

## Crediton Care & Support Homes Limited

# Kite House

### Inspection report

Burrige Farm  
Sandford  
Crediton  
Devon  
EX17 4EL

Tel: 01363775167

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11 December 2018  
09 January 2019

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### Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This unannounced, focussed inspection took place on 11 December 2018 and 9 January 2019. We carried out the inspection as we had received concerns about some of the care at the service. This was in relation to:

- People being restricted in terms of their movement around the service.
- The care and support for two people, including what activities they were supported to do.

Similar concerns had also been raised by the same complainant about two other services owned by the same provider. The concerns about the other services were not addressed during this inspection, but have been considered separately in line with our inspection methodology.

Prior to the inspection, we had raised a safeguarding alert with the local authority about the concerns we had received. The local authority undertook their own investigations into each of the allegations during the same time period as the inspection. Since the inspection, we have received outcome information from the local authority, who have closed all the safeguarding concerns. The outcomes described how the service had worked with them and, where necessary, taken action to address the concerns.

We did not find evidence of unnecessary restrictions being placed upon people. We also did not find any evidence to support the allegation that people were not being supported to have fulfilled lives doing activities of their choice both within the service and in the local community.

At the last inspection in April 2018, we rated the service Good in all five domains and therefore the service was rated as Good overall.

At this inspection, we looked at the two key questions, "Is the service effective?" and "Is the service well-led?" and found that both domains continued to be rated as Good.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection

Kite House is a residential care home for people who live with a diagnosis of learning disability and/or autism. Some people living at Kite House also have physical disabilities. The service is registered to provide accommodation with personal care (without nursing) for up to six people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the service, there is a main building with six bedrooms and communal areas. There is another care home

on the same site, called Burridge Farm which is owned by the same provider. Burridge Farm is managed by the same registered manager and most staff work in both care homes. A building located beside Burridge Farm provides office space for the registered manager, senior staff and administrative staff who work across both the services.

At the time of the inspection, there were five people living at the service.

The service had been designed in line with the values that underpin the Registering the Right Support (RRS) and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. During the inspection we observed that staff worked with people promoting their choice and independence. This included being involved in activities within the service and in the local community.

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. People were being supported within the requirements of the MCA.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they 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.

People and their families were very positive about the care and support provided at Kite House. One person's comments included, "Really like living here, staff are great." A relative said they were, "Very happy" with the care their family member received.

People's risks, needs and preferences were assessed when they first came to Kite House. Risk assessments and care plans were developed with the person, and where appropriate, their families. When there was a change in a person's presentation, their risk assessments and care plans were reviewed to ensure they still met the person's requirements. Staff were knowledgeable about each person, their history and family background. Staff worked to ensure that people's rights in relation to the Equality Act (2010) were upheld.

People were provided opportunities to do activities of their choice. This included activities both in the service and the local community. People said they enjoyed the activities they did which included going to the gym and working in a local café. People were also supported to develop life skills including cooking and household chores.

People were involved in choosing and preparing meals they said they enjoyed. People's dietary needs were understood by staff who encouraged people to eat healthily.

People were supported to maintain their health by attending appointments with health professionals such as GP and dentist. Where a person had to spend time in hospital, staff remained with them to ensure their needs were met.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was effective.

People's human rights were protected.

The requirements of the Mental Capacity Act were being met. Where there were restrictions in place Deprivation of Liberty Safeguards authorisations had been applied for.

People were involved in choosing and preparing food, which they enjoyed

People were supported to attend appointments with health professionals, such as the GP and dentist.

The service provided a comfortable environment which had been designed and developed to meet the needs of the people living there.

People were supported to do activities they enjoyed.

### Is the service well-led?

Good ●

The service continued to be well-led.

There was a clear vision for the service which was understood and delivered by staff. This included respecting the rights of each person, helping them to achieve their full potential.

People were involved in decisions about how the service was run.

There was a registered manager in post who worked with a team of senior staff to provide support and guidance to staff.

Audits and checks were routinely carried out to monitor the quality and safety of the service. There was written evidence that when issues were identified, actions were taken to address them.

The service worked with other agencies to deliver coordinated care.

# Kite House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by concerns we had received about some of the practices at the service, which included restrictive practices which were not in line with the legislative framework of the Mental Capacity Act 2005. Concerns had also been raised about the activities that people were supported to do.

