatives told us they believed that staff would recognise if a person required medical attention and would seek this out for them. A staff member said, "I would get the GP or the ambulance depending on the severity".
- We found that people attended all healthcare appointments as required and that visiting health professionals were part of their care. Where it had been noted that a person's health condition required evaluation, we saw that appropriate referrals had been made.
- People visited the dentist and opticians and specific health professionals and staff arranged appointments and supported them to attend. People's oral hygiene was included as part of their care plan with a specific dental support plan in place.
- Key information about the person was available to medical professionals should the person require hospitalisation, in order to support the continuation of their care.

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

- People's homes were personal to their own needs and preferences. One professional told us, "Person has specific likes and the staff know this and it is reflected in the decoration around them".
- The properties people lived in were in a good state of repair and we saw that environmental audits were carried out and any actions taken as required.
- Staff members told us that the buildings where they worked were comfortable, clean and suitable for the people who lived there.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards [DoLS] cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff had a good understanding of mental capacity and the impact this legislation had on their role. One staff member told us, "One of the fundamental ideas of mental capacity is to always assume people have capacity to make their own decisions, support and equip them with the right information to make informed decisions as far as possible". Staff were able to talk about how they supported people in the least restrictive way possible.
- We found that where required a detailed mental capacity assessment had taken place and this included information on medical diagnosis, medicines and behaviours.
- Where appropriate DoLS applications had been made and where family members had designated appointee-ship [acting on behalf of someone] we saw that staff liaised with them effectively.
- Where medicines were given covertly, without people's knowledge this was only done following a best interest decision which had been made by people who were involved or had an interest in the person's care.
- Relatives confirmed that staff asked people's permission before providing support. We saw one person being supported by staff who actively asked their permission before assisting them.
- Staff gave us examples how they would seek consent from people. One staff member said, "There is one person who doesn't speak and just nods his head for yes. If he said no he would be quite anxious, so I would recognise that behaviour. With this person we use Makaton [a communication aid], so they can sign and we understand".

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 told us people were respected and treated well by staff. A relative said, "The staff are really caring and considerate, we had a birthday party for [person] and they arranged everything for us, we had it at the little pub on the corner, almost all the other residents came over, and we had a singer. They know that is the kind of thing [person] likes.
- We found that care provided reflected people's cultural heritage or religious requirements. An example of this was staff ensuring that people were able to access specific foods which met their cultural needs.
- Staff told us about their positive relationships with people. One staff member told us, "We have time to spend with people and I like to do this as often as possible. This is important, so that we get to know their likes and dislikes, so we can put these in place for them".

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

- Relatives told us how people were supported to make choices regarding their daily life. One relative shared, "[Person] is encouraged to choose their own clothing. They would wear the same thing every day, so I asked the staff to encourage them to make more choices and they did".
- Relatives said they felt involved and were kept up to date with their loved one's wellbeing. One relative told us, "They [staff] contact me to ask me about [person]. I love the fact that I am still really included".
- A professional told us, "The staff have got the balance right, they don't overprotect [person] but they know when to be there for them. They are allowed to choose and make choices and the staff promote ongoing skills and that is absolutely person centred.
- The Registered Manager understood when advocacy services would be required and how to access these services for people.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff provided respectful and dignified support. One relative said, "The staff treat [person] like the age they are, they completely respect their dignity and their privacy". A staff member told us, "I always knock on citizens' doors and explain what I'm going to do. I close doors and blinds and check water temperature if I am assisting someone to wash. If they don't want to shower that's fine, I will report it and put it in care notes. I give them the dignity to say no to care they don't want to".
- We found that people were encouraged to be independent. A relative told us, "Staff encourage independence, as far as I can see it is encouraged on a daily basis. [Person] needs support in the community but is encouraged to do their own shopping and make choices, with help". A professional told us, "[Person's] independence and confidence has grown, in that they are communicating better with other people who use

the service. Their social behaviours have improved, in the way they interact with other people. I've been absolutely amazed at how independent they are becoming".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found that the Registered Manager had taken detailed historical information prior to people moving into their property to ensure that the service was fully able to meet the person's needs.
- Relatives told us they were involved in discussing what care they required and that they were invited to reviews of care. One relative said, "I was involved in the original care plans and I like the fact they [staff] still ask me things, even though [person] is an adult. I feel involved".
- We found that people were supported by a consistent staff team and that staff had time to give to people.
- We saw that staff acknowledged people's cultural and religious backgrounds. Staff were able to speak with us regarding promoting people's heritage and culture and saw they supported people to reflect this in a number of ways, such as the food they ate or accessing places of worship as and when they wished to.
- We found that people were encouraged to make their own choices and decisions as far as possible. A relative told us, "[Person] choses to go into specific shops when they are out, staff listen to what they want to do".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The Registered Manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available in large print or alternative languages if required. In some instances, people had been provided with a semi-pictorial format, as this assisted their understanding.
- Where people required specific information, such as the complaints policy the Registered Manager told us this would be given in a manner to suit the person's understanding.
- Information on people's communication needs was identified in initial assessments and care plans. Each person had a communication passport, which identified their preferred method of communication, which could be shared with others wishing to communicate with them.