Prior to the inspection, we had raised a safeguarding alert with the local authority about the concerns we had received. The local authority undertook their own investigations into each of the allegations during the same time period as the inspection. Since the inspection, we have received outcomes from the local authority who have closed all the safeguarding concerns.

Similar concerns had also been raised by the same complainant about two other services owned by the same provider. The concerns about the other services were not addressed during this inspection, but have been considered separately in line with our inspection methodology.

This inspection was carried out by an Adult Social Care inspector and took place on 11 December 2018 and 9 January 2019. The inspection was unannounced on the first day. The second day was arranged with the registered manager.

Before the inspection we reviewed information held on our systems, this included notifications we had received from the service. A notification is information about important events, which the service is required by law to send us.

We had also sent the registered manager details of the concerns raised and asked for a response to the allegations. They had sent a written response which we reviewed prior to the inspection.

The provider had not been requested to send a Provider Information Return (PIR) since the previous inspection in April 2018. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met three people, who lived at Kite House and spoke with two of them; Two

people living in the service were out during the days of inspection undertaking activities in the community.

We talked with the registered manager, their deputy, an administrator and three care workers including an agency care worker. We also met and spoke with two directors from the provider's organisation. After the inspection we spoke with one relative of people living at Kite House. We also had discussions and email exchanges with health and social care professionals in the local learning disability team during and after the inspection.

## Is the service effective?

### Our findings

We had received concerns that people were being restricted at times in terms of their movement around the service. We did not find evidence to support these concerns. Records showed that when one person had presented with behaviour that could challenge others, staff had acted to keep the person and others living at the service, safe. They had done this by supporting the person to spend time either in their bedroom or in a communal area while other people were supported to use other parts of the service. If the person preferred, the staff would accompany them outside, remaining with them until they had become less anxious. Records showed, and staff confirmed, that when this occurred, this was being carried out to ensure the safety of the person, other people in the service and staff.

We had also received concerns that some people were not being supported to do many activities as staff prioritised some people over others. We found no evidence of this.

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 a particular decision, 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see whether the service was working within the requirements of the MCA. There were DoLS authorisations in place for four people living at Kite House. Renewal applications had been made in a timely manner for those authorisations which were nearing expiry.

The provider's Statement of Purpose (SOP) stated "Each service user has a person-centred care plan, health action plan and risk assessment. These are working documents which are reviewed and updated as and when needed". Care plans at had been developed in line with this approach. Wherever possible, people had been involved in developing their care plan.

People's risks, needs and preferences were recorded. Plans had been developed to ensure these were met. A relative said, "Person seems very happy. Staff support [person] to do activities they enjoy, such as trampolining." Both people we spoke with said they liked living at Kite House and were able to do things they wanted. For example, one person said they enjoyed going to the gym and another said they did a farm activity they really liked.

Staff had the knowledge, skills and experience needed to help to ensure they delivered safe, effective care. New staff undertook an induction when they first started working at Kite House. This included online and face to face training and shadowing experienced staff. During this time, new staff were supernumerary to

staffing numbers. This helped new staff to get to know people living at Kite House and learn how to support them effectively. The induction was aligned to the Care Certificate. The Care Certificate is a national set of minimum standards, designed by Skills for Care, for social care and health workers that should be covered as part of the induction training of new care workers. Staff were also supported to undertake training to refresh their knowledge and skills at regular intervals. This helped to ensure they remained up to date with current guidance and best practice. Staff were encouraged to gain qualifications relevant to their role. For example, one member of staff said they had completed a level five qualification which had helped them undertake their role in managing other staff.

People were supported to eat food of their choice and were encouraged to maintain a healthy diet. Staff understood people's specific dietary needs. Staff described how one person had a specially designed menu to help them manage a long-term condition. People chose and helped to prepare their breakfast and lunch each day. A main evening meal was prepared by a chef. On the second day of inspection, this included home-made fish goujons.

People said they enjoyed the food and if they wanted an alternative, these were on offer. People were also encouraged to prepare food themselves. For example, two people discussed with staff how they wanted to make pancakes. Staff said they would help them to do this.

People were encouraged to drink sufficient to remain hydrated. Some people were able to help themselves to a drink while others were offered a drink often.

People received care to support their physical and mental health needs. Appointments with their GP and optician, as well as other specialist health professionals were organised by staff, who helped people attend the appointments made. For example, during the inspection, one person was accompanied to their GP by a care worker.

The staff worked effectively with other organisations to deliver effective care and support. For example, staff liaised with an external organisation who provided activities to ensure that the staff were aware of the needs of each person when they were doing activities.

Staff also worked closely with health and social care professionals. For example, one person had been supported by the service's staff throughout a stay in hospital to reduce the distress for the person. A relative commented, "Staff were excellent when [person] was in hospital. They stayed with [person] overnight and frequently contacted us each day with updates.

People's human rights were recognised and supported. For example, one person was considering membership of a particular religion. Staff had supported the person to make contact with a church senior, who had visited the person. The person was also being supported to take further steps including attending a church service. Staff also supported people to have private time away from others.

The building was well maintained and comfortable. People's bedrooms were decorated and furnished in colours and styles of their choosing. There were two communal sitting rooms and a dining area which adjoined the kitchen. People were able to move around these areas freely as well as access their bedrooms when they wanted to. People had key fobs which gave them access to their own bedroom. Some people were able to access the outside environment without support. Their key fobs enabled them to do this. The service had been specifically designed and built to support people with a learning disability and/or autism. Safety features including automatic lighting, water temperature regulators had been installed which helped to keep people safe. There was a well-maintained garden which people could use. People had been involved in the garden design. For example, a six-foot dinosaur was a prominent garden feature, which had

been chosen by one person. On the site, there was also a barn where people could do woodwork as an activity.

## Is the service well-led?

### Our findings

Prior to our inspection we had received concerns about the culture and practices which impacted on staff at Kite House as well as the provider's other two services. The concerns stated that staff were not involved in any aspects of running of the service and were not encouraged to make suggestions about the ways in which care for people was delivered. The concerns also described how senior staff were dismissive of, or ignored, staff when they raised issues and concerns and that senior staff imposed restrictive practices on people which were illegal.

We did not find evidence to support this assertion. Staff said they felt able to make suggestions about how to improve the service. One member of staff described how they had introduced an auditing system.

The service's website stated that people in Kite House were, "individuals entitled to the same rights and respect as everyone else..." This vision and ethos was understood by the registered manager and senior staff. They led by example, making sure that each person was supported to live a life of their choosing, developing their potential by being involved in all aspects of life.

Staff also demonstrated these values, treating each person with dignity and respect and offering them choices. This included developing life skills and undertaking education and training as well as following interests and activities of their choice. Staff involved people in decisions about the service, including decisions about décor and menus. Families were also consulted and involved in decisions about the service. Surveys were carried out of visiting professionals and families to identify ways in which the service was working well, as well as ways it could improve. Action plans to address improvements were completed.

Policies and procedures were in place to support the running of the service. These policies had been developed from a set of policies provided by an external support agency used by the provider. The policies and procedures provided guidance and systems for staff to follow when working in the service. Staff were made aware of policies during their induction. Senior staff reviewed policies on a regular basis to ensure they were up to date, and in line with current legislation and guidance.

The registered manager and their deputy were committed to delivering care which encouraged positive outcomes for each person so they could maximise their potential. Staff said they felt supported by the senior staff and the providers who frequently visited the service. Staff said they liked working for the provider and enjoyed working at Kite House.

Staff were encouraged to raise issues and concerns if they had any. Staff were aware of the whistleblowing policy. When incidents and accidents occurred, managers worked with staff to understand why they had occurred. They also considered measures that could reduce the risks of a reoccurrence.

Health and social care professionals were consulted where necessary and staff worked closely with them to support each person's care. For example, one professional provided regular support to one of the people in Kite House. The professional had visited and discussed with staff, ways of working with the person to

promote their self-worth.

The service had introduced a new management structure to support the deputy manager. This included appointment of team leaders who were now responsible for day to day supervision of the team working each day. Senior team leaders and team leaders worked alongside care staff so were able to provide immediate advice and support.

There was a governance framework which encouraged staff to be involved in monitoring and improving the care provided. This included involving staff in audits and checks on the service and equipment, care records and medicines. For example, one senior worker described how they were responsible for the medicines audit processes. They had developed a new audit methodology which monitored the safety and effectiveness of all the medicine administration procedures. Where shortcomings were identified, there was evidence that action was taken to address the issue. A recent audit by the dispensing pharmacy had not identified any significant errors. People's own monies were audited regularly. There were systems in place to ensure that people's money was safe.