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

- Relatives told us people enjoyed being supported by staff to achieve meaningful participation in their chosen activities, with one relative telling us, "Staff look for things for [person] to do that they will enjoy. They [staff] are just really proactive and they really bring the best out in [person]".

- A staff member told us, "There is enough for people to do. We have a couple of people that go to college, we make sure they have lots of activities of an evening, we make sure it's always something they enjoy doing, like cinema, bowling or something that can increase their independence".
- Staff spoke with us about how they helped people to celebrate birthdays and special days.
- People were encouraged to have goals in life and we found that care plans covered assisting people into work, training or volunteering, where this was appropriate.
- Relatives told us they were made welcome when visiting. A professional told us, "The communication with management and staff has been fantastic they liaise with me well and the family".
- People were supported to maintain and develop relationships with those close to them. One relative told us, "[Person] has made a friend, that's nicely encouraged by staff, but obviously monitored as [person] is a vulnerable adult".

#### Improving care quality in response to complaints or concerns

- Relatives told us they knew how to raise concerns and felt that staff would be responsive. One relative said, "If something has worried me I tell them [staff], but I've never felt it necessary to make a complaint. There previously was an incident, which was resolved. I didn't have to complain, because I was kept in the loop. If I had any concerns, or if standards slipped I would feel confident in telling them".
- We saw that there was a robust complaints process in place and any concerns or complaints would be dealt with effectively.

#### End of life care and support

- No one using the service was receiving end of life care, however the Registered Manager informed us that staff knew people well enough to be able to put a specific plan together anytime one may be needed.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We saw that feedback was sought from people, their relatives and professionals involved in their care. A relative told us, "We get regular questionnaires asking about standards, you can make any suggestions. I've always found them [staff] very open". One professional commented, 'I think they [staff] take all comments on board". We found that suggestions regarding activities people would enjoy had been noted and actioned.
- We saw that meetings for staff occurred periodically and staff told us they found such meetings an opportunity to voice any issues or opinions they may have. Staff informed us that the Registered Manager was responsive to any information shared.

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

- We saw that people found the Registered Manager supportive and one person said, "Yes they are supportive, most definitely. I have got their contact numbers – I know who's on call and when. I can always contact them. The change in management has been positive. The new manager has made such a difference, it's a whole better place". One staff member told us, "The Registered Manager is really supportive I only have to ask them a question and they know the answer. They are very knowledgeable and there are always resources they can give you to help". A professional told us, "The Registered Manager has been supportive to me as well, everything I've asked for they've sent to me. If I don't know the things I need to know they're very patient with me".
- Relatives commented on the Nominated Individual and told us, "[Nominated Individual] was the manager before [Registered Manager's name] he really helped us when [person] moved in. Even recently he has said that he doesn't want us to go through the bad times we went through previously with other providers and that Kelso would never be like had. They are very mindful about the care people receive and I think this extends to everyone, not just my family".
- We saw that both the Registered Manager and Nominated Individual were involved in the day to day running of the service.
- We found that the environment had a positive vibe, with a relative telling us, "It is a really good place, [person] is living a really good life, at the moment". A staff member said, "The vibe is brilliant by far the best job I've ever had, as the manager's support my own personal needs too". A second staff member shared, "I've suggested to my friend they should consider working here. You can take people out, sit down and have lunch with them and they are like your second family".



- The Registered Manager and Nominated Individual were able to speak passionately about their drive to continue to provide a positive service and to seek out opportunities for improvement.

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 Registered Manager understood their responsibilities in relation to the duty of candour regulation and we found they had been open and transparent when reporting any incidents.
- We found that learning was taken from any incidents and that this was shared with staff, so they were aware of any actions they needed to take.
- Staff understood the need to raise concerns and issues and one staff member told us, "I would whistle-blow, I would inform management, if they didn't do anything I would go higher and then if they didn't do anything I would go to CQC. I have seen the policy and know what to do". A whistle-blower exposes any information or activity that is deemed incorrect within an organisation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to monitor the service provided to people, this was in the form of audits and reviews, which were carried out in a timely manner. These audits included, but were not limited to; care files, medicine administration, health and safety and food safety We saw that actions were taken where required and the Registered Manager had a good overview of the service.
- We found that regular spot checks of staff members competency throughout all elements of their role were carried out, with any actions being taken as required.
- Staff understood their roles and responsibilities and were able to describe them to us. Telling us that they had the support of management to do their job effectively.
- The provider had met their legal responsibilities ensuring their current inspection rating was displayed.

Working in partnership with others

- We saw that the Registered Manager and staff worked in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.
- We found that the local Member of Parliament had been contacted by the provider where services were not forthcoming for a person, from their local authority. Actions had been taken to ensure the person received the appropriate level of care they needed